

S O U T H D A K O T A P H A R M A C I S T



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AMPLIFY

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- Contact your elected officials
- Meet your elected officials or give them a tour of your pharmacy



Our mission is to promote, serve and protect the pharmacy profession.

South Dakota Pharmacists Association

320 East Capitol, Pierre, SD 57501
605-224-2338 // 605-224-1280 fax
www.sdpha.org

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EXECUTIVE DIRECTOR / EDITOR
Amanda Bacon
amanda@sdpha.org

South Dakota Board of Pharmacy

4001 West Valhalla Boulevard, Suite 106
Sioux Falls, SD 57106
605-362-2737 // www.pharmacy.sd.gov

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2026 Calendar

JANUARY

- 1 New Year's Day
- 12 National Pharmacists Day
- 13 101st South Dakota Legislative Session Opens State of the State Address | South Dakota State Capitol
- 16 South Dakota Board of Pharmacy Meeting
Sioux Falls, SD | 9 am
- 19 Martin Luther King Jr. Day

FEBRUARY

- 10 SDPhA Legislative Days | Dinner and Legislative Updates
Missouri Events Center ([RSVP Here](#)), Pierre SD | 6 pm
- 11 SDPhA Legislative Days | Wellness Screenings
South Dakota State Capitol, Pierre, SD | 7-10 am
Wellness Screenings Courtesy of SDSU Student Pharmacists
- 16 President's Day

MARCH

- 27-30 APhA Annual Meeting and Exposition
Los Angeles, CA
- 30 101st Annual Legislative Session
Reserved for the consideration of gubernatorial vetoes

APRIL

- 10 South Dakota Board of Pharmacy Meeting
Sioux Falls, SD | 9 am-1 pm
- 17-18 South Dakota Society of Health System Pharmacists 47th Annual Meeting
Ramkota, Sioux Falls, SD

Winter EDITION

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- 24–25 **Pharmacy Technicians University (PTU)**

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President's PERSPECTIVE

Chelsea L. Conway, PharmD, BCCP // SDPhA Board President



To each of you who chose to join SDPhA this year,

If you are reading this, it is because you made a deliberate choice. At a time of transition for our Association, you chose to step forward and become part of what comes next. I want you to know how much that decision matters.

This journal now reaches a much smaller audience than it once did. That change is significant, and it is intentional. It means this message is not going out to hundreds by default. It is going to a handful of pharmacists who believe in our profession and in this Association, and who chose to invest in it early. You are our Founding Members, and the role you are playing right now will shape the Association for years to come.

As Founding Members, you are also ambassadors for this new chapter. Many pharmacists across the state are still learning about the changes underway and may not yet realize that access to SDPhA communications, advocacy updates, and resources now requires an active membership. A simple conversation with a colleague — asking whether they've signed up, sharing an SDPhA update, or otherwise encouraging engagement, makes a real difference. Growth at this moment will not happen by accident. It will happen because committed members like you help bring others along.

As this issue goes to print in late January, the South Dakota legislative session is underway. Committee rooms are active, conversations are happening quickly, and many decisions that will affect pharmacy practice are already taking shape. Much of the work SDPhA does during this time is quiet and behind the scenes. It is relationship building, monitoring language, asking questions, and ensuring pharmacy is considered even when we are not the loudest voice in the room. That work rarely makes headlines, but it is essential.

We are here. We are working. And we can only do this because you are with us.

I am deeply grateful for your trust and your commitment during this pivotal year. My hope is that you feel connected to the work being done on your behalf and proud of the role you are playing in shaping the future of our profession. In the months ahead, your engagement, your perspective, and your willingness to encourage others to join will continue to matter more than ever.

Thank you for standing with SDPhA at this moment in our history. It does not go unnoticed.



Director's COMMENTS

Amanda Bacon // SDPhA Executive Director



The 2026 legislative session is underway and moving at a pace familiar to anyone who has spent time in the Capitol. Some days move quickly; others involve long hours, careful listening, and waiting for a single bill to come up for debate. No matter what the day calls for, you'll find your SDPhA lobby team highly caffeinated, engaged, and doing the work you rely on us to do.

thoughtful analysis, direct communication with policymakers, and collaboration with our board and members when positioning matters.

If you're reading our weekly emails, I've expressed that we knew heading into this year that healthcare in general would be playing a lot of defense. That means much of the work we're doing involves protecting existing frameworks and preventing unintended consequences across the healthcare landscape. Pharmacy isn't alone here – this is across healthcare professions. While this kind of work is sometimes less visible, it is no less important. Maintaining stability, safeguarding patient access, and preserving the ability for pharmacies to serve their communities often requires just as much effort as advancing new initiatives.

All that legislative work is happening alongside a significant transition for our Association. With the launch of our new Member Center (have you seen it?!) and an updated membership structure, SDPhA is operating in a new era. It feels more intentional, more focused, and more directly connected to the members who choose to be here.

One of the clearest lessons of legislative session, and of this moment for SDPhA, is that decisions are shaped by the people who choose to show up. Legislative updates, bill tracking, and advocacy alerts are now member benefits, designed to ensure that timely, accurate information reaches those who are actively engaged with the Association.

That means member pharmacists; informed, engaged, and at the table, are the ones helping shape SDPhA's voice and priorities. If you care about the future of pharmacy in South Dakota, I encourage you to talk with your colleagues and make sure they have activated their membership. Advocacy works best when it reflects a broad, representative voice, and that only happens when pharmacists across all disciplines choose to get in the game. The challenges we face are real, and the work ahead requires all of us.

Much of what happens during legislative session never makes headlines. Advocacy often looks less like grand gestures and speeches, and more like conversations. It involves monitoring bill language, asking questions, identifying unintended consequences, and making sure pharmacy is considered even when we are not the loudest voice in the room. You've also heard me often say that some of our biggest wins are the things we keep from happening, and the work you never see. I'll give you an example.

This past weekend, I was notified on Saturday of a potential amendment detrimental to a bill we strongly support. I spent most of the rest of Saturday, and a significant amount of time on Sunday, working with our lobby team, the SDPhA Board, other stakeholders, and the lobbyist potentially bringing that amendment. As I write this article, that bill has now passed through one chamber—unamended.

That outcome is the result of consistency, relationships, and credibility built over time.

As more bills are introduced and more hearings unfold, we are tracking a broad range of legislation that affects pharmacy practice, patient access, and the sustainability of pharmacies across the state. Some proposals warrant support, others require close monitoring, and a few raise serious concerns. Our approach remains tried and true:

This is also why events like SDPhA Legislative Days matter. Seeing the process firsthand, building relationships with policymakers, and showing up together sends a powerful message about the profession. I want to extend a sincere thank you to the pharmacy students, faculty, and preceptors who continue to participate, engage, and bring energy to this work. Your presence, in committee rooms, at the Capitol, and in conversation, makes a difference, and it does not go unnoticed. You can find more information about Legislative Days on page 7.

