

SOUTH DAKOTA BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS

DRAFT AGENDA

Thursday September 11, 2025, at 9:00 am (CST)

Public Board Meeting

NOTE: This meeting is being held in a physically accessible place. Individuals needing assistance, pursuant to the Americans with Disabilities Act, should contact the SDBMOE at sdbmoe@state.sd.us or 605-367-7781 in advance of the meeting to make any necessary arrangements.

Current Board Member Meeting Attendance Record¹

	BAB	SGB	MADC	CTD	CAG	RGH	NFH	JK	KTK	GL	TO	CJP	HHS	LMS	RJS	JLT	MJT
9/12/24	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
12/12/24	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3/13/25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6/12/25	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Azure Bearstail (BAB), Blanchard (SGB); Chessmore (MADC); Dietrich (CTD); Gilkerson (CAG); Hainje (RGH); Holt (NFH); Kalahar (JK); Kassin (KTK); Langerock (GL); Odney (TO); Pavlis (CJP); Spies (HHS); Stark (LMS); Sunne (RJS); Tegethoff (JLT); Trosen (MJT)

(☒=present, ☐=absent, N/A=prior to appointment to the BMOE or after term ended)

Meeting Agenda

1. 9:00 am: Call to order, Roll Call
2. Agenda approval³
3. Public Comment Period (5 minutes) - pursuant to SDCL 1-25-1 where the chair of the public body shall reserve at every official meeting by the public body a period for public comment, limited at the chair's discretion
4. Board Members: Code of Conduct and Rules for Conflict of Interest - *for information*
5. Consent Agenda: The consent agenda allows the board to approve all these items together without discussion or individual motions. Items may be removed from the consent agenda on the request of any one member. Items not removed may be adopted by general consent without debate. Removed items may be taken up either immediately after the consent agenda or placed later at the discretion of the assembly.²
 - a. Draft Minutes
 - b. New Licensure Report
 - c. Financial Report
 - d. Docket
6. Advisory Councils Business
7. Administrative Rules Hearing
8. Executive Director Report
9. Update on Request for Proposal
10. Open Meeting Board Member Training
11. Executive Session:

The Board may close the meeting pursuant to SDCL 1-25-2(3) and 19-19-502 to consult with legal counsel
12. Action After Executive Session
13. Confidential Physician Hearings (Closed session Pursuant to SDLC 36-4-31.5)
14. Action After Confidential Physician Hearings
15. Future Board Meeting Dates are available on the Board's website under Board Info
16. Adjourn

¹ Meeting attendance history available upon request

² Adapted from http://www.wvcc.edu/CMS/fileadmin/PDF/Learning_Center/Consent_Agenda_FAQ.pdf

³ Items may be addressed out of sequence to accommodate persons appearing before the Board or to aid in the efficiency of the meeting.

20:78:05:09. Board member conflict of interest. A board member who:

- (1) Is personally related to a party involved in a contested case proceeding or disciplinary action by two degrees of consanguinity;
- (2) Has a direct financial interest in a party involved in a contested case proceeding or disciplinary action through employment or by contract;
- (3) Directly supervises and is responsible for peer review of a party involved in a contested case proceeding or disciplinary action;
- (4) Or has a spouse employed by or directly contracts with a party involved in a contested case proceeding or disciplinary action; may not participate in the proceeding or action concerning that party. The member shall make an oral statement of recusal on the record at the initiation of the hearing. A recused member may not participate in board discussions or decision-making regarding that contested case proceeding or disciplinary action.

Source: 41 SDR 180, effective May 21, 2015.

General Authority: SDCL 36-4-35, 36-4A-42, 36-4B-35, 36-10-36, 36-10B-3, 36-29-17, 36-31-13, 36-36-12.

Law Implemented: SDCL 36-4-27, 36-4-28, 36-4-29, 36-4-30, 36-4-32, 36-4A-37, 36-4A-38, 36-4A-39, 36-4A-40, 36-4B-28, 36-4B-31, 36-4B-32, 36-4B-33, 36-10-38, 36-10-39, 36-10-40, 36-10-41, 36-10-44, 36-10-45, 36-10-46, 36-10-49, 36-10B-13, 36-10B-14, 36-29-18, 36-29-19, 36-29-20, 36-29-21, 36-29-22, 36-29-25, 36-29-26, 36-29-27, 36-31-14, 36-31-15, 36-31-16, 36-31-17, 36-31-18, 36-31-21, 36-31-22, 36-36-6, 36-36-13.

20:78:05:10. Board member potential conflict of interest. A potential conflict of interest is an indirect financial interest, or a personal relationship or another interest in a party involved in a contested case proceeding or disciplinary action that is different from that of the general public, that a reasonable person would believe might result in bias or prejudice. A board member shall disclose any potential conflict of interest in a contested case proceeding or disciplinary action on the record at the initiation of the hearing, or during the hearing if the board member becomes aware of the existence of a potential conflict of interest at that time. Upon the board's own motion or the motion of a party, and considering the rule of necessity should maintenance of a quorum be an issue, the board may recuse a member with a potential conflict of interest if it determines that the potential conflict of interest raises an unacceptable risk of bias or prejudice in the contested case proceeding or disciplinary action.

Source: 41 SDR 180, effective May 21, 2015.

General Authority: SDCL 36-4-35, 36-4A-42, 36-4B-35, 36-10-36, 36-10B-3, 36-29-17, 36-31-13, 36-36-12.

Law Implemented: SDCL 36-4-27, 36-4-28, 36-4-29, 36-4-30, 36-4-32, 36-4A-37, 36-4A-38, 36-4A-39, 36-4A-40, 36-4B-28, 36-4B-31, 36-4B-32, 36-4B-33, 36-10-38, 36-10-39, 36-10-40, 36-10-41, 36-10-44, 36-10-45, 36-10-46, 36-10-49, 36-10B-13, 36-10B-14, 36-29-18, 36-29-19, 36-29-20, 36-29-21, 36-29-22, 36-29-25, 36-29-26, 36-29-27, 36-31-14, 36-31-15, 36-31-16, 36-31-17, 36-31-18, 36-31-21, 36-31-22, 36-36-6, 36-36-13.

Code of Conduct and Conflict of Interest Policy for Use By State Authority, Board, Commission, and Committee Members

Purpose

The purpose of this code of conduct and conflict of interest policy ("Code") is to establish a set of ethical principles and guidelines for members of state authorities, boards, commissions, or committees when acting within their official public service capacity. This Code applies to all appointed and elected members of state authorities, boards, commissions, and committees (hereinafter "Boards" and "Board member(s)").

Conflict of Interest for Board Members

Board members may be subject to statutory restrictions specific to their Boards found in state and federal laws, rules and regulations. Those restrictions are beyond the scope of this Code. Board members should contact their appointing authority or the attorney for the Board for information regarding restrictions specific to their Board.

General Restrictions on Participation in Board Actions

A conflict of interest exists when a Board member has an interest in a matter that is different from the interest of members of the general public. Examples of circumstances which may create a conflict of interest include a personal or pecuniary interest in the matter or an existing or potential employment relationship with a party involved in the proceeding.

Whether or not a conflict of interest requires a Board member to abstain from participation in an official action of the Board depends upon the type of action involved. A Board's official actions are either quasi-judicial or quasi-legislative. A quasi-judicial official action is particular and immediate in effect, such as a review of an application for a license or permit. In order to participate in a quasi-judicial official action of the Board, a Board member must be disinterested and free from actual bias or an unacceptable risk of actual bias. A Board member must abstain from participation in the discussion and vote on a quasi-judicial official action of the Board if a reasonably-minded person could conclude that there is an unacceptable risk that the Board member has prejudged the matter or that the Board member's interest or relationship creates a potential to influence the member's impartiality.

