SOUTH DAKOTA BOARD OF PHARMACY
July 10, 2026
Unapproved Draft Minutes
9:00 am CST
Public Board Meeting

Board members present: Ashley Hansen, Cheri Kraemer, Tom Nelson, Shane Clarambeau and Curt Rising
Board staff present: Tyler Laetsch, Carol Smith, Lee Cordell, Jenna Heyen, Melissa DeNoon, and Lan Van de Rostyne

Other parties in attendance

President Rising called the meeting to order at 09:01 am CST. Voice roll call was taken, mission statement read, quorum confirmed, and introductions completed.

A call for public comment was made pursuant to SDCL 1-25-2(3) and there was no public comment.

Motion to approved consent agenda (Clarambeau / Hansen / motion carries).

EXECUTIVE SESSION per SDCL 1-25-2(3)

Motion was made to recess meeting to enter executive session (Clarambeau / Hansen), time 09:30 a.m.
Return to Public Meeting, time 10:17 a.m.

REPORTS

Operations
Tyler Laetsch

- July 1st marks the date all new laws (SB14 and SB90) take effect.
- The Public Rules hearing was on June 18th; these amended rules have been finalized, and IRRC will meet next week on Tuesday, July 14th in Pierre. Melissa and I will be attending this meeting in person to finalize the rules. The rules will become temporary and effective 20 days after being filed with the Secretary of State's office. This will be communicated through various means.
- Legislation request will be due next month (August), and our office will be working on reviewing the wholesaler chapter to see if anything is needed with the new DSCSA requirements. In the pharmacy chapter, the only item on the list would be for interns to update what they can do in a pharmacy, such as immunization.
- I will be meeting with the governor's office and Secretary Magstadt on Tuesday in Pierre to discuss the CSR moving to the board if this will be possible next session.
- Website and licensing platforms have been started; we are having meetings and working with the team on various builds. In relation to the website, the vender is working on formatting and cleaning up what we have currently to make it more user friendly. Regarding an update on the licensing platform, the vender team is currently mapping our old data into the new system and determining which fields we need to obtain. Our projected date for launch will be at the beginning of 2027 with the hopes of having it launch on a non-renewal period. To note Pharmacists and Interns will still apply for renewal on our currently licensing platform. Communications will be sent closer to the launch.
- Alongside building the new website, a new logo and letterheaded have been made. We have started utilizing them as of recently, you all might have noticed them in some of our emails.
- The Pharmacy renewal period is complete, along with our fiscal year as of July 1st.
- The next renewal period will be for pharmacists and interns. That renewal period will start on August 1st.
- The board was granted $321,000 from the Opioid Settlement fund for FY27. Some of the funds will be utilized towards the PDMP platform.
- The board has a new vehicle; due to the old vehicle having some electrical issues we now have a Chevy Equinox.
- I virtually attended the annual Intergovernmental Work Meeting on Drug Compounding. The biggest item of discussion was the GLP1 compounding and what the FDA is currently doing and what they are planning to do around this compounding practice.
- Speaking of GLP1s, there was a call from a provider who was made aware by patients that there are gyms that are supplying GLP1s drawn up in Syringes to clients. We have contacted DCI to investigate this further.
- Melissa, Tom, and I attended the NABP Annual Meeting in Boston. A Summary of events will come later in the agenda.
- Jenna and I did our annual presentation to the P2 class at SDSU in April.
- We are closely watching the DEA with the plan to temporarily schedule 7-hydroxymitragynin, also known as Kratom, above certain concentrations and synthetic materials derived to Schedule 1 control substance.
- You will be seeing approvals and wavers back on consent agendas for approvals and will have some discussion at board meetings with the passing of the rules around to aloe for remote drops sites an operational waver