At the federal level, we are thrilled that after YEARS of advocacy and hundreds of emails calls visits and letters from South Dakota pharmacists, we FINALLY have a PBM package signed into law! This marks the most significant PBM reforms in decades. Senator Thune's leadership throughout this process was meaningful, and sustained engagement from pharmacy advocates helped ensure South Dakota pharmacy had a seat at the table. While implementation and oversight still matter greatly, this moment represents real, tangible progress for patients and pharmacists alike. We encourage you to visit our [Action Center](#) to send Senator Thune a quick note of thanks for his leadership on this issue. You can find more on the package's details and timeline on page 14.

Finally - Legislative session is demanding, but it is also a reminder of why this work matters. Decisions made in Pierre and Washington have a real impact on you, your pharmacies, your patients, and communities across South Dakota. SDPhA is here to navigate those decisions thoughtfully and responsibly, and we can only do that because of the support and engagement of our members.

Thank you for being part of this moment in the Association's history. Your involvement, through membership, advocacy, or simply staying informed, strengthens our voice and our work.



2026 South Dakota Legislative Session

What Pharmacists Need to Know and Why It Matters

Every January, the South Dakota Capitol comes alive as lawmakers convene for the annual legislative session. For pharmacists across the state, this period shapes policies that affect patient care, pharmacy practice, reimbursement, and the broader health care landscape. Understanding how the Legislature works, and when key decisions are made, helps put advocacy into context and highlights why engagement matters.

2026 Legislative Session at a Glance

The South Dakota Legislature is a bicameral body established under Article III of the South Dakota Constitution, consisting of a 35-member Senate and a 70-member House of Representatives. Legislators are elected every two years and may serve up to four consecutive terms.

The “main run” of the 2026 Legislative Session begins Tues., Jan. 13, 2026, and concludes Thurs., March 13. The body then recesses until Mon., March 30 – the day reserved for lawmakers to consider any vetoes from the Governor. While regular sessions are capped at 40 legislative days, special sessions may be called by the Governor or by a two-thirds vote of both chambers when necessary.

How an Idea Becomes Law

Every law starts as an idea, and that idea can come from anyone. In South Dakota, every bill that’s introduced has a hearing. Only a legislator may formally introduce a bill. Once an idea is submitted, it is drafted into legal language by the nonpartisan Legislative Research Council (LRC), which plays a critical behind-the-scenes role throughout the session.

After introduction, a bill receives its First Reading, where its number and title are read aloud in the chamber of origin. From there, leadership assigns the bill to a standing committee, where the real work begins.

The Committee Process: Where Bills Live or Die

Committees are central to the legislative process. During committee hearings, legislators hear testimony, debate the bill’s merits, and decide its fate. A committee may:

- Send the bill forward with a “Do Pass” recommendation
- Table the bill, effectively killing it unless revived
- Defer the bill to the 41st legislative day, which also ends consideration
- Send the bill to the floor without recommendation, leaving the full chamber to decide whether it advances

If a bill passes the chamber of origin, it repeats the same process in the other chamber. Only bills that pass both the House and Senate are sent to the Governor for signature or veto.

Key Legislative Deadlines

The legislative calendar moves quickly. Some of the most important dates include:

- February 4** – Last day to introduce individual bills
- February 24** – Final day for bills to pass their house of origin
- March 9** – Last day for bills to pass both chambers

These deadlines are why early advocacy and timely engagement are essential. Once a date passes, opportunities narrow rapidly.

Leadership and Structure

Each chamber is led by elected officers and party leadership who manage the flow of legislation, assign committee members, and guide debate. Committee chairs play a particularly influential role in shaping which bills advance and which do not.

Supporting the entire process is the Legislative Research Council, which provides research, drafting, fiscal analysis, committee staffing, and technical support, ensuring the Legislature operates smoothly and transparently.

2026 Senate Leadership	2026 House Leadership
<p>President of the Senate Tonnis (Tony) H. Venhuizen (R) <i>Lieutenant Governor; presides over the Senate</i></p> <p>President Pro Tempore Chris Karr (R) <i>Presides in the absence of the President; appoints Senate committee chairs and members; refers bills to committee</i></p> <p>Majority Leader: Jim Mehlhaff (R)</p> <p>Assistant Majority Leader: Carl Perry (R)</p> <p>Majority Whips Randy Deibert (R) Kevin Jensen (R) Sue Peterson (R) Tom Pischke (R)</p> <p>Minority Leader: Liz Larson (D)</p> <p>Assistant Minority Leader: Jamie Smith (D)</p> <p>Minority Whips Kadyn Wittman (D) Nicole Uhre-Balk (D)</p>	<p>Speaker of the House Jon Hansen (R) <i>Presides over the House; appoints House committee chairs and members; refers bills to committee</i></p> <p>Speaker Pro Tempore Karla Lems (R) <i>Presides in the absence of the Speaker</i></p> <p>Majority Leader: Scott Odenbach (R)</p> <p>Assistant Majority Leader: Marty Overweg (R)</p> <p>Majority Whips Jessica Bahmuller (R) Les Heinemann (R) Greg Jamison (R) Brandei Schaeffbauer (R) Bethany Soye (R)</p> <p>Minority Leader: Erin Healy (D)</p> <p>Assistant Minority Leader: Eric Emery (D)</p>

Why This Matters to Pharmacy

Legislation directly impacts pharmacy practice. From reimbursement policy and scope of practice to public health initiatives and regulatory oversight. Understanding the legislative process empowers pharmacists to engage effectively, share expertise, and advocate for policies that support pharmacy, our patients, and high-quality care.

The South Dakota Pharmacists Association monitors legislative activity closely and serves as a voice for the profession throughout the session. Whether through direct advocacy, participation in Legislative Days, or staying informed, pharmacist engagement helps ensure that pharmacy perspectives are heard

where it matters most. You can follow along with the bills the association is monitoring and tracking using the [Action Center](#) on the SDPhA website. SDPhA Members also receive weekly updates, bill and session analysis from the association.

Visiting the SD Legislature

All committee hearings and floor sessions are open to the public. Whether you’re coming to the Capitol for Legislative Days, or another reason during Legislative Session, here’s a few quick things you should know.

Security

- You will have to go through security to enter the Capitol

Committee Hearings

- Typically held in the morning on legislative days
- Time and location are posted on the [Legislative Research Council \(LRC\) website](#) and outside each chamber on the third floor

Floor Sessions

- Convene daily at 2 pm (CT) unless otherwise ordered
- Public galleries are located on the fourth floor

Watch or Listen Live

- Live audio webcasts of committee meetings and floor sessions are available online
- Visit [sdlegislature.gov](#) and select the committee or chamber you wish to monitor

2026 Legislative Days



February 10-11, 2026

Legislative Update and Dinner

February 10 | 6pm | Missouri Avenue Event Center

Health Screenings

February 11 | Beginning at 7 am

by SDSU College of Pharmacy Students at the Capitol Building

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



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

February 10-11 | Pierre

SDPhA Legislative Days, taking place Feb 10-11 in Pierre, will offer a refreshed opportunity for pharmacists, pharmacy technicians, and pharmacy students to engage directly in the legislative process and connect with state policymakers during the heart of the legislative session.