A quasi-legislative official action, also referred to as a regulatory action, is general and future in effect. An example is rule-making. If the official action involved is quasi-legislative in nature, the Board member is not required to abstain from participation in the discussion and vote on the action.

unless it is clear that the member has an unalterably closed mind on matters critical to the disposition of the action.

“Official action” means a decision, recommendation, approval, disapproval or other action which involves discretionary authority. A Board member who violates any of these restrictions may be subject to removal from the Board to which the member is appointed.

Contract Restrictions

There are federal and state laws, rules and regulations that address conflict of interest for elected and appointed Board members in the area of contracts. As an initial matter, a Board member may not solicit or accept any gift, favor, reward, or promise of reward, including any promise of future employment, in exchange for recommending, influencing or attempting to influence the award of or the terms of a state contract. This prohibition is absolute and cannot be waived.

Members of certain Boards are required to comply with additional conflict of interest provisions found in SDCL Chapter 3-23 and are required to make an annual disclosure of any contract in which they have or may have an interest or from which they derive a direct benefit. The restrictions apply for one year following the end of the Board member’s term. The Boards impacted by these laws are enumerated within SDCL 3-23-10. For more information on these provisions, see the State Authorities/Boards/Commissions page in the Legal Resources section of the Attorney General’s website at: <http://atg.sd.gov/legal/opengovernment/authorityboardcommission.aspx>.

Absent a waiver, certain Board members are further prohibited from deriving a direct benefit from a contract with an outside entity if the Board member had substantial involvement in recommending, awarding, or administering the contract or if the Board member supervised another state officer or employee who approved, awarded or administered the contract. With the exception of employment contracts, the foregoing prohibition applies for one year following the end of the Board member’s term. However, the foregoing prohibition does not apply to Board members who serve without compensation or who are only paid a per diem. See SDCL 5-18A-17 to 5-18A-17.6. For more information on these restrictions see the Conflict of Interest Waiver Instructions and Form on the South Dakota Bureau of Human Resources website at: <http://bhr.sd.gov/forms/>.

Other federal and state laws, rules and regulations may apply to specific Boards. For general questions regarding the applicability of SDCL Chapter 3-23 or other laws, a Board member may contact the attorney for the Board. However, because the attorney for the Board does not represent the Board member in his or her individual capacity, a Board member should contact a private attorney if the member has questions as to how the conflict of interest laws apply to the Board member’s own interests and contracts.

Consequences of Violations of Conflict of Interest Laws

A contract entered into in violation of conflict of interest laws is voidable and any benefit received by the Board member is subject to disgorgement. In addition, a Board member who violates conflict of interest laws may be removed from the Board and may be subject to criminal prosecution. For example, a Board member may be prosecuted for theft if the member knowingly

uses funds or property entrusted to the member in violation of public trust and the use resulted in a direct financial benefit to the member. See SDCL 3-16-7, 5-18A-17.4, and 22-30-46.

Retaliation for Reporting

A Board cannot dismiss, suspend, demote, decrease the compensation of, or take any other retaliatory action against an employee because the employee reports, in good faith, a violation or suspected violation of a law or rule, an abuse of funds or abuse of authority, a substantial and specific danger to public health or safety, or a direct criminal conflict of interest, unless the report is specifically prohibited by law. SDCL 3-16-9 & 3-16-10.

Board members will not engage in retaliatory treatment of an individual because the individual reports harassment, opposes discrimination, participates in the complaint process, or provides information related to a complaint. See SDCL 20-13-26.

Anti-Harassment/Discrimination Policy

While acting within their official capacity, Board members will not engage in harassment or discriminatory or offensive behavior based on race, color, creed, religion, national origin, sex, pregnancy, age, ancestry, genetic information, disability or any other legally protected status or characteristic.

Harassment includes conduct that creates a hostile work environment for an employee or another Board member. This prohibition against harassment and discrimination also encompasses sexual harassment. Sexual harassment includes unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexually harassing nature, when: (1) submission to or rejection of the harassment is made either explicitly or implicitly the basis of or a condition of employment, appointment, or a favorable or unfavorable action by the Board member; or (2) the harassment has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Harassment or discriminatory or offensive behavior may take different forms and may be verbal, nonverbal, or physical in nature. To aid Board members in identifying inappropriate conduct, the following examples of harassment or discriminatory or offensive behavior are provided:

- Unwelcome physical contact such as kissing, fondling, hugging, or touching;
- Demands for sexual favors; sexual innuendoes, suggestive comments, jokes of a sexual nature, sexist put-downs, or sexual remarks about a person's body; sexual propositions, or persistent unwanted courting;
- Swearing, offensive gestures, or graphic language made because of a person's race, color, religion, national origin, sex, age or disability;
- Slurs, jokes, or derogatory remarks, email, or other communications relating to race, color, religion, national origin, sex, age, or disability; or
- Calendars, posters, pictures, drawings, displays, cartoons, images, lists, e-mails, or computer activity that reflects disparagingly upon race, color, religion, national origin, sex, age or disability.

The above cited examples are not intended to be all-inclusive.

A Board member who is in violation of this policy may be subject to removal from the Board.

Confidential Information

Except as otherwise required by law, Board members shall not disclose confidential information acquired during the course of their official duties. In addition, members are prohibited from the use of confidential information for personal gain.

Reporting of Violations

Any violation of this Code should be reported to the appointing authority for the Board member who is alleged to have violated the Code.

SOUTH DAKOTA BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS (BMOE)

June 12, 2025

[Unapproved Draft Minutes](#)

9:00 AM (Central Time)

Public Regular Board Meeting

101 N. Main Ave., Suite 306

Sioux Falls, SD 57104

Unapproved Draft Minutes¹. Board votes by voice call²

Board members present: Scott Blachard DO; Maurice Chessmore MD, Christopher Diedrich MD, Cartney Gilkerson GC, Richard Hainje, Natalie Holt MD, Julie Kalahar OTR/L, Kathryn Kassin PA-C, Gary Langerock NRP, Tryg Odney ATC, Clay Pavlis MD, Heather Spies MD, Rachel Sunne MD, Jennifer Tegethoff MD, Marissa Trosen RRT

Board members absent: Brittany Azure Bearstail MD, Lisa Stark RD/LN

Board staff present: Executive Director Ms. Margaret Hansen, Ms. Randi Sterling, Ms. Whitney Burrows

Counsel present: General Counsel to the Board: Deputy AG Steven Blair, Counsel to the Staff and Prosecutor:

Assistant AG Jennifer M. Jorgenson

Other parties may have been in attendance for this public meeting.

President Tegethoff called the meeting to order at 9:02 AM (Central time). Roll was called, and a quorum was confirmed. A motion to amend the draft agenda to include action after executive and confidential sessions was ratified by voice vote (Hainje/Kalahar/unanimous). A motion to approve the draft agenda as amended was ratified by voice vote (Holt/Dietrich/unanimous).

A call for public comment pursuant to SDCL 1-25-1 was made and there was no public comment. President Tegethoff called attention to the following documents: The Code of Conduct and Conflict of Interest Policy for Use by State Authority, Board, Commission, and Committee Members, and the BMOE member specific administrative rules: 20:78:05:09 Conflict of Interest and 20:78:05:10 Potential Conflict of Interest. A motion for unanimous approval of the consent agenda was ratified by voice vote (Hainje/Kalahar /unanimous).

Public hearings to Adopt Administrative Rules. The proposed rules were presented by SDBMOE Management Analyst Burrows.