Inspector Highlights

Carol Smith

Findings

- Completed 23 inspections (3 wholesale, 6 Hospital, and 14 retail)
- I reported retail pharmacies with numerous outdated products on the shelf. I look at the OTC cold medications to make sure there aren't products with pseudoephedrine in them.
    - One pharmacy had outdated OTC products on the shelf.
    - One pharmacy had the same outdated products in the fridge that I found at their last inspection. They had not done anything with those same outdates.
- One pharmacy where the audits were off on the 2025 inspection.
    - Had removed all controlled substances from their ScriptPro and this annual inspection audit was accurate.
- Several pharmacies that do not have a process in place for reversed control substance prescriptions to make sure they are reversed out of the PDMP.
    - One will be getting a new computer system in the next six months and hopefully will have point of sale submission. The others are going to investigate it.
    - I had also discussed the value of the PDMP with a PIC.
- A Pharmacy with a Take Back Receptacle that is locked during business hours. PIC complained about being burned out and too busy to take care of it. I suggested training a technician to take care of it. He has a tech who wants to give immunizations and is motivated to take on more responsibility. He was encouraged to start using their abilities and willingness to help.
- I reviewed a hazardous policy that said employees "should" wash hands prior to compounding. The policy had inconsistent language throughout the policy and was not site specific. Several pharmacies are still using the NIOSH list from 2016. I reminded them that the current one is from December of 2024.
- Two control substance prescriptions where the DEA number the prescription was filled under were not the same as the DEA number on the prescription.
- Fridge temps were not recorded for 15 business days in April. I was there at the beginning of May, and they hadn't recorded the temp for 5 out of the 7 business days.
- Three different Telepharmacies where the PIC monitored 4 technicians. One PIC argued that the technician was not doing "tech" duties because she checked in the order. However, as the PIC stated this the technician was filling nursing home blister packs. The other PIC said Telepharmacies had a one to four ratio. I informed her that was not correct. She googled it and it said with a variance you could do that, then realized there are currently no variances in place.
- Prescription label where you couldn't read the top line, which had the pharmacy's phone number on it. Telepharmacy label that did not have the phone number of the main pharmacy that oversees the Telepharmacy. The main phone number was not on any of the information given to a patient.

Lee Cordell

Findings

- Completed 9 inspections (2 Telepharmacy, 5 retails, 2 other facilities)
- One pharmacy stores their medications in an area that remains accessible to the public after pharmacy hours. During the inspection it was noted it the pharmacy couldn't be fully secure when it was closed, and the rest of the store was open, that was addressed.
- We had a great discussion yesterday on how to make sure this expectation is clear across the board to these other facilities that have that same issue.
- At another facility there was no process in place to correctly invoice control substances back to the central site part of the AMDD.
- One pharmacy had unsanitary pharmacy conditions that were noted. They were informed that I will return in a few weeks only to find out that the PIC had resigned. I'm still following up with them
- Another concern at that pharmacy is that much of their stock (60-70%) were return to stock bottles from central fill site around 20-30 bottles stack up all around different parts of the Pharmacy. Not necessarily organized in alphabetical order. Noted as a big patient safety concern.
- An expired vaccine was found in the fridge along with all flavorings expired.
- Couldn't find the Power of Attorney at 2 of the sites during the time of inspection.
- Along with Carol, I have issues with tele-pharmacies where the number to the main pharmacy was not listed on the vile, and the numbers posted on site for both to contact the main line for a pharmacist were WellCare numbers that were disconnected. So that was concerning due to patients having no availability to a pharmacist.
- Also, no documentation of starter packs that are stored off site along with no documentation of site visit that is required to be done every 90 days.
- One tele-pharmacies lights were off at the main pharmacy site. They did turn on during the visit. They also had two-way communication but must have continuous two-way communication with pharmacists to be open. This was addressed on site.
- There was no documentation at one of the tele-pharmacies monthly control substance inventory even though they were documented at another that is combined with them.
- No central fill sites sign posted at one of the retail pharmacies.