Legislative Days is designed to be informative, accessible, and engaging—whether this is your first time participating or you have attended in the past. Participants will receive timely updates on pharmacy and healthcare issues, background information on legislation being

considered, and guidance to support effective, respectful conversations with legislators.

We will again welcome a strong contingent of SDSU pharmacy students and highly encourage member pharmacists to join them. A visible, engaged presence from practicing pharmacists helps reinforce the importance of the profession and provides valuable real-world context for students learning about advocacy and the legislative process. For those who live in Pierre or nearby communities, this is an especially convenient opportunity to participate.

Tuesday Evening

Tuesday evening will feature a complimentary meal and a facilitated, small-group conversation format, designed to encourage meaningful dialogue about pharmacy, and issues during the current legislative session. Attendees will have the opportunity to participate in table conversations with legislators, SDPhA leadership, and peers, focused on sharing perspectives from pharmacy practice and discussing issues impacting patient care. Lindsey Riter-Rapp, SDPhA lobbyist, and Amanda Bacon, SDPhA Executive Director, will help frame the discussion.

Wednesday Morning

Wednesday morning is when our students shine! This will include wellness screenings at the Capitol, conducted by SDSU student pharmacists. This hands-on experience allows students to practice their skills while offering a valuable service to legislators, staff, and visitors. It also offers the opportunity to see the committee hearings in process. It's all a meaningful opportunity to highlight the diverse and impactful work pharmacists perform every day, while strengthening relationships and understanding at the Capitol. There is no better way to learn about (and influence) the legislative process than by experiencing it firsthand.

Additional details and registration information are available on the [SDPhA website](#).

What's New This Year?

- A refreshed format focused on conversation and relationship-building
- Clear guidance and talking points to support effective advocacy
- Continued opportunities for student engagement alongside practicing pharmacists

Why Attend?

Legislative Days give pharmacists the opportunity to share real-world perspectives, build relationships with policymakers, and stay informed on issues impacting pharmacy practice. Your participation helps strengthen the collective voice of the profession.



Legislative Updates Are Now a Member Benefit

- Weekly Updates & Bill Highlights
- Advocacy Alerts & Opportunities
- Timely Information You Can Trust

Ensure Your SDPhA Membership Is Active.



MEMBERSHIP

Join the South Dakota Pharmacists Association today!
Learn more about membership and fill out our easy and secure online application form.

Apply Here

101st SOUTH DAKOTA LEGISLATIVE SESSION CALENDAR

2026 ♦ 38 Legislative Days



Please refer to the Joint Rules, Chapter 17 for complete information.

	Sun	Monday	Tuesday	Wednesday	Thursday	Friday	Sat
January 2026					1	2	3
	4	5	6	7	8	9	10
	11	12	13 Session Opens 12 Noon(CST) State of the State 1:00 p.m. LD 1	14 State of the Judiciary 10:00 a.m. State of the Tribes 1:00 p.m. LD 2	15	16	17
	18	19 Martin Luther King Jr. Day	20 Executive orders filed (Constitution, Art. IV, Sec. 8) LD 5	21	22 Jt. Memorial Service 3:00pm LD 6	23	24
	25	26	27 Bill and resolution draft requests due to LRC by 5:00pm (for unlimited introduction) LD 9	28	29 Last day for unlimited bill and resolution introduction (JR 6B-3) (TWO HOURS prior to session) LD 10	30	31
February 2026	1	2 All bill and resolution draft requests due to LRC by 5:00pm LD 13	3 Committee bill and resolution draft requests due to LRC by 5:00pm LD 14	4 Last day for introduction of individual bills and resolutions (TWO HOURS prior to session) LD 15	5 Last day for introduction of committee bills and resolutions (TWO HOURS prior to session) LD 16	6	7
	8	9	10	11	12 Last day for JCA selection of general fund revenue targets (JR 7-11.1) LD 21	13	14
	15	16 Presidents' Day	17	18	19	20	21
	22	23 Last day to move required delivery of bills or resolutions by a committee to the house of origin, and Last day to use JR 5-17 LD 26	24 Last day to pass bills or joint resolutions by the house of origin (Crossover Day), and Last day to invoke JR 7-7 in the house of origin LD 27	25	26 Last day for JCA to move required delivery of special appropriation bills to house of origin (JR 17-1) LD 28	27	28
	1	2 Last day for house of origin to pass special appropriation bills referred from JCA (JR 17-1), and Commemoration requests due to LRC by 5:00pm LD 30	3	4 JR 5-13 in effect, and Last day for introduction of commemorations (TWO HOURS prior to session) LD 31	5 Last day to move required delivery of bills or joint resolutions by a committee to the second house LD 32	6	7
March 2026	8	9 Last day for a bill or joint resolution to pass both houses, and Last day to invoke JR 7-7 in the second house LD 34	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
April 2026	29	30 Reserved for consideration of gubernatorial vetoes LD 38	31	1	2	3	4