- The Emergency Medical Services Personnel Administrative Rules hearing was held 9:10 am-9:18 am. One written comment was received and there was no oral testimony. A motion to adopt the proposed rules 20:61:01 and 20:61:01 as amended by LRC style and form comments was ratified (Hainje/Trosen/unanimous).

- The Athletic Trainer Administrative Rules hearing was held 9:19 am-9:27 am. One written comment was received and there was no oral testimony. A motion to adopt the proposed rules 20:63 as amended by LRC style and form comments was ratified (Odney/Dietrich/unanimous).

An Advisory Committee Business report was given by Management Analyst Burrows. Advisory Council minutes from meetings held since the last Board meeting were made available to the Board. A motion to approve the nominations for appointment to a first term for Dr. Berger and Jessica Schoolmeester to the Respiratory Therapy Advisory Council and Katherine Haverly to the Physician Assistant Advisory Council was ratified by voice vote (Kalahar/Spies/unanimous). A motion to approve reappointment for a third term for Megan Johnke to the Occupational Therapy Advisory Council was ratified by voice vote (Sunne/Hainje/unanimous).

Executive Director Hansen presented an FSMB request for comments document for information.

A public Declaratory Ruling Hearing concerning SDCL 36-29-1.1 and the ability of athletic trainers to perform dry needling was held beginning at 10:10 am. The petition was filed pursuant to SDCL §§ 1-26-15, 36-1C-14, and ARSD § 20:78:02 by sponsor South Dakota Athletic Trainers Association President Mary Beth Zwart. The Board received and considered two written comments received prior to the hearing. Proponent oral testimony was heard from the Petition

^{1 1} 1-27-1.17. Draft minutes of public meeting to be available--Exceptions--Violation as misdemeanor. The unapproved, draft minutes of any public meeting held pursuant to § 1-25-1 that are required to be kept by law shall be available for inspection by any person within ten business days after the meeting. However, this section does not apply if an audio or video recording of the meeting is available to the public on the governing body's website within five business days after the meeting. A violation of this section is a Class 2 misdemeanor. However, the provisions of this section do not apply to draft minutes of contested case proceedings held in accordance with the provisions of chapter 1-26.

² Format for motions, second and vote results: BMOE member Name (Making the motion/Second/Vote result is either unanimous or noted by name for abstentions. Roll call votes AYE or NAY noted by name)

SOUTH DAKOTA BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS (BMOE)

June 12, 2025

Unapproved Draft Minutes

9:00 AM (Central Time)

Public Regular Board Meeting

101 N. Main Ave., Suite 306

Sioux Falls, SD 57104

sponsor and opponent oral testimony was heard from one interested person. Public testimony concluded and Board discussion and deliberation began at 11:02 am. A motion to enter executive session pursuant to SDCL 1-25-2(3) and 19-19-502 to consult with legal counsel was ratified by voice vote (Dietrich/Tegethoff/unanimous). The Board exited executive session and resumed the declaratory rules hearing for final board action at 11:40 am.

Petition Motion One to adopt the petition as filed, the statute scope of practice is sufficient to authorize athletic trainers to perform dry needling as education and training allows (Dietrich/Hainje). A Substitute Motion that it is not clear if the statute authorizes dry needling failed to be ratified by Board majority roll call vote (Sunne/Pavlis/see Table). President Tegethoff then called for a vote on Petition Motion One which also failed to be ratified by Board majority roll call vote (see Table).

Table: Board Member Roll Call Votes for Declaratory Ruling Petition Motion One and Petition Substitute Motion

Key: Azure Bearstail (BAB), Blanchard (SGB); Chessmore (MADC); Dietrich (CTD); Gilkerson (CAG); Hainje (RGH); Holt (NFH); Kalahar (JK); Kassin (KTK); Langerock (GL); Odney (TO); Pavlis (CJP); Spies (HHS); Stark (LMS); Sunne (RJS); Tegethoff (JLT); Trosen (MJT)

(AYE**, **NAY**, or N/A=Board member was not present to vote)**

	BAB	SGB	MADC	CTD	CAG	RGH	NFH	JK	KTK	GL	TO	CJP	HHS	LMS	RJS	JLT	MJT
Petition Motion One	N/A	AYE	AYE	AYE	NAY	AYE	AYE	NAY	N/A	NAY	AYE	AYE	AYE	N/A	NAY	NAY	NAY
Petition Substitute Motion	N/A	NAY	NAY	NAY	AYE	NAY	NAY	AYE	N/A	AYE	NAY	NAY	NAY	N/A	AYE	AYE	AYE

After hearing and considering this matter, a Board majority was unable to reach the determination that the language of SDCL § 36-29-1.1 authorizes athletic trainers to perform dry needling. As there was no Board consensus, the petition can be refiled, or the legislature can be approached. A motion to authorize General Counsel to the Board: Deputy AG Steven Blair to draft a document to send to those who made public comment, and the petitioner was ratified by voice vote (Chessmore/Gilkerson/unanimous).

Annual Election of SDBMOE Officers was held. A motion to approve the slate of Tegethoff-President, Dietrich-Vice President, Pavlis-Secretary was ratified by voice vote(Hainje/Kassin/unanimous).

The Board conducted a confidential physician contested case hearing which was closed pursuant to SDCL 36-4-31.5. Members of the public, visitors, and anyone not involved in the confidential physician hearing was excluded from the hearing. A quorum for physician matters of at least six members was established with nine members present. At the conclusion of the physician hearing, the Board exited the closed physician session, and the public meeting resumed for final Board action on the confidential hearing. A motion to accept the stipulated agreement with reprimand for Dr. Sheena Marie Rippentrop was ratified by voice vote (Dietrich/Spies/Blanchard abstained/8 Ayes, 0 Nays).

President Tegethoff mentioned that future board meeting dates are available on the Board's website under Board Info. The September meeting will be an in-person meeting.

With no further business, President Tegethoff called the public meeting ended and adjourned at 12:38 pm Central time.

Athletic Trainer

Total 11

<u>Name</u>	<u>Address 1</u>	<u>Address 2</u>	<u>City</u>	<u>State</u>	<u>Postal Code</u>	<u>Expiration Date</u>
Kacie Mae Wysong	6800 S Louise Ave		Sioux Falls	SD	57108	12/31/2025
Hailey Rose Nankivel	2479 E. Colorado Blvd		Spearfish	SD	57783	12/31/2025
Tristen Giles Peterson						12/31/2025
Hailey Alexis Bleeker	1210 W. 18th Street		Sioux Falls	SD	57104	12/31/2025
Trent Allen Suckut	1200 W. University Ave.		Mitchell	SD	57301	12/31/2025
Caitlin Rebecca Place	1200 W. University Ave.		Mitchell	SD	57301	12/31/2025
Hannah Rae Baschnagel						12/31/2025
Michaela Marie Sweeney	6800 S Louise Avenue		Sioux Falls	SD	57108	12/31/2025
Faith Rose Weiland						12/31/2025
Cole Robert Carter	6100 S Louise Ave		Sioux Falls	SD	57108	12/31/2025
Nicholas Aaron Bryant						12/31/2025