Jenna Heyen

Findings

- Completed 40 inspections total (among them 1 unannounced)
- Continued concerns regarding collector status on take back boxes. Working with some pharmacies that were talked to last year regarding liner logs. Reviewed that they all have the proper signature logs filed out. I noticed some logs not fully filled out or are partially filled out. Just continue to educate on the requirements for that.
- Ensure everyone has access to the destruction component for take back boxes so they can show compliance there. If the program was not through us, that would be harder to identify how they have access to this.
- DEA Biennual inventory
    - One was not complete, another missing items
    - One the physical count was done 5 days prior to inventory date and was signed off on.
    - Missing will call bin seems to be a trend this time on inspections. Often not missed on prior inventory. Send them our inventory cover sheet that was discussed at the last Board meeting. This was well received.
- Signage, certificates, registrations, and verifications that are posted where expired. Found old DEA certs.
- Repackaging observed at a couple locations was inconsistent, discussed expectations and to make sure this expectation was met with everyone. One location does not meet repackaging standards and was requested to find another alternative.
- DEA forms 222 or CSAs ordering. Some had old triplicate forms. We showed them how to void and send the forms back to the DEA. Had an incident where a PIC could not access the CSA history. That will be followed later in a week.
- DEA 222 form was not filled out correctly for transfer of products between DEA numbers. Addressed that with them at that time.
- Invoicing, movement between facilities didn't have record of it though they are under the same facilities documentation is still needed.
- Technician and clerk roles:
    - At an inspection I overheard a clerk step out of their role. They had informed the customer of information about a product. This was addressed at time of inspection.
    - A pharmacist had a tech to step out of a function right in front of me. That was addressed immediately.
    - Questions pharmacy access keys to pharmacy and keys to the alarm system. This will need to be further addressed with the board regarding whether this topic needs to be more specific.
    - At some locations Identification was not present on staff.
    - POA also having issues where individuals leave and change roles and the POA are not revoked.
- Compounding pharmacy
    - Was at a location, able to observe, some inappropriate sterile technique from a technician and was able to talk to the PIC immediately. Corrective action put in place.
    - At the same location I had identified inappropriate, beyond use dating on a product provided drawn out of vial into a syringe without any documentation or rational on use.
- Continuing to have concern for product integrity for outdates improperly stored. Found in a couple of locations with multi pack opened and out with no expiration dates on them.
- One location their after-hours log is missing for hospital pharmacy access by nurses

Office Topics

- New APPE student Holly
- Inspection with Carol,
    - Was great to see how her inspection process was and to have another set of eyes.
    - Will be Inspecting with Lee next.
- Challenging issue: handling instances with pharmacy where there is a corporate involvement that tends to cause issues. As per our law and rules, the pharmacy's PIC is ultimately responsible for the activity of the pharmacy. At times though it helpful, appreciated and needed at times, but truthfully the person responsible is the PIC.
    - An expanded use of technology increases image capture increases barcoding, and recognition software to allow the pharmacist to move through the prescription filling process, this reduces frequent badge scanning and designating their name on the rx. It is new for this location.
    - Patient signing in electronically
- Misconceptions
    - Pharmacy Drive through can be closed, if you need to close it for any reason you can close it
    - Regarding ratios of tech, there are no variances, there was an allowance due to COVID, but has not been continued. Something to keep an eye on.

<u>Prescription Drug Monitoring Program (PDMP)</u> – Melissa DeNoon

- Excited to announce Senate Bill 90 passed this legislative session and was signed by the Governor. It was introduced by Senator Lauren Nelson from Yankton. This bill augments a bill from two years ago – it adds to the required fields the medical cannabis program is to provide to the PDMP on individuals with an active South Dakota medical marijuana card. This information will be used to put an indicator on an individual's PDMP report if they have an active medical marijuana card. PDMP staff and vendor are now working with the medical cannabis program team on implementation. A communication plan is also being developed that will go out to users announcing this important new program enhancement.

- Current/Ongoing Projects:
    - South Dakota medical resident licenses expire on June 30th of each year. Communication was sent to all those in this role informing them they need to contact PDMP staff if they've transitioned to a physician license.
    - Reeducation of law enforcement users regarding their access requirements per statute.
    - Assistance to PICs at participating drug take-back program sites regarding DEA program regulations.
    - Assisted pharmacies that changed DEA registration numbers to assure their vendors are submitting under the new DEA to maintain data submission compliance. New DEAs must also be sent to Trilogy MedWaste for participating drug take-back sites.
    - Inspector PDMP audits are continuing; improvement is being seen as best practices are reinforced.
- Conferences/Meetings attended by the PDMP Director include the NABP Annual Meeting, the NABP PMPi Steering Committee Meeting, and the Bamboo Health Leadership Summit.
- PDMP stats will be shared in the education section coming up.

Complaints, Disciplinary Actions, and Loss/Theft Reports – Board Staff

- Complaint 2026-0007 Pharmacy
    - In regards for pharmacy not filling out a med for patients. This was closed by admin.
- Complaint 2026-0008 Technician
    - Regarding potential theft from Pharmacy, there will be action on the individual in that case.
- Complaint 2026-0009 Pharmacy
    - Regarding the situation between a pharmacy drive through and a patient. This was closed by admin.
- Complaint 2026-0010 Pharmacy
    - Discussed in executive session with discipline committee. The wrong vaccine was given to a patient then what was on the order. With the help of the board, the pharmacy was able to figure out the issue and change future procedures. However, due to the mistake the Disciplinary committee recommends a public letter of reprimand.