STANDING COMMITTEES

101st Legislative Session Meeting Schedule – 2026



TIME	ROOM	MONDAY WEDNESDAY FRIDAY	TUESDAY THURSDAY
7:45 – 9:45 a.m.	414	House State Affairs <i>Rep. Scott Odenbach, Chair</i> <i>Rachel Hale, Staff</i>	House Ag & Natural Resources <i>Rep. Marty Overweg, Chair</i> <i>Lance Nixon, Staff</i>
7:45 – 9:45 a.m.	413	House Education <i>Rep. Lana Greenfield, Chair</i> <i>Jacob Carlson, Staff</i>	Senate Judiciary <i>Sen. Steve Kolbeck, Chair</i> <i>Melanie Dumdei, Staff</i>
7:45 – 9:45 a.m.	412	Senate Health & Human Services <i>Sen. Kevin Jensen, Chair</i> <i>Matthew Server, Staff</i>	House Health & Human Services <i>Rep. Brian Mulder, Chair</i> <i>Matthew Server, Staff</i>
7:45 – 9:45 a.m.	423	Senate Transportation <i>Sen. Randy Deibert, Chair</i> <i>Lance Nixon, Staff</i>	Senate Education <i>Sen. Kyle Schoenfish, Chair</i> <i>Jacob Carlson, Staff</i>
7:45 – 9:45 a.m.	464		House Taxation <i>Rep. Aaron Aylward, Chair</i> <i>Will Steward, Staff</i>
10:00 a.m. – Noon	414	Senate State Affairs <i>Sen. Jim Mehlhaff, Chair</i> <i>Anna Madsen, Staff</i>	House Local Government <i>Rep. Greg Jamison, Chair</i> <i>Ben Vukovich, Staff</i>
10:00 a.m. – Noon	413	House Judiciary <i>Rep. Mike Stevens, Chair</i> <i>Melanie Dumdei, Staff</i>	House Transportation <i>Rep. Tony Randolph, Chair</i> <i>Amanda Marsh, Staff</i>
10:00 a.m. – Noon	412	Senate Local Government <i>Sen. Tim Reed, Chair</i> <i>Ben Vukovich, Staff</i>	Senate Commerce & Energy <i>Sen. Casey Crabtree, Chair</i> <i>Josh Hilpert, Staff</i>
10:00 a.m. – Noon	423	Senate Taxation <i>Sen. Sue Peterson, Chair</i> <i>Will Steward, Staff</i>	Senate Ag & Natural Resources <i>Sen. Tom Pischke, Chair</i> <i>Anna Madsen, Staff</i>
10:00 a.m. – Noon	464	House Commerce & Energy <i>Rep. Karla Lems, Chair</i> <i>Josh Hilpert, Staff</i>	
8:00 a.m. – Noon	Appropriations 362	Joint Committee on Appropriations <i>Sen. Ernie Otten, Lead Co-Chair, Rep. Mike Derby, Co-Chair</i> <i>Mehlhaff, Jessop, Knofczynski, Douglas, Honan, McDonald, Kaitfors, Staff</i>	
Meets at the Call of the Chair		Government Operations & Audit (Chairs: <i>Sen. Howard & Rep. Overweg/Jacob Carlson</i>) Legislative Procedure (Chairs: <i>Rep. Hansen & Sen. Karr/John McCullough</i>) Mil. & Vet. Affairs (Chairs: <i>[H/MWF PM] Rep. Goodwin & [S/TTH PM] Sen. Zikmund/Matthew Server</i>) Retirement Laws (Chairs: <i>Sen. Deibert & Rep. Weisgram/Jeff Mehlhaff, Mitch Honan</i>)	

This schedule and all Legislative Research Council documents are available on the LRC home page: sdlegislature.gov.

PBM Reform Signed Into Law:

What the New Medicare Part D Changes Mean for Pharmacy

After years of advocacy by pharmacists, pharmacy organizations, and patient advocates, Congress has passed, and the President has signed, the most significant PBM reform package in decades as part of the 2026 federal appropriations bill.

This legislation represents a major shift in how pharmacy benefit managers (PBMs) operate within Medicare Part D and introduces long-awaited guardrails around contracting practices, transparency, and reimbursement structures that directly affect community pharmacy participation.

For years, pharmacists have raised concerns about opaque PBM business practices, reimbursement rates that fail to reflect the cost of dispensing care, and network designs that steer patients toward PBM-owned pharmacies. These reforms aim to rebalance that dynamic by strengthening pharmacy protections, increasing accountability, and restoring fairness in Medicare Part D contracting.

What Changed and Why It Matters

The new law establishes clear expectations around PBM behavior, contract terms, and payment structures in Medicare Part D. Most notably, PBMs will no longer be able to retain rebates and price concessions for themselves. Instead, those dollars must flow back to Part D plan sponsors, increasing transparency and reducing incentives that distort drug pricing and network design.

An essential piece for pharmacies, the legislation creates enforceable standards for “reasonable and relevant” contract terms and strengthens protections against PBM retaliation. Pharmacies that meet these standards will be allowed to participate in Part D networks, helping preserve patient access and protect community-based care.

A Win for Patients and Community Pharmacies

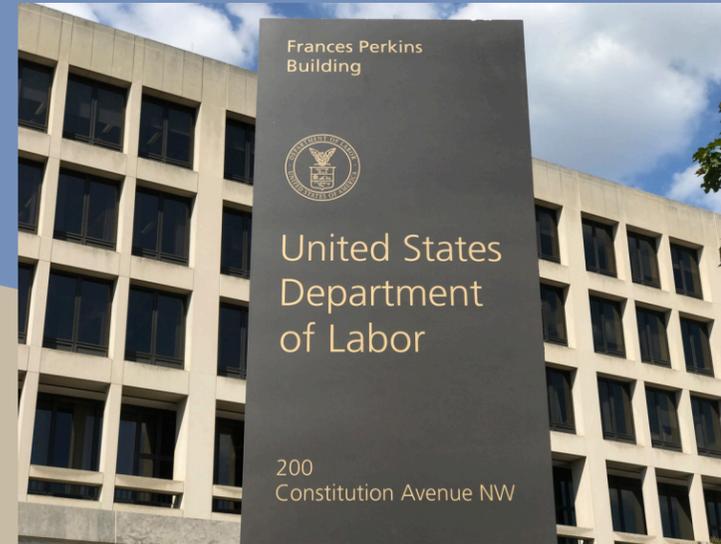
We whole-heartedly agree with the national pharmacy organizations who have called this a historic step forward for patients and pharmacy practice. The reforms are designed to improve network adequacy, stabilize pharmacy participation in Medicare Part D, and help ensure that reimbursement more closely reflects the cost of providing care.

This legislation also introduces the new designation of “essential retail pharmacies” — recognizing the critical role that non-PBM-owned pharmacies play in rural, suburban, and urban communities where pharmacy access is limited. And by requiring CMS to track and publicly report how these pharmacies are treated in Part D networks, the law brings visibility to disparities that have long existed behind closed contracts.

Implementation Still Matters

While the legislation is now law, many of the most impactful provisions will phase in over the next several years with full implementation complete by Jan. 1, 2029. Federal agencies will be responsible for rulemaking, enforcement, and oversight — and pharmacy engagement will remain critical to ensure the law is implemented as Congress intended.

This moment represents meaningful progress, but it is not the end of the story. How these reforms are executed will shape pharmacy practice and patient access for years to come.



DOL Proposes Major PBM Transparency Rule

On January 29, the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA) released a significant proposed rule aimed at increasing transparency in how pharmacy benefit managers (PBMs) operate — one of the most consequential federal actions targeting PBM practices in years.

Under the proposed regulation, PBMs would be required to disclose detailed financial information to health plan fiduciaries, including:

- Rebates and other payments received from drug manufacturers
- Compensation gained when plans pay more for a drug than pharmacies are reimbursed
- Payments recouped from pharmacies tied to dispensed prescriptions

The rule also gives fiduciaries enhanced authority to audit PBM disclosures and adds protections if PBMs fail to comply. This transparency is designed to empower self-insured employers and plan fiduciaries (who cover roughly 90 million Americans) to better evaluate PBM compensation and negotiate fairer terms.