Ambulance Operator

Total 73

<u>Name</u>	<u>Address 1</u>	<u>Address 2</u>	<u>City</u>	<u>State</u>	<u>Postal Code</u>	<u>Expiration Date</u>
William James Graves	715 E. Colorado Blvd.		Spearfish	SD	57783	04/30/2027
Lilly Anne Mallett						04/30/2027
Jessica Marie Harms						04/30/2027
Jerrid Lee Van Sloten, Jr						04/30/2027
Michael Alexander Frick						04/30/2027
Avery Sara Hudson	922 E Redwood Blvd		Brandon	SD	57005	04/30/2027
Tristan Lee Halverson	820 N. Dakota St.		Vermillion	SD	57069	04/30/2027
Paige Marie Gullikson						04/30/2027
Donald Francis Weber	PO Box 623		Milbank	SD	57252	04/30/2027
Caleb Gabel Dustman						04/30/2027
Sergio Antonio Torres	820 N Dakota St		Vermillion	SD	57069	04/30/2027
Charles James Engen						04/30/2027
Robert Leo Grewe						04/30/2027
Leanna Mae Gubbels	805 Capitol Street		Yankton	SD	57078	04/30/2027
Kyleigh Ann Mellott	330 Orchard Dr		Sisseton	SD	57262	04/30/2027
Kyle John Frangenberg						04/30/2027
Evan Jay Onken						04/30/2027
Nathaniel Scott Murray						04/30/2027
Evan Michael VanDenEinde						04/30/2027
Adam James Squires						04/30/2027
Travis Henry Spier	1305 W 18th St		Sioux Falls	SD	57117	04/30/2027
Donald Carl Werner, IV	715 E. Colorado Blvd.		Spearfish	SD	57783	04/30/2027
Kevin John Frangenberg						04/30/2027
Trevor Alan Munkvold						04/30/2027
Timothy Scott Binder						04/30/2027
Melisa Lynn Smith						04/30/2027
Skyler Lee Tibbs						04/30/2027
Clint Alan Clites						04/30/2027
Gavin James Silbernagel						04/30/2027
Amber Elise Aardahl						04/30/2027

<u>Name</u>	<u>Address 1</u>	<u>Address 2</u>	<u>City</u>	<u>State</u>	<u>Postal Code</u>	<u>Expiration Date</u>
Austin Matthew Shaquill Rhodes						04/30/2027
Paul James Scherschligt						04/30/2027
Jacob Matthew Bays						04/30/2027
Owen Christopher Pollard	1105 Montgomery St.		Custer	SD	57730	04/30/2027
Rachel Lea Diaz						04/30/2027
Kara Marie Howerter	715 E. Colorado Blvd.		Spearfish	SD	57783	04/30/2027
James Hudson Taylor Greene						04/30/2027
James Edward Fugate						04/30/2027
Kailey Jade Quam	1105 Montgomery St		Custer	SD	57730	04/30/2027
Marian Belle Hollingshead						04/30/2027
Henry Coleman Lasher						04/30/2027
Katie Anne Zhenli Scianna						04/30/2027
Samuel John Thalken						04/30/2027
Jozelynn Marie Martin						04/30/2027
William Henry Minder, Jr						04/30/2027
Brock Adam Madsen	100 Caspian Ave.		Volga	SD	57071	04/30/2027
Jacqueline Ann Hunsley	501 Summit St		Yankton	SD	57078	04/30/2027
Tierney Dawn Sharp	420 Mt Rushmore RD		Custer	SD	57730	04/30/2027
Wesley Edward Hall						04/30/2027
Scott Allen Ganschow						04/30/2027
Ricci Leighton King						04/30/2027
Keith Travis	1401 N C Ave		Sioux Falls	SD	57104	04/30/2027
Rhonda Rae Ann Fulkerson	353 Fairmont Blvd		Rapid City	SD	57701	04/30/2027
Aidan Noah Mason	2223 Jackson Blvd.		Rapid City	SD	57702	04/30/2027
Schuyler Kathryn White	820 N Dakota St.		Vermillion	SD	57069	04/30/2027
Angela Carol Werdel						04/30/2027
Joseph Patrick Kyte						04/30/2027
Charles Harold Bell						04/30/2027
Joseph Daniel Doyle						04/30/2027
Trevor James Forest						04/30/2027
Donald Charles Rounds	805 Capital St.		Yankton	SD	57078	04/30/2027
Jerry Alan Bowers						04/30/2027

<u>Name</u>	<u>Address 1</u>	<u>Address 2</u>	<u>City</u>	<u>State</u>	<u>Postal Code</u>	<u>Expiration Date</u>
Maddox Gregory Hanson	121 2nd Ave SE		Aberdeen	SD	57401	04/30/2027
Adam Grant White	121 2nd Ave SE		Aberdeen	SD	57401	04/30/2027
Caiden Scott Patrick	820 N. Dakota St.		Vermillion	SD	57069	04/30/2027
Jacob Robert La Plante						04/30/2027
Derrick Jermaine Dunn						04/30/2027
Kristoffer Allan Magerko						04/30/2027
Maggie Denise Sears						04/30/2027
Garrett Lee Sharpe						04/30/2027
Kylie Lee Stimson						04/30/2027
Nicholas Wayne Huber						04/30/2027
Shane Robert Fitzgerald						04/30/2027

Emergency Medical Responder

Total 1

<u>Name</u>	<u>Address 1</u>	<u>Address 2</u>	<u>City</u>	<u>State</u>	<u>Postal Code</u>	<u>Expiration Date</u>
Corwin Lynn Fowlds	608 N. Sigler Ave.		Sioux Falls	SD	57104	04/30/2027

EMT-Basic

Total 98

<u>Name</u>	<u>Address 1</u>	<u>Address 2</u>	<u>City</u>	<u>State</u>	<u>Postal Code</u>	<u>Expiration Date</u>
Joshua Ray Kaczor						04/30/2027
Darius Joab Glanzer						04/30/2027
Kayla Ruth Johnson	PO Box 71		Lake Norden	SD	57248	04/30/2027
Joshua Stewart Ruenz	221 Central Ave.		Warner	SD	57479	04/30/2027
Andrew Mark Hoffman						04/30/2027
Isaac Robert Perkins						04/30/2027
Ashlyn Nicole Jantz	406 Burlington St.		Lake Norton	SD	57428	04/30/2027
Elizabeth Jeane Huiskens						04/30/2027
Josie Lynn Brennan						04/30/2027
Ryan Walter Prohofskey						04/30/2027
Kaleb Aaron Zook	1901 Ballpark Rd.		Sturgis	SD	57785	04/30/2027
Shawna Dawn Watson						04/30/2027
Kylie Lee Stimson						04/30/2027
Chessa Larae Ossefoort						04/30/2027
Kailey Jade Quam	1105 Montgomery St		Custer	SD	57730	04/30/2027
Josiah Ty Wollman						04/30/2027
Stephanie Ann Sandmeier	1060 Campanile Ave.	Wagner 121	Brookings	SD	57007	04/30/2027
Ryan Lee Velarde						04/30/2027
Jaxon Franklin Robbins						04/30/2027
Isaiah David Hackrott	600 E 1st St		Tea	SD	57064	04/30/2027
Kaitlyn Brianne Zink	1401 N C Ave		Sioux Falls	SD	57104	04/30/2027
Avery Sara Hudson	922 E Redwood Blvd		Brandon	SD	57005	04/30/2027
Jozelynn Marie Martin						04/30/2027
Morgan Lane Krumm	600 Main Ave		Lake Norden	SD	57248	04/30/2027
Daniel Eric Carbaugh	1861 Hwy 71		Hot Springs	SD	57747	04/30/2027
Donald Carl Werner, IV	715 E. Colorado Blvd.		Spearfish	SD	57783	04/30/2027
Lynnae Ardith Beld	801 Burlington St		Lake Norden	SD	57248	04/30/2027
Hayden Allen Grote						04/30/2027
Canton Burleson						04/30/2027
Samantha Joy Wiese	406 Burlington St		Lake Norden	SD	57248	04/30/2027