  Motion was made to approve public letter of reprimand (Clarambeau / Kreamer/ unanimous)

- Complaint 2026-0012 Pharmacy
    - Regarding a patient unable to access their medication and refused a transfer prescription.
    - The pharmacy also being closed during normal operation, temporary signage was posted, however concerns regarding contradicting information on pharmacy hours, is considered a patient safety issue. Due to this the Disciplinary committee recommends a public letter of reprimand.

  Motion was made to approve public letter of reprimand to the Pharmacy for patient safety issues (Clarambeau / Hansen/ unanimous)

- Complaint 2026-0013 Technician
    - A report causes termination due to violation of alcohol and drug policies for a pharmacy, that will have action on the individual's registration or licensure.

OTHER REPORTS

SD Pharmacists Association – Amanda Bacon

- We moved from legislative wrap up really into implementation planning, membership growth, convention prep, and continued work around the long-term future of pharmacy practice in South Dakota.
- Since April, one of the most important items connected to the Board of Pharmacy's work was the rules package and the recent rules hearing. SDPHA submitted written comments and participated in that hearing. Our comments were offered in the spirit of making sure the rules are clear, workable, and aligned with both patient safety and real-world pharmacy operations. We focused on areas where clarification would be helpful for implementation, including the remote drop site provisions.
- On the advocacy and policy side, we continue to stay engaged both at the state and federal level. At the federal level, E-CAPS has some renewed momentum, and PBM issues are always a main priority.
- We've also continued to follow and work on 340B developments, Medicare, Medicaid, and rural health transformation discussions and of course, national advocacy conversations continue with all our national partners and the federal delegation. We continue to share South Dakota specific perspective really wherever we can, especially around rural access, pharmacy workforce reimbursement and the role that pharmacists play in keeping and care valuable and available close to home
- Internally, SDPHA held a board retreat in June. That retreat was important for us this year due to it giving the board dedicated time to look at where we are in this new membership model, what we learned from spring district meetings and what priorities are really needed to carry us into the next year.
- A few key areas of focus that came out of that for us really include membership growth, district engagement, convention planning, communication strategies, and continued discussion around scope of practice and standard of care. The board also finalized at that meeting the 2026-2027 strategic plan and budget

- On membership, we do continue to grow under the new voluntary membership structure. We're working hard to help pharmacists understand that SCPHA membership is no longer automatic when you renew your license and that membership now directly determines really the strength of the association's voice and the resources and the direction that we go on issues. We've also been working on several membership-related updates, including new and revised membership categories for students and emerging professionals.
- Website work has also continued. There are some major updates rolling out next week as well as the Summer Journal. The goal is really to make the website a more useful hub for members, prospective members, partners, and the public.
- This week we also launched a membership and marketing campaign focused on current members, prospective members, and public awareness of the role that pharmacists play in South Dakota and in healthcare. It's mostly a social media campaign. We encourage you to share those posts if you see them.
- We continue to look at district engagement, district lines, leadership gaps in some areas, and how to make district participation meaningful in our new environment.
- SDPHA's 140th, annual convention will be September 10-12 in Brookings. Registration for that will hopefully also open next week. We do have some updates for the structure of convention this year, including CE, preceptor CE, that will be available on Thursday. We'll be having a Friday evening celebration dinner in honor of those 140 years.
- We continued to work hard around technician engagement and the revitalization of SDAPT. We finalized the date and time for a general membership meeting for SDAPT. That meeting is designed primarily to educate about SDAPT and then also to establish new leadership for that association. We continue as well to work on uh grant and funding opportunities to support the association and its priorities, including advocacy, member value, education, technology, uh long-term sustainability for the association.

SD Society of Health System Pharmacists – Ryan Waybright

- Since the last meeting here, we've installed our new officers and board members for the upcoming year and have a chance to develop and approve our 2DG plans. 2DG plan really focuses a lot on education efforts across the state as well as building and maintaining connections and networking for the members.
- Specifically, within that strategic plan, we're going to focus on coordinating some statewide events, focusing on not only networking, but roundtable discussions about relevant items that are affecting the practice of pharmacy at the health system level, trying to engage in solutions and collaboration across the members throughout the whole state.
- Also working on engaging in the promotion of the pharmacy profession. We are looking at how we can help support other organizations that are sharing or promoting pharmacy as a career path. OSA is an organization we started to work with and connect with other opportunities there.
- Also looking at technician growth and education opportunities as well within SJSHP.
- We are trying to refine our educational approach based on what the members are looking for. That has evolved over time and trying to really come back to what is the format and cadence of CE and education events that people are looking for and that they will find most meaningful. So, we're to redefine our approach a little bit to make sure that we're meeting those in the organization.
- The other thing I'll mention is we have the annual GVR Golf Open event on July 24th at the Rocky Run Golf Course in Dell Rapids. If anyone is still looking or opportunity that day, that recreation is open and there's still spots available.