According to the Department of Labor, the proposal builds on an earlier executive order focused on lowering drug prices and represents a historic shift toward transparency in the prescription drug supply chain. PBMs have long faced criticism for opaque fee practices, and this rule aims to bring unprecedented visibility into the middlemen’s compensation structures.

Public comments on the proposed rule are due by March 31, 2026.

South Dakota's PBM LAWS IN ACTION

With HB 1135 (2023) now the law in South Dakota, our focus has been **assessing how it works in practical application** for regulating Pharmacy Benefit Managers (PBMs). We find there are somehow still people who are unaware of the regulations, and the processes for filing a complaint. **SDPhA is planning exciting upcoming educational opportunities** on these topics, and we encourage you to keep an eye out for emails, posts, etc. with more details.

In the months that followed HB 1135 becoming law, SDPhA went to work with the South Dakota Division of Insurance (SD DOI) on the process and procedure for filing complaints and violations of the new law. We thank the DOI for bringing us to the table early and often in this process. We collaborated with them to create an intake form that is simple and direct, yet comprehensive.

As a reminder, here are the highlights of the bill:

- **Prohibit direct or indirect retroactive claim adjustments** unless it's the result of a technical billing error, audit, fraudulent or duplicate claim. (Section 13)
- **Prohibit the numerous onerous fees** PBMs charge pharmacies. (Section 14)
- **MAC list regulation** to help ensure pharmacies are paid fairly and transparently. (Sections 15-16)
- **Prohibit a PBM from reimbursing its own pharmacies more** than it does other resident South Dakota pharmacies (Section 17)
- **Strengthens gag clause prohibition** (Section 10)

In addition, the bill strengthens audit (Section 4, 7) and reporting (Section 18) requirements for PBMs (including identifying all instances of spread spicing) and establishes the conditions under which the Division of Insurance may suspend, revoke, or deny a PBM's license (Section 19).

One especially important note – it is incumbent upon us to report issues and they occur and provide the proper documentation. You need to file complaints **IN WRITING** via the form. A phone call to the DOI is not going to initiate the process. The Division has also hired an investigator and a pharmacist, but the process is still a bit novel for everyone. We are committed to taking the time to work through any issues that arise with the process as we go. You can find a link to the complaint form, and a host of other resources on our new webpage devoted exclusively to [PBM and Payer Resources](#).



PBM AND PAYER RESOURCES

[Home](#) / [Resources](#) / PBM and Payer Resources

PBM RESOURCES

[PBM Enforcement](#)

[PBM Complaint Form](#)

ADDITIONAL PAYER RESOURCES

[South Dakota Medicaid](#)

[Medicaid Provider Enrollment](#)

PBM REFORM IN SOUTH DAKOTA

South Dakota Pharmacists Association advocates for meaningful pharmacy benefit manager (PBM) reform that benefits patients and pharmacies together. SDPhA supports efforts in PBM oversight on the federal and state level. We work closely with our South Dakota Congressional Delegation, the South Dakota Legislature, the South Dakota Division of Insurance and other stakeholders to ensure adequate payment and meaningful reform.

References to current SD law for PBMs are linked on right. Should you know of any PBM in violation of this code, we encourage you to file a complaint (link left and below) with the South Dakota Division of Insurance to help enforce law for which we advocated.

TIPS FOR FILING COMPLAINTS:

- A phone call doesn't do it. You must fill out the complaint form.
- Include a clear and concise description of the non-compliance (i.e., state law prohibits clawbacks and PBMs continue to clawback funds after the point of sale).
- Cite the specific state statute (list on the right).
- Include records/claim/other evidence of the PBMs' violations.
- Include all other information required by the state's complaint form.
- Quantity is important, but quality is too - please make sure you have all the necessary documentation for each complaint.

[PBM Complaint Form](#)

SOUTH DAKOTA PBM REGULATIONS

PBM licensure/registration requirement

[S.D. Laws 58-29E-2](#)

Prohibition against retroactive claim adjustments

[S.D. Laws 58-29E-13](#)

Prohibition against adjudication fees

[S.D. Laws 58-29E-16](#)

Fair pharmacy audit procedures

[S.D. Laws 58-29F](#)

Prohibition against anti-mandatory mail-order

[S.D. Laws 58-18-37](#)

Any Willing Pharmacy

[S.D. Laws 58-18-37](#)

Not less reimbursement than PBM-owned pharmacies

[S.D. Laws 58-29E-19](#)

SD BOARD of PHARMACY

Tyler Laetch, PharmD // Executive Director

Happy 2026 to everyone. The last quarterly Board meeting was held on January 16th. We're excited to announce a new addition to our Board meetings for in-person attendees, two one-hour sessions of board approved continuing education (CE). This was added at the request of the board at the October meeting and began with our January meeting. The process will be similar to attending other events in the state with board issued CE.

During the meeting, the Board's pending legislation, SB 14, was discussed. This bill will allow for remote drop sites and provide clarifying language in regard to ownership changes and pharmacist in charge changes. Also discussed at the board meeting was technician remote working. Technician supervision concerns were voiced, and the board has directed our office to remove the policy statement which allows technicians to work remotely. The rule for technicians states a technician must be under immediate supervision of a pharmacist to perform technician functions unless outlined in other sections of rule such as for telepharmacy work or for delivering medications to an AMDD that have been reviewed by a pharmacist. Pending the outcome of legislation, we will be working on a rules package to update our rules on remote drop sites, the variance process, plus a review of all the current rules.

Our office was notified last year that our licensing software vendor is phasing out our current platform. We have completed the bid and vetting process and are working on getting a contract signed. Once the contract is signed, we will then have a timeline for implementation of the

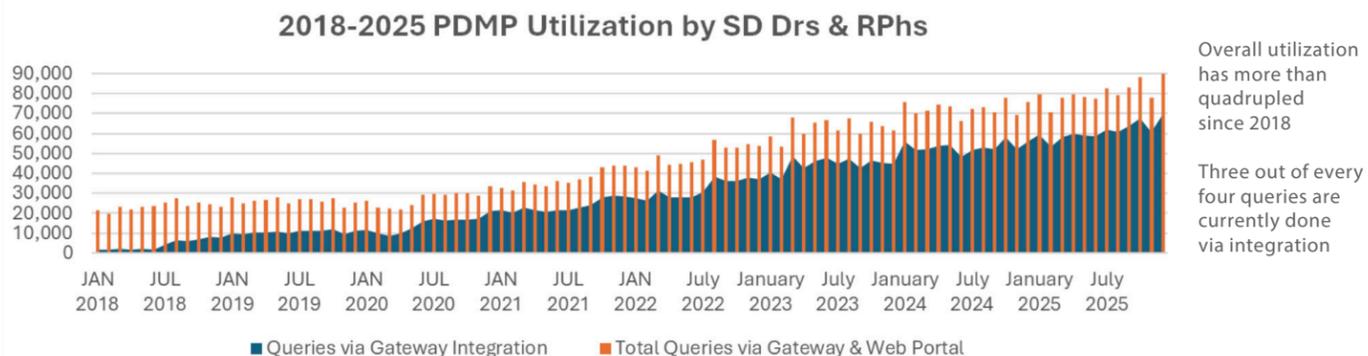
new platform, which may be this year in time for pharmacy license renewals. We will work to make this transition as seamless as possible.