<u>Name</u>	<u>Address 1</u>	<u>Address 2</u>	<u>City</u>	<u>State</u>	<u>Postal Code</u>	<u>Expiration Date</u>
Jacqueline Ann Hunsley	501 Summit St		Yankton	SD	57078	04/30/2027
William John Lester						04/30/2027
Justin Donald Boggs	600 E. 1st St.		Tea	SD	57064	04/30/2027
Robert J. Stahl						04/30/2027
Brock Adam Madsen	100 Caspian Ave.		Volga	SD	57071	04/30/2027
Jolene Elaine McDaniels						04/30/2027
Robin Dawn Curtis	200 East 3rd Street		Winner	SD	57580	04/30/2027
Shaly Caye Naber						04/30/2027
Clint Alan Clites						04/30/2027
Justin Michael Comparetto						04/30/2027
Joshua Paul Johnson	1861 Cascade Road		Hot Springs	SD	57747	04/30/2027
Ian Alexandre Sladky	1861 Cascade Rd.		Hot Springs	SD	57747	04/30/2027
Kelton Lester Quinn						04/30/2027
Kiersten Candra Bathke						04/30/2027
Janette Marie Shippy	100 E. Tripp Ave		Winner	SD	57580	04/30/2027
Amelia Rose Thoennes	1301 W 18th St		Sioux Falls	SD	57105	04/30/2027
Ayden James Hubbard	1401 N C Ave.		Sioux Falls	SD	57104	04/30/2027
Keith Travis	1401 N C Ave		Sioux Falls	SD	57104	04/30/2027
Aidan Noah Mason	2223 Jackson Blvd.		Rapid City	SD	57702	04/30/2027
Dana Jo Siefkes-Lewis	111 W. 10th Ave.		Redfield	SD	57469	04/30/2027
Scott Andrew Nelson						04/30/2027
Daniel Hunter DeCory						04/30/2027
Alan Courtney Blackburn						04/30/2027
Shawna Marie Kaiser						04/30/2027
Kaden Louis Axsom	201 W First Ave		Mitchell	SD	57301	04/30/2027
Joseph Daniel Doyle						04/30/2027
Danielle Jo Watson	10 W. Main Street		Northville	SD	57465	04/30/2027
Derrick Jermaine Dunn						04/30/2027
Eleah Sage Carda	812 Hospital Dr.		Rosebud	SD	57570	04/30/2027
Jason Andrew Ward	120 Box Elder Rd		Box Elder	SD	57719	04/30/2027
Nathaniel Scott Murray						04/30/2027
Donald Charles Rounds	805 Capital St.		Yankton	SD	57078	04/30/2027

<u>Name</u>	<u>Address 1</u>	<u>Address 2</u>	<u>City</u>	<u>State</u>	<u>Postal Code</u>	<u>Expiration Date</u>
Liam Macgillivray Porter	3708 Canyon Lake Dr.		Rapid City	SD	57702	04/30/2027
Daniel Henry Albrecht						04/30/2027
Mandi Jo Braun	221 Central Ave.		Warner	SD	57479	04/30/2027
Bethany Sage Clunk						04/30/2027
Tegan Madison Williams						04/30/2027
Angela Lynn Monheim	3305 W. South Street		Rapid City	SD	57702	04/30/2027
Eliud Fernando Munoz						04/30/2027
Caiden Scott Patrick	820 N. Dakota St.		Vermillion	SD	57069	04/30/2027
Jake Eric Orozco	1325 S. Cliff Ave.		Sioux Falls	SD	57105	04/30/2027
Sarah Elizabeth Burger	104 E. Capitol Ave.		Pierre	SD	57501	04/30/2027
Sergio Antonio Torres	820 N Dakota St		Vermillion	SD	57069	04/30/2027
Jayden Jack Johnson						04/30/2027
Maggie Denise Sears						04/30/2027
Alexander Vincent Faiman	820 N. Dakota St.		Vermillion	SD	57069	04/30/2027
Dallas Lee Tronvold	207 Main Street		Lake Andes	SD	57356	04/30/2027
Melissa Marie Rodgers	715 E Colorado Blvd		Spearfish	SD	57783	04/30/2027
Reese Jo Cronen						04/30/2027
Victor Omar Garcia Garcia						04/30/2027
Kara Marie Howerter	715 E. Colorado Blvd.		Spearfish	SD	57783	04/30/2027
Amy Lynn Caringi-Hall	120 Box Elder Road		Box Elder	SD	57719	04/30/2027
Dante Cruz Tezza						04/30/2027
Nicole Anne Conrad						04/30/2027
Allysha Kay Duffel						04/30/2027
Tonya Ann Schuldt	307 E Main St		Parkston	SD	57366	04/30/2027
Dawson Scott Studer	1305 W. 18th St.		Sioux Falls	SD	57104	04/30/2027
Brittanie Bernice Hotz						04/30/2027
Jadyn Leah Reppe						04/30/2027
Drew Kelsey Stokes	525 Jay Street		Bruce	SD	57220	04/30/2027
Zane Christian Wilson						04/30/2027
Scott Beseke Bormann	1515 S. Phillips St.		Algona	IA	50511	04/30/2027
Kolby J Kyle	2820 S Minnesota Ave		Sioux Falls	SD	57105	04/30/2027
Kelsey Lynn Miller	15755 Sturgis Rd		Piedmont	SD	57769	04/30/2027

<u>Name</u>	<u>Address 1</u>	<u>Address 2</u>	<u>City</u>	<u>State</u>	<u>Postal Code</u>	<u>Expiration Date</u>
Vance Zachary Haug						04/30/2027
Jermaine Antyone Robinson						04/30/2027
Keith Michael Degen						04/30/2027
Amanda Jean Hoffman						04/30/2027

Advanced EMT

Total 10

<u>Name</u>	<u>Address 1</u>	<u>Address 2</u>	<u>City</u>	<u>State</u>	<u>Postal Code</u>	<u>Expiration Date</u>
Joshua Edward Winkler						04/30/2027
Cassidy James Newbold	101 N. Main St., PO Box 305		Murdo	SD	57559	04/30/2027
Bethany Joy Berres						04/30/2027
Christine Eve Mitchell	715 E Colorado Blvd		Spearfish	SD	57783	04/30/2027
Owen Christopher Pollard	1105 Montgomery St.		Custer	SD	57730	04/30/2027
Erick Charles Stone						04/30/2027
Leslie Michelle Nine	1105 Montgomery St.		Custer	SD	57730	04/30/2027
Logan Michael Hilde	10 Main St.		Rapid City	SD	57701	04/30/2027
Angelia Marie Carris	915 Harney St		Keystone	SD	57751	04/30/2027
Shannon Lee Rittberger	PO Box 175		Keystone	SD	57751	04/30/2027

Paramedic

Total 17

<u>Name</u>	<u>Address 1</u>	<u>Address 2</u>	<u>City</u>	<u>State</u>	<u>Postal Code</u>	<u>Expiration Date</u>
Jonathan George Lane						04/30/2027
Katrina Lymae Keuser	1401 N C Ave.		Sioux Falls	SD	57104	04/30/2027
Robert Ray Ramler	PO Box 26		Pierre	SD	57501	04/30/2027
Aaron Lee Westfall	1401 N C Ave		Sioux Falls	SD	57104	04/30/2027
Rebekah Joy Hopkins						04/30/2027
Kayla Dawn Olson	1401 N C Ave		Sioux Falls	SD	57107	04/30/2027
Thomas Randall Benefield	4025 LaCroix Court		Rapid City	SD	57701	04/30/2027
Chloe Karen Iles	6101 Pershing St.		Sioux City	IA	51111	04/30/2027
Grace Elizabeth Ver Steeg						04/30/2027
Mark Owen Stansberry	610 South Mill Street		Lead	SD	57754	04/30/2027
Elizabeth Anne Stokely	610 S. Mill Street		Lead	SD	57754	04/30/2027
Justin Michael Bell						04/30/2027
Jacob Matthew Pfeiffer	1518 10th Ave W		Williston	ND	58801	04/30/2027
Trisha Lee Finzen	801 5th St		Sioux City	IA	51101	04/30/2027
David Gene Severson	120 Box Elder Rd		Box Elder	SD	57719	04/30/2027
Lawrence D Stump	3900 Airport Road		Rapid City	SD	57703	04/30/2027
Evan Jay Onken						04/30/2027