SDSU College of Pharmacy - James Clem

- The college has continued to demonstrate excellence in leadership and impact locally and nationally. Our college continues to show a strong presence professionally in all the venues we participate in.
- Of note of the graduating class, 29 of the P4 students decided to do residencies and all 29 matched so there's a hundred percent match rate for those students going on to residencies. The National average is about 84 % So we were well above that for a match rate and then we continue to show 100 % employment with our graduates.
- Probably some of the big news here in Sioux Falls would be the Metro Center that is essentially done. They're just putting finishing touches on things. I would like to invite everybody to the ribbon cutting event that is going to happen. That will be on September 17th at 4pm. You'll see more information about that in the future.
- We've had some lower numbers with the incoming P1 class. This is something that is noted nationally for most pharmacy programs. However, that number is going up based on strong indicators that we have. For example, my course that I coordinate for pre-pharmacy students in their sophomore year, is PHE 219. The class cap for that is 80. We are close to 100 in that class for capacity. So, we've exceeded that. When it comes to recruiting students, we have had very strong applications and numbers continue to be strong.
- The last thing I'll share is that Cheri Kraemer has been selected as our 2026 distinguished alumnus. She will be honored at our scholarship and Distinguished Alumnus reception, that is going to be on October 31st. at 9:30 am event. So, congratulations.

SD Association of Pharmacy Technicians – (None)

OLD BUSINESS

- Licensing-- Neighbors Pharmacy, LLC -- Lafayette, Motion
    - Regarding Neighbors Pharmacy, LLC in Lafayette, what transpired was an initial application for licensure. This was brought to our last board meeting in April. With that, there was some Incompleteness on the initial application. The board office sent emails that were met with radio silence. So, this application had been brought to the board to get out of the queue and a denial. So that denial was voted and approved. When we sent that denial letter to them. They immediately responded and worked very closely with us to correct the issues. They have met everything that is needed for licensure. With the letter that's been brought to the board if you choose to do so, it would be recommended that you repeal the denial that was issued last board meeting and accept their license application for a non-pharmacy license permit.
    - Some information about Neighbors Pharmacy, LLC, they are a hybrid pharmacy. The retail side is a staple in Lafayette, LA. We have never mailed anything out of our state. We're not at that phase yet, but once we get licensed in a few other states, we're working on a niche that we have with dermatology, women's health, and/or wellness, where we present to the physician, I guess, a program of items that we have that could be specific for their patient.

  Motion was made to rescind the previous denial of the Neighbors Pharmacy licensure and move to approve their application and licensure (Hansen / Clarambeau / unanimous)

- Open Meeting Laws Review- Annual Discussion - David McVey, Board Attorney
    - SDCL 12513. requires all public bodies to annually review the explanation of the open meetings laws. It defines an official meeting as one where a quorum of a public body is present at which official business or public policy is discussed or decided.
    - The review has been completed in compliance with SDCL 1-25-13.

- Donated Drug Redispensing Program update.
    - The Board received an unfunded mandate following passage of legislation establishing the Donated Prescription Drug and Medical Supply Redispensing Program. Staff collaborated with relevant entities to support passage of the law, draft program rules, and implement the program.
    - The program continues to operate within limited means due to its unfunded status.
      A dedicated page on the Board's website provides access to the Donated Drug Prescription Program, including a secure Google Document listing available donated products and participating pharmacies.
    - The Board has received increased inquiries from West River residents wishing to donate medications. Outreach efforts to recruit a participating West River pharmacies are ongoing.
    - Pharmacies may sign up through a simple approval process.
      Once approved, pharmacies receive credentials to access and edit the secure Google Document.
      Participating pharmacies may update product availability, view inventory added by other pharmacies, and coordinate dispensing or distribution of products for eligible patients.
        - Total number of dispensing: **207**
        - Total days' supply dispensed: **6,086**
        - Total units dispensed (medications and supplies): **18,350**
    - The Board partners with Optum, which supports the program at no cost.
      Dispensing pharmacies process items through a designated card that zeroes out charges and records pricing data.
      Reported cost savings over two years:
    - Wholesale Acquisition Cost (WAC): **$599,919.93**
    - Average Wholesale Price (AWP): **$764,106.00**