Mark your calendars as we were just notified that we will be hosting the 2027 District Five NABP/ACCP Annual Meeting. SD was slated to host in 2028, but Manitoba notified the District Five Secretary that they would be unable to host, so that moved us up a year. Stay tuned for details!

PDMP Update

The South Dakota Prescription Drug Monitoring Program is focused on interoperability as a means to increase utilization and positively impact patient care. This is being accomplished in two ways: 1) Interstate data sharing – the South Dakota program currently shares data with 43 other prescription drug monitoring programs, including all our neighboring states and the Military Health System's program, and 2) Integration of South Dakota's prescription drug monitoring platform, PMP AWARe, into clinic and hospital electronic health record platforms and pharmacy management systems. Integration is key as it removes the barrier for prescribers and pharmacists of requiring steps outside their clinical workflow to query the database. Integration provides in-workflow, one-click access to patient reports, shifting time from performing a patient query to clinical patient care.

The following graph depicts trending program utilization from January 2018 to December 2025 by South Dakota prescribers and pharmacists.



BOARD OF PHARMACY MEMBERS

Shane Clarambeau, Fort Pierre, SD
 Ashley Hansen, Aberdeen, SD
 Cheri Kraemer, Sioux Falls, SD
 Tom Nelson, Spearfish, SD
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PDMP SIGN UP + DATA ACCESS

<https://southdakota.pmpaware.net/login>

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COLLEGE of PHARMACY and ALLIED HEALTH PROFESSIONS at SDSU

Dan Hansen, PharmD // Dean and Professor



Greetings from the College of Pharmacy and Allied Health Professions at South Dakota State University! As we reflect on 2025, we celebrate that this year was incredible, and 2026 promises even greater success.

Overall Highlights

We ended 2025 by receiving the exciting notification that the bachelor's degree pathway of our respiratory care program earned provisional accreditation from the Commission on Accreditation for Respiratory Care (CoARC). We also prepared for the January launch of our newly redesigned accelerated medical laboratory science program. This program is designed for students who have previously attended college and is mostly online; students can earn their bachelor's degree in as little as 12 months.

Our faculty and staff were honored for their work on several occasions. First, two faculty members moved into newly established endowed positions. Dr. Erin Miller was named the Gail M. Gullickson Endowed Professor in Public and Population Health, and Dr. Mike Farley was named the Gary and Sharon Van Riper Endowed Scholar in Pharmacy Practice Innovation. Dr. Deidra Van Gilder is making the transition from assistant department head for Pharmacy Practice to department head for Allied and Population Health.

Dr. Brittney Meyer, professor of pharmacy practice, received an Excellence in Honors Mentorship Award from the Van D. and Barbara B. Fishback Honors College. Irene Arango Gomez, Community Care Coordinator for the Community Practice Innovation Center (CPIC), was accepted into the Region 8 Public Health Leadership Institute for Systems Change through the Rocky Mountain Public Health Training Center.

The CPIC initiative, START-SD-Impact, hosted Empowering Recovery, an innovative learning workshop that was attended by more than 80 social service providers, medical professionals, law enforcement and correction officers, nonprofit organization representatives, and others interested in understanding and combatting substance abuse disorder.

We also awarded a record-breaking \$475,000 in scholarships to students across our various degree pathways, and Chi Chapter, SDSU's branch of the Kappa Epsilon national pharmacy fraternal organization, was recognized with the Rose Chapter Award for excellence in outstanding community service and professional involvement this summer at Kappa Epsilon's national convention in Lexington, Kentucky. This year, only 7 out of 37 chapters nationwide earned the Rose Chapter Award. This marks the second time the chapter has received the honor, reflecting the dedication of its members and advisors while reinforcing the chapter's ongoing commitment to growth, leadership, and service within the profession of pharmacy.

Student & Faculty Highlights

Our students and faculty were busy this fall sharing their work with the broader community.

First, several faculty members presented at SDSU's 3rd Annual Scholarship of Teaching and Learning (SOTL) Symposium:

- Dr. Emily Van Klompenburg gave a podium presentation: Development of Metacognition in Pharmacy Students
- Dr. Vicki Howe and Dr. Marissa Trosen presented the poster: Evaluating Interprofessional Learning Between Pharmacy and Respiratory Therapy Students
- Heather Moser presented the poster: Tic-Tac-Teach: Developing & Implementing a Choice-Based Leadership Assignment

Drs. Emily Van Klompenburg, Alex Middendorf, and Scout Forbes-Hurd had an article accepted in *Currents in Pharmacy Teaching and Learning* titled "A longitudinal evaluation of retention of pharmacy law knowledge by pharmacy students." In addition, Dr. Stephanie Hanson took part in a faculty seminar in the College of Arts, Humanities and Social Sciences. The topic was "introduction to graduate school culture" and included a panel of four speakers. This brand-new seminar series is part of SDSU's launch of the Ph.D. in Social Sciences.

Jake Miller, Caleb Nelson, and Daxton Grace, members of the Rho Chi national pharmacy honor society, presented on the topic of memory medications and conditions as part of the OLLI presentation series, while Ali Vacanti, a student in the Medical Laboratory Science program, presented at the Honors College Student Showcase. She presented a patient case study titled "Celiac Disease: Gluten Exposure to Auto-immune Response." She is mentored by Dr. April Nelson.

Each year, ACCP hosts an online Clinical Pharmacy Challenge where a team from each College of Pharmacy competes against each other. Our team this year is made up of P4 students Emily Tisler, Meghan Haan, and Lexi Ketcham. They have advanced to the Top 16 in the nation.