Genetic Counselor

Total 7

<u>Name</u>	<u>Address 1</u>	<u>Address 2</u>	<u>City</u>	<u>State</u>	<u>Postal Code</u>	<u>Expiration Date</u>
Kristi Lynn Page Barasch	1001 Blueridge Pl.		Richardson	TX	75080	07/01/2026
Franceska Louise Bhansali						07/01/2026
Carey Ann Jamrogowicz	111 2nd Ave NE	#700	St Petersburg	FL	33701	07/01/2026
Jenny Marie Morgan	PO Box 491		St. Petersburg	FL	33731	07/01/2026
Holly Michelle Brown	701 Gateway Blvd	Suite 380	South San Francisco	CA	94080	07/01/2026
Alexandra Mary Corirossi	201 Industrial Rd		San Carlos	CA	94070	07/01/2026
Andrea Joan Schelhaas	2010 Caton Way SW		Olympia	WA	98502	07/01/2026

Licensed Nutritionist/Dietician

Total 26

<u>Name</u>	<u>Address 1</u>	<u>Address 2</u>	<u>City</u>	<u>State</u>	<u>Postal Code</u>	<u>Expiration Date</u>
Vicki Jo Swier Mosher	1305 W 18th st		Sioux Falls	SD	57105	06/30/2026
Kimberly Colegrove	3724 Jefferson St, Suite 104		Austin	TX	78731	06/30/2026
Anita Mirchandani	100 Powell Place #1441		Nashville	TN	37204	06/30/2026
Quinn Eileen Hilber						06/30/2026
Lisa Fincher McCune						06/30/2026
Christina Marie Paspalas						06/30/2026
Madison Rachel Perron						06/30/2026
Gracie May O'Brien	911 E. 20th St., Plaza 4, Ste. 511		Sioux Falls	SD	57105	06/30/2026
Krystal Marie Karalli						06/30/2026
Terese A Sinal						06/30/2026
Krista Leigh Nagel						06/30/2026
Lysette Reid						06/30/2026
Rebecca Grace Cannon						06/30/2026
Megan Ann Vallas						06/30/2026
Allyson Grace Holter	1305 W. 18th St.		Sioux Falls	SD	57105	06/30/2026
Lyndsie Nicole Romes	6063 Frantz Rd	Suite 204	dublin	OH	43017	06/30/2026
Ilana Miriam Schachter						06/30/2026
Katelyn Mckenzie LeMair	2820 Stanley J. Marshall Center		Brookings	SD	57007	06/30/2026
Kira Kristine Moneke						06/30/2026
Christine Ann Clifford	1320 9th Avenue SE		Watertown	SD	57201	06/30/2026
Katherine Ann Helzer	10924 John Galt Blvd.		Omaha	NE	68137	06/30/2026
Erin Kelly Waranch						06/30/2026
Ge Zhan						06/30/2026
Halie Elizabeth Kruid	1600 W. 22nd St.		Sioux Falls	SD	57105	06/30/2026
Sarah Elizabeth Nichols	2551 N Clark St Ste 400		Chicago	IL	60614	06/30/2026
Lisa Marie O'Sullivan						06/30/2026

Licensed Nutritionist/Dietician - Temporary

Total 5

<u>Name</u>	<u>Address 1</u>	<u>Address 2</u>	<u>City</u>	<u>State</u>	<u>Postal Code</u>	<u>Expiration Date</u>
Allyson Grace Holter	1305 W. 18th St.		Sioux Falls	SD	57105	07/31/2025
Samantha Nicole Schaap	1600 W. 22nd St.		Sioux Falls	SD	57105	06/10/2026
Halie Elizabeth Kruid	1600 W. 22nd St.		Sioux Falls	SD	57105	08/25/2025
Taylor Nicole Krings						06/11/2026
Erica Mae DeClark						06/12/2026