NEW BUSINESS

<u>Request to accept an inspection type</u> -Tyler Laetsch, Ernest Gates

- Gates Healthcare Associates -- Inspection for license acceptance. -- Ernest P. Gates Jr., R.Ph, FASCP, FIACP, FACA.
    - Gates representative (Ernest Gates) set to present to the board more information regarding their company, and why they are seeking inspecting approval from the board of pharmacy.
    - Gates is a consulting agency that works as a representation of boards to send reports regarding compliance for Entities wishing to ship into the states.
    - Nationally recognized Inspecting agency since 1994 who offer a more comprehensive report due to the various nuances of 503A's and 503B's

- They are accepted in 48 states and in Canada. All inspectors are active members; and are consulted to keep the company updated on the education and nuances of various state boards' qualifications.
- We offer a priority report under the simplicity with a red, yellow color system. (red for noncompliance, yellow for partial compliance, etc.).
- All inspections reports are compliant with USP 795, USP 797, and USP 800 standards.
- Gates can also provide monitoring. This is something that can be arranged with a consent agreement for pharmacies that show continuous errors in their reports.
- Currently the estimated time for the FDA to inspect a facility is roughly two years. Gates Healthcare Associates is here to fill that niche.

Motion to accept Gates Healthcare Associates as a board approve inspection **(**Kraemer / Clarambeau / unanimous)

Licensing -- Albertsons, LLC. Boise, ID, Jessica Covaci, PharmD

- Staff presented a non-resident pharmacy application from Albertsons/Safeway. The Idaho-based location plans to perform central data processing and pharmacist verification work for prescriptions ultimately filled at Safeway pharmacies in Rapid City, South Dakota.
- This operational model is new for South Dakota retail pharmacies, prompting review by the Board.
- Staff noted the closest precedent is remote pharmacist verification conducted in hospital settings. In those cases, both the non-resident pharmacy and any pharmacists performing the work must hold South Dakota licensure.
- Board members agreed that the same precedent should apply here to remain consistent with past decisions and ensure compliance with South Dakota laws.
- The Board concurred that all pharmacists involved in remote processing or verification for South Dakota patients must be licensed in South Dakota.
- The non-resident pharmacy application itself is complete and acceptable. Before approval, staff will notify Albertsons/Safeway that pharmacist licensure in South Dakota is required for those performing the remote work.
- A motion was requested to approve the non-resident pharmacy license with the condition that participating pharmacists obtain South Dakota licensure.

Motion to table the non-resident pharmacy license for Albertsons, LLC. until pharmacists obtain South Dakota licensure (Clarambeau / Kreamer/ unanimous)

EDUCATION

Licensing

- Staff provided a comprehensive overview of all license and registration categories to illustrate the scale of regulatory responsibility managed by the Board.

PDMP DTAG Data Request

- The Drug Threat Analysis Group (DTAG) is an initiative funded by the Office of National Drug Control Policy (ONDCP) through the High Intensity Drug Trafficking Areas (HIDTA) Program. It collects, analyzes, and shares intelligence to identify and respond to emerging drug threats nationwide. DTAG annually requests data from all state PDMPs to support their initiative in identifying licit and illicit drug threats impacting the United States. SD has provided the requested data beginning in 2024.
- Staff noted the DTAG PDMP data request is expected to continue annually.

OTHER BUSINESS

Recent Meeting News

- NABP Annual Meeting, Boston, MA May 12-15
- SDSHP Annual Conference, Sioux Falls April 17-18, 2026.

Future Board Meetings – all held in Sioux Falls Board Room unless otherwise noted.

- October 9, 2026, 9 AM
- January 15, 2027, 9 AM
- April 9, 2027, 9 AM
- July 9, 2027, 9 AM

Upcoming Meetings

- District V NAPB/AACP 2026 Meeting: Hastings, MN, August 6-8, 2026.
- SDPhA Annual Convention, September 10-12, 2026, Brookings, SD.
- SDSHP Annual Conference, April 16-17, 2027, Sioux Falls, SD.
- NABP 123rd Annual Meeting, New Orleans, LA, May 11-14, 2027.

Motion to adjourn (Rising / Kremer/ unanimous). Meeting adjourned at 12:34 p.m.