Student and faculty presenters at the 2025 Sanford Performance Improvement Symposium included:

- Loran Cipala and Dr. Bri Jansma Vant Hul: Powering Up Potassium Optimizing KCI Sliding Scale Workflows
- Loran Cipala, Lizzy Hallaway, Ainsley Powers, and Dr. Bri Jansma Vant Hul: Comparative analysis of time to aPTT achievement with argatroban and bivalirudin in HIT
- Aubrey Kooima, Peyton Parker, Sierra Heidinger, and Nathan Buisker: Long-term efficacy of pneumococcal vaccination in patients aged 65 and over
- Allison Gross, Natalie Nunez, Hannah Kleinschmit, Alexis Ketcham, and Hyunjun Cho: Tirzepatide/GLP-1 agonist induced rapid weight loss effect on dosing of narrow therapeutic window medications
- Colton Hansen, Aron Johnson, Eric Leveitt, Camden Schacht, Riley Williams, and Jordan Baye: Evaluation of anticoagulation in infective endocarditis
- Laine Mentzer and Skyler Doss: Delay in pharmacotherapy following osteoporotic break

Students and faculty also presented posters at the American Society of Health-System Pharmacists' Midyear Clinical Meeting:

- Meghan Haan, Abigail Hughes, Angela Riley, and Amanda Hurst: Impact of Changing EOS Rate in the Kaiser Sepsis Calculator: Anticipated Admissions, Antibiotics, and Blood Cultures Saved in a Level IV NICU
- Aron Johnson, Colton Hansen, Eric Levitt, Camden Schacht, and Riley Williams: Anticoagulation in Endocarditis
- Laine Mentzer, Skyler Doss, and Tadd Hellwig: Delay in Pharmacotherapy Following Osteoporotic Break; A Local, Single-center, Retrospective Study
- Emily Tisler, Marijo Roiko, and Amanda L. Hurst: Time to Blood Culture Positivity in a Level IV NICU

New Positions and Hires

Finally, COPAHP welcomed several new faculty and staff this fall:

- Dr. Bilal Bin Hafeez, MS, PhD, joined SDSU as an Assistant Professor of Pharmacology. Hafeez was awarded an MS and PhD in toxicology at Hamdard University in Delhi, India, and completed a postdoctoral fellowship at the Roswell Park Cancer Institute. Hafeez served as an Associate Scientist at the University of Wisconsin-Madison and, most recently, was an Assistant Professor at the University of Texas Rio Grande Valley's College of Medicine. His research seeks to identify new molecular targets and therapeutics, which can be utilized in developing new strategies for the prevention and treatment of solid tumors. Currently, his lab is focusing on understanding the molecular mechanisms of dysregulated ribosome biogenesis and RNA polymerase 1 inhibitors as new therapeutics for liver and pancreatic cancers.
- Dr. Heather A. Brown, MTS, EdD, recently started as the new research communications coordinator
- Anna Leisa Sauser, MS, MSA, is the new Translational Specialist for the Haarberg 3D Center
- Andrea Fox-Mosher, BS, is the new program assistant for the Department of Pharmaceutical Sciences and Department of Allied and Population Health

SDSU Student Collaboration for the *ADVANCEMENT* and *PROMOTION* of PHARMACY

Ryan Johnson // SCAPP/APhA-ASP SDSU Chapter President



This fall semester has brought exciting opportunities and events for the Student Collaboration for the Advancement and Promotion of Pharmacy (SCAPP) at SDSU. As the weather cooled down and the winds picked up, a large group of SCAPP members attended the SDPhA Annual Convention in Deadwood, and enjoyed networking with pharmacists,

listening in on policy discussions, and sightseeing around town. Our attendees highly valued the time they spend with the outstanding SDPhA staff and its members and look forward to more conventions and networking opportunities in the future.



Operation Mental Health held our 4th Annual Walk for Hope 5K in collaboration with Emily's Hope based in Sioux Falls. This event had a strong impact both within our chapter and the community, with over 50 attendees and \$570 donated to the organization to help break the stigma of mental health in South Dakota.



Other events held toward the end of the semester included candy vs medication safety at the Brookings Halloween Trunk-or-Treat, a reproductive health trivia night, various speakers, promotion of World Diabetes Day by Operation Diabetes, tie blanket making for the Sanford Children's Hospital, and our final meeting of the semester which was filled with holiday festivities and games. Looking ahead, we are excited to hold our annual patient counseling competition, executive board elections, Legislative Days, and APhA Annual, to name a few. We are grateful for your continuous support of our chapter and wish you all the best in the new year!



In the busy month of October, our chapter members celebrated the Hobo Day festivities by creating a parade float that showcased our student pharmacy organization to the town. The float, following the university's theme "Chase the Horizon", was a great success. Also in October, seven of our chapter members drove out to the Pine Ridge Reservation in Porcupine, SD to offer free health screenings to those living on the reservation. This experience provided a unique learning environment to practice blood pressure and blood glucose screenings while forming valuable connections with these patients. At the end of the month,



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- ▶ Plans to practice in an independent or underserved community setting



Application

- ▶ Online form
- ▶ College transcript
- ▶ Short essay

Start Your Application

phmic.com/scholarship



Key Dates:

Application Window: October 1 - December 1, 2025
Winners Announced: February/March 2026

Student Spotlight

"This scholarship will have a lasting impact on my education and future career in pharmacy. I am incredibly grateful for the support that allows me to serve underserved communities."

—Britney B.
PharmD Candidate
2025 Scholarship Recipient





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PTU National Standards

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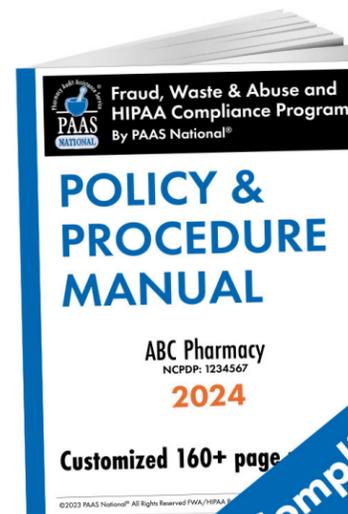
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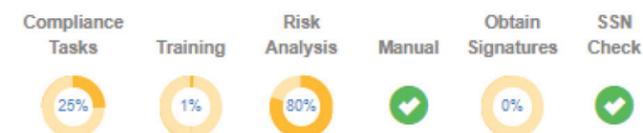
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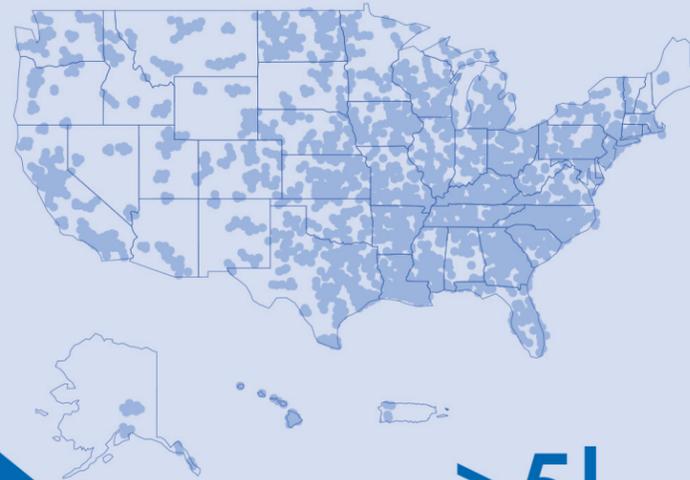


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- Pharmacies must enroll all stores under common ownership/management for audit assistance. There is a **multi-store discount** provided for those enrolling more than one store.
- FWA/HIPAA membership entitles a pharmacy up to 20 employees. Additional employees are \$15, billed annually.