Physician

Total 369

Name	Address 1	Address 2	City	State	Postal Code	Expiration Date	Specialty
John Clark Mayberry, Sr, MD	East Highway 18	PO Box 1201	Pine Ridge	SD	57770	03/01/2027	Surgery(General), Other Specialties
Hasan Azeem Khan, MD	1515 Holcombe Blvd		Houston	TX	77030	03/01/2027	Radiology
Travis Eugene Schamber, MD						03/01/2027	Internal Medicine(General), Preventive Medicine / Public Health
Tarig Mohieldin Ahmed Mabrouk, MD						03/01/2027	Internal Medicine(General)
Wayne David Leroy Bentham, MD	3555 Willow Lake Blvd	Suite 290	Vadnais Heights	MN	55110	03/01/2027	Psychiatry
Eric Matthew Johnson, MD						03/01/2027	Orthopedic Surgery
Afi Semanya, MD						03/01/2027	Family Medicine/General Practice
Kristen Kelly Wolfe, MD						03/01/2027	Obstetrics and Gynecology
Tyler Wayne Buckner, MD	12700 E 19th Pl	Box B170	Aurora	CO	80045	03/01/2027	Pediatrics (General)
Rodrigo Rios, MD	2530 Chicago Ave	Suite 500	Minneapolis	MN	55404	03/01/2027	Pediatrics Subspecialties, Pediatrics (General)
Kevin Ulysse Stephens, Jr, MD						03/01/2027	Family Medicine/General Practic
Anthony Patrick Wetherington, MD						03/01/2027	Family Medicine/General Practice
Raymond Alexander Long, MD						03/01/2027	Orthopedic Surgery
Stacey Michelle Kallem, MD	4701 Sangamore Rd		Bethesda	MD	20816	03/01/2027	Pediatrics (General)
Brenda Vazquez, MD						03/01/2027	Family Medicine/General Practice
Rajeel Imran, MD						03/01/2027	Neurology
Ami Narinder Sethi, MD						03/01/2027	Radiology
Andres Santayana, MD						03/01/2027	Family Medicine/General Practice
David Andrew Birdsall, MD						03/01/2027	Emergency Medicine
Michael Roberds Rutledge	310 North 10th St		Bismarck	ND	58501	03/01/2027	Cardiology, Other Specialties
Joseph Turner Elliott, III, MD	401 9th Ave NW Building A		Watertown	SD	57201	03/01/2027	Internal Medicine(General), Cardiology
Aloysius Tsang	18133 Ventura Blvd Suite 405		Tarzana	CA	91356	03/01/2027	Internal Medicine(General)
Amer Ansarul Haque, MD	1602 Ave Q		Lubbock	TX	79401	03/01/2027	Radiology
Casey Murphey Lubner, MD	1110 Market Street	Suite 301	Chattanooga	TN	37402	03/01/2027	Dermatology
Kelly Lynn Cho, MD	200 University Ave E		St. Paul	MN	55101	03/01/2027	Physical Med & Rehab, Pediatrics Subspecialties
Tacara Nicole Soones, MD						03/01/2027	Geriatric Medicine
Kunal Bakshi, MD						03/01/2027	Family Medicine/General Practice
James R Sluss, II, MD						03/01/2027	Radiology
Michael Joseph Goodheart, MD	353 Fairmont Boulevard		Rapid City	SD	57701	03/01/2027	Obstetrics and Gynecology, Other Specialties
Mark Joseph Allen, MD						03/01/2027	Radiology
Diana Lee Rodgers, MD						03/01/2027	Family Medicine/General Practice
Geny Ann Augustine, MD						03/01/2027	Family Medicine/General Practice
Craig Aaron Meiers, MD	401 9th Ave NW		Watertown	SD	57201	03/01/2027	Radiology
Nicholas John Carlevato, MD						03/01/2027	Radiology
Michael Henry Stella, MD	1010 N 102nd St, Ste 201		Omaha	NE	68114	03/01/2027	Radiology
Stephen Anthony Boorjian, MD	200 First Street SW		Rochester	MN	55905	03/01/2027	Urology
Kyle Christopher Rossi, MD	1717 Main Street, Suite 5850		Dallas	TX	75201	03/01/2027	Neurology, Other Specialties
Kimberly Ann Barrows, MD	2530 Meridian Parkway	Suite 300	Durham	NC	27713	03/01/2027	Family Medicine/General Practice
Chad Cox, MD						03/01/2027	Radiology
Aditi Gulab Gulabani, MD	8671 South Quebec Street #200		Highlands Ranch	CO	80130	03/01/2027	Radiology
Seth Ian Stein, MD	1990 Connecticut Avenue South		Sartell	MN	56377	03/01/2027	Radiology
Seth Aaron Leavitt, DO	1329 Eglin Street PMB#124		Rapid City	SD	57701	03/01/2027	Family Medicine/General Practice
Hannah Margaret Schradick, MD	332 2nd Ave N		wahpeton	ND	58075	03/01/2027	Internal Medicine(General)
Quyen Anh Tran, MD	2443 Fillmore St	#380-15799	San Francisco	CA	94115	03/01/2027	Family Medicine/General Practice
Hania Liaqat, MD	1305 W. 18th St.		Sioux Falls	SD	57105	03/01/2027	Internal Medicine(General)
Allison Burns Rixey, MD						03/01/2027	Radiology
Debbie K. Song, MD	680 Jackson St		St. Paul	MN	55101	03/01/2027	Neurological Surgery
Allison Weiffenbach, MD	4515 Harding Pike		Nashville	TN	37205	03/01/2027	Dermatology
Sharoon Samuel, MD						03/01/2027	Internal Medicine(General), Pulmonology
James Ryan Dickinson, MD	1990 Connecticut Ave		Sartell	MN	56377	03/01/2027	Radiology
Joseph Giardina, MD	1602 Ave Q		Lubbock	TX	79401	03/01/2027	Radiology
Mark Edward Dowell, MD	1450 E A Street		Casper	WY	82601	03/01/2027	Internal Medicine(General), Infectious Diseases
Pilar Stevens-Haynes	4500 N Lewis Ave		Sioux Falls	SD	57104	03/01/2027	Cardiology, Internal Medicine(General)
Alexander Elliott Marsh, MD						03/01/2027	Emergency Medicine
Kessy Joseph, MD						03/01/2027	Internal Medicine(General)
Lizabeth Marinaro, MD						03/01/2027	Pathology
Jordan James Henderson, MD						03/01/2027	Anesthesiology
Katherine Ann Evans, DO	4545 Sergeant Road		Sioux City	IA	51106	03/01/2027	Family Medicine/General Practice
Andrew Robert Deibler, MD	5400 Kennedy Ave		Cincinnati	OH	45213	03/01/2027	Radiology
Jeffrey Michael Manzano Aquino, MD						03/01/2027	Pediatrics (General)
Albert Njoroge Huho, MD	1305 W 18th St		Sioux Falls	SD	57117	03/01/2027	Pathology
Corbin L Pomeranz, MD	5400 Kennedy Ave		Cincinnati	OH	45213	03/01/2027	Radiology
Flora Keonaonaokapuapikake Hanako Artin, MD	530 technology dr, ste 100		Irvine	CA	92618	03/01/2027	Family Medicine/General Practice
Victor Luis Perez Labiosa, MD	3600 Minnesota Drive	Suite 800	Edina	MN	55435	03/01/2027	Radiology, Radiology
Paul Bradley Schroeder, MD						03/01/2027	Orthopedic Surgery
Hope Isabel Louise Cohen-Webb, DO	P.O. Box 24353		Winston Salem	NC	27114	03/01/2027	Psychiatry
Andrew Thomas Babcock, MD	2355 Hwy 36 W.	Ste. 100	Roseville	MN	55113	03/01/2027	Radiology
Brian In Choi, MD	1015 N 1st Ave	Suite A	Arcadia	CA	91006	03/01/2027	Neurology
Miciah Jerome Lawrence Jones, DO	101 Silvermine Rd	Ste 300	Brookfield	CT	06804	03/01/2027	Cardiology, Other Specialties
Lawrence William Kelly, Jr, MD						03/01/2027	Emergency Medicine
Joseph Bokum Lee						03/01/2027	Pediatrics (General)
Krishna Kishore Kambhampati, MD						03/01/2027	Psychiatry
Bhavesh Patel, MD	2800 Old NC 86		Hillsborough	NC	27278	03/01/2027	Family Medicine/General Practice
George Oladipo Adesina, MD						03/01/2027	Cardiology
Eduardo Avila, MD						03/01/2027	Surgery(General)
Leonard Read Sulik, MD						03/01/2027	Psychiatry, Child Psychiatry
Samuel Crandall Thomas, MD						03/01/2027	Internal Medicine(General)
Enas Al Zaghal , MD	3901 W. Norfolk Ave., Ste. C		Norfolk	NE	68701	03/01/2027	Internal Medicine(General), Endocrinology
Eric Chugh Makhni, MD						03/01/2027	Orthopedic Surgery