PAAS National® casts a guiding light to steer you away from trouble.



New Year, Same Routine: Tips for Ensuring Accurate Billing

For pharmacies, the new year is often hectic. PAAS National® is here to help make your transition into the new year less stressful by highlighting important billing considerations and tips.

Entering the new year means entering new patient insurance information into the system. While this process may feel tedious, it's crucial to ensure accurate billing. It's not a bad idea to scan new insurance cards to have on file and keep a close eye out for special patient specific ID numbers or person code(s).

While you're taking the time to update the patient's insurance, be sure to ask if any of their demographic information has changed. Do they have a new address? Did they learn of a new allergy, intolerance or sensitivity to a medication or ingredient? It is also important to include food allergies and any allergies to dyes or inactive ingredients such as certain starch-based ingredients (e.g., starch derived from wheat) for those with Celiac Disease. Some additional examples include progesterone, which can contain peanut oils, and gelatin which is often used when making capsules. Some flu shots may not be appropriate for patients with egg allergies, and many medications have dyes in them to produce their coloring. Including patient allergies is critical for ensuring patient health and is also required by some PBMs. Section 10.08 of Caremark's Provider Manual highlights this requirement for maintaining up to date Part D patient information on their profiles. Often during an on-site visit, Caremark auditors will ask to see a covered Part D patient's profile, looking specifically for patient demographics and allergy information. While PAAS has not seen any significant recourse due to missing information on Part D patient profiles, consider validating these elements when updating insurance information.

With the new year also comes new formularies. It is important to be extra cautious of any incoming refills that are utilizing a DAW 9, as a new formulary could require the generic version or even an alternative drug. PAAS suggests challenging any historical DAW 9's by trying to bill the claim first with the generic. Historical use of DAW 9 should be challenged anytime there is a change in insurance, new prescription being authorized, or when a new generic or interchangeable biosimilar is approved in the marketplace.

PAAS Tips:

- When a claim rejects due to a mismatch in the patient's date of birth submitted on the claim (versus the date of birth on file with the insurance company), it is best to call the patient to verify the correct date of birth.
 - If your system is correct and the insurance plan has documented the incorrect date of birth, have the patient contact their plan (or Human Resources Department for employee-sponsored plans) to update the information.
- When you see a blank field in the allergies section of a patient's profile, be sure to confirm any allergy information with the patient and update their file accordingly. Rather than leaving the field blank for patients with no known allergies, be sure to document "no known drug allergies" to show it has been addressed
 - If your system has "no known allergies" listed for a patient, periodically verify that this is still accurate, as some patients develop allergies and sensitivities to medications, ingredients and foods as they age.

By Trenton Thiede, PharmD, MBA, President at PAAS National®, expert third party audit assistance, FWA/HIPAA and USP 800 compliance.

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Splitting Suboxone® Can Lead to Audit Recoupments

PAAS National® has noticed an uptick in audit recoupments for Suboxone® claims where the patient instructions were to split the films or tablets. Notably, OptumRx has a renewed focus on these claims and has been citing them as "2H: Other discrepancy not specified. Prescription written for dosage that does not align with product. Please submit authorized prescriber statement." Section 2.5 of the package insert indicates that Suboxone® must be administered whole and that the product should not be cut, chewed, or swallowed. Therefore, any instructions that tell the patient to split the film or tablets can be considered an off-label use and subject to recoupment.

If you receive a Suboxone® prescription where the patient instructions are to split the films or tablets, PAAS recommends contacting the prescriber to ask for a new prescription for the lower strength instead of splitting, where possible. This is especially true if the patient has been instructed to quarter the product, but PAAS has also seen recoupments on, the more common, halving of the product.

PAAS Tips:

- Prescription directions should be written for the full dose of a tablet or film
 - If smaller or larger doses are needed, a separate prescription should be issued instead of splitting tablets or films
- The route of administration should not be "by mouth"
 - The correct route is "sublingual," "under tongue," or "buccal" (for films only)
- The dosage form of tablets or films should be present on the prescription
- The patient's full name and address should be present on the prescription
- The prescriber's full name, address, and DEA registration number should be present on the prescription
- Check that all state-specific requirements are present for controlled substance prescriptions (e.g., alphanumeric quantity, quantity checkboxes checked on written prescriptions, etc.)

By Trenton Thiede, PharmD, MBA, President at PAAS National®, expert third party audit assistance, FWA/HIPAA and USP 800 compliance.

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OBITUARIES

SD Pharmacists Association

Darwin Egeberg



After a courageous battle with Parkinson's disease, Darwin Lee Egeberg, age 83, of Madison, South Dakota, passed away peacefully at Madison Regional Health System on December 27, 2025. A memorial visitation was held at 2:30 pm on Saturday, January 3, 2026 with a 4 pm prayer service at Kinzley Funeral Home in Madison.

Darwin was born in Brookings, South Dakota on August 2, 1942 to Herbert and Marie (Green) Egeberg. He continued to live in Brookings throughout his childhood, attending Brookings schools, graduating from high school in 1960. After graduation, he worked various jobs and served in the National Guard.

He met Barbara Wright who was a student at SDSU. They were married in 1966. After graduation, the newlyweds moved to Watertown. Barbara taught school in Watertown while Darwin worked for Spies Super Value and later as a printer for Midland National Life Insurance.

Darwin became a student in Pharmacy at SDSU and Barbara taught in the Brookings school system. He interned in a pharmacy at Clark, South Dakota and Lemmon, South Dakota. In 1976 he became the pharmacist at Madison Interlakes Medical Center. The family only intended to stay in Madison for a few years, but 41 years later, in 2017, he retired from Madison Regional Health System.

While Darwin and Barbara lived in Brookings, their son Chad was born, followed three years later by Eric.

Darwin enjoyed outdoor activities, especially fishing, hunting pheasants, waterfowl, and big game. His most exciting hunt was bagging an elk in Custer State Park. For 30 years, rain or shine, day or night, he walked the dogs he owned.

In his retirement, Darwin continued to enjoy being with his family, watching westerns on television, going to bed late and getting up later in the morning.

Darwin is survived by Barbara, his wife; and Chad (Cindy) and Eric, his sons. He is also survived by his sister, Marian Egeberg of Aurora, Colorado; a brother, Ronnie and his wife Sharan of Brookings, South Dakota; his sister-in-law, JoEllen Egeberg of Morton, Illinois, and many nieces and nephews.

He was preceded in death by his parents, Herbert and Marie Egeberg, his in-laws Kenneth and Dorothy Wright, his sister and brother-in-law, Bernice and Roy Mann, brothers, Dale and Robert and brother-in-law, Jim Wright.



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WINTER EDITION 2026