Name	Address 1	Address 2	City	State	Postal Code	Expiration Date	Specialty
Shawn Jeffery Eric Wadsworth, DO	7570 W. 21st St. N.	Building 1042 Suite A	Wichita	KS	67205	03/01/2027	Family Medicine/General Practice
Adam Jacob Bonder, MD						03/01/2027	Emergency Medicine
Sangeeta Sharad Parulekar, DO						03/01/2027	Internal Medicine(General)
Denver Kuo Chao, MD	17284 Slover Ave Ste. 205		Fontana	CA	92337	03/01/2027	Emergency Medicine
Shefaly Ann Jacob, MD	1325 S. Cliff Ave.		Sioux Falls	SD	57105	03/01/2027	Internal Medicine(General)
Jonathan Masur, MD						03/01/2027	Radiology
Anuja Tarun Shah, MD						03/01/2027	Family Medicine/General Practice
Clinton Ray Brunson, MD						03/01/2027	Radiology
Mehmet Gencturk, MD						03/01/2027	Radiology
David Armin Weiland, MD	2355 Highway 36 West		Roseville	MN	55113	03/01/2027	Radiology
Aminat Folashade Bobcombe, DO						03/01/2027	Family Medicine/General Practice
Tracy Lynn Bras, MD						03/01/2027	Physical Med & Rehab, Other Specialties
Melany Lopez Schiller, MD						03/01/2027	Family Medicine/General Practice
Rafee Wahidul Talukder, MD	353 Fairmont Blvd		Rapid City	SD	57701	03/01/2027	Internal Medicine(General), Hematology & Oncology
Jacob David Waxman, MD	2355 Hwy 36 W.	Ste. 100	Roseville	MN	55113	03/01/2027	Radiology
Ging Tang Huang	630 S Raymond Ave		Pasadena	CA	91105	03/01/2027	Neurology
Nathan B Danielson, DO	1990 Connecticut Avenue South	Suite 100	SARTELL	MN	56377	03/01/2027	Radiology
Jenna Christine Stokes-Jenkins, DO						03/01/2027	Preventive Medicine / Public Health
Michael Joseph Menolasino, DO						03/01/2027	Internal Medicine(General)
Jamie Erin McKenzie, MD						03/01/2027	Hematology & Oncology
Kushal Rajesh Parikh, MD	2355 Hwy 36 W.	Ste. 100	Roseville	MN	55113	03/01/2027	Radiology
Gina Rocillo, MD						03/01/2027	Family Medicine/General Practice
George Vernon Chesteen, MD	2355 Hwy 36 W.	Ste 100	Roseville	MN	55113	03/01/2027	Radiology
Cindy Moria Duke, MD	8530 W Sunset Rd Suite 310		Las Vegas	NV	89113	03/01/2027	Obstetrics and Gynecology
Max Wolfgang Bunchek, MD	640 Flormann Street		Rapid City	SD	57701	03/01/2027	Family Medicine/General Practice
Kathyayini Tappeta, MD	640 Flormann Street		Rapid City	SD	57701	03/01/2027	Internal Medicine(General)
Denis Tcedilin, MD	3015 3rd Ave. SE		Aberdeen	SD	57401	03/01/2027	Internal Medicine(General)
Brenden Gene Kruckenberg, MD	2400 W. 49th St.		Sioux Falls	SD	57105	03/01/2027	Psychiatry, Psychiatry
Jessica Michelle Pastoriza, MD	353 Fairmont Blvd.		Rapid City	SD	57701	03/01/2027	Surgery(General)
Deepan Panneerselvam, MD	1420 W 22nd Street		Sioux Falls	SD	57105	03/01/2027	Internal Medicine(General)
Shrikanth Sampath, MD	1301 W. 18th Street		Sioux Falls	SD	57105	03/01/2027	Internal Medicine(General)
Sheldon Keith Wernick, MD	1201 Highway 71 South		Hot Springs	SD	57747	03/01/2027	Family Medicine/General Practice
Patrizia Scali, MD						03/01/2027	Pediatrics (General)
Biruk Paulos Gebeyehu Gote, MD	525 Foster St.		Mitchell	SD	57301	03/01/2027	Pediatrics (General)
Alexander Thomas Aquinas Graves, MD	1325 S. Cliff Ave.		Sioux Falls	SD	57105	03/01/2027	Radiology
Makayla Nicole Bretschneider, MD	701 Third Ave S		Clear Lake	SD	57226	03/01/2027	Family Medicine/General Practice
Thabuna Sivaprakasam, MD	1400 W 22nd Street		Sioux Falls	SD	57105	03/01/2027	Internal Medicine(General)
Anna Darlene Scholz	1600 W 22nd St		Sioux Falls	SD	57105	03/01/2027	Other Specialties
Caleb Ray Wenz	5019 S Western Ave Unit 200		Sioux Falls	SD	57108	03/01/2027	Obstetrics and Gynecology
Amna Afzal Saeed, MD	1500 W 22nd St		Sioux Falls	SD	57105	03/01/2027	Pediatrics (General)
Azubuogu Charles Anudu, MD	353 Fairmont BLVD		Rapid City	SD	57701	03/01/2027	Gastroenterology, Internal Medicine(General)
Daniel John Ferraro, MD						03/01/2027	Radiation Oncology
Natalia Gabriela Morales, MD	3101 W 57th St		Sioux Falls	SD	57108	03/01/2027	Ophthalmology
Mohammad Abdel Rahman Mohammad Alzoubaidi, MD	1305 W. 18th Street		Sioux Falls	SD	57105	03/01/2027	Pediatrics (General), Pediatrics (General)
Kayla Marie Hoerschgen, MD	1305 W 18th St		Sioux Falls	SD	57105	03/01/2027	Pathology, Other Specialties
Stephen Shepherd Johnston, MD						03/01/2027	Radiology
Blake William Wadsworth, DO	2526 Elderberry Blvd.		Rapid City	SD	57703	03/01/2027	Family Medicine/General Practice
Terezia Maria Petraskova, DO	1301 W. 18th Street		SIoux FALLS	SD	57105	03/01/2027	Internal Medicine(General)
Vartika Singh, MD	1400 W. 22nd St.		Sioux Falls	SD	57105	03/01/2027	Internal Medicine(General)
Cole Poulter Fulton, DO	502 E Monroe St		Rapid City	SD	57701	03/01/2027	Family Medicine/General Practice
Bryce Christen Cooley, DO	502 E. Monroe St.		Rapid City	SD	57701	03/01/2027	Family Medicine/General Practice
Carver Goddard Ching, MD	1305 W. 18th St., Route #6729		Sioux Falls	SD	57105	03/01/2027	Anesthesiology
Cynthia Ebelearnaka Okpala, MD	2905 3rd Ave. SE		Aberdeen	SD	57401	03/01/2027	Family Medicine/General Practice
Hadly Carson Eisenbeisz, MD						03/01/2027	Ophthalmology
Tamanna Nahar, MD						03/01/2027	Cardiology, Cardiology
Lucia Carolina Gonzalez, MD	1115 E. 20th Street		Sioux Falls	SD	57105	03/01/2027	Family Medicine/General Practice
Peter McKinley Peer, II, DO						03/01/2027	Radiology
Mitchell Sterling McElroy, MD						03/01/2027	Emergency Medicine
Chaston J Ellis, DO	353 Fairmont Boulevard		Rapid City	SD	57701	03/01/2027	Psychiatry
Joseph Michael Mercola, MD						03/01/2027	Other Specialties
Nimish Nemani, MD						03/01/2027	Internal Medicine(General), Critical Care Medicine
Mitchell D Albrecht, MD						03/01/2027	Anesthesiology
Daniel Brett Perkins, MD						03/01/2027	Family Medicine/General Practice
Joel Armando Salinas, MD						03/01/2027	Neurology
Mithun Gururaj Sattur, MD	988437 Nebraska Medical Center		Omaha	NE	68198	03/01/2027	Neurological Surgery
Shayna Tanise Walker, MD	6895 E LAKE MEAD BLVD STE 6 # 114		Las Vegas	NV	89156-1182	03/01/2027	Family Medicine/General Practice, Psychiatry
Clemencia Rasquinha, MD	135 Ponderosa Ave		Rochford	SD	57745	03/01/2027	Geriatric Medicine
Prashant Ramnarayan Jha, MD						03/01/2027	Pediatrics Subspecialties, Pediatrics (General)
Jasrup Kaur, MD						03/01/2027	Family Medicine/General Practice
Bimota Nambam, MD	1417 S Cliff Ave Plaza 1	Suites 010 and 101A	Sioux Falls	SD	57105	03/01/2027	Pediatrics (General), Pediatrics Subspecialties
Saira Hussain, MD	519 West 22nd Street Ste 100		Sioux Falls	SD	57105-1745	03/01/2027	Internal Medicine(General)
Tanuja Nimish Nemani, MD						03/01/2027	Infectious Diseases
Christopher Joseph Elia, DO						03/01/2027	Neurological Surgery
Claudette Marisol Rodriguez, MD						03/01/2027	Emergency Medicine
Sonia Lucille Wright, MD	2355 Hwy 36 W.	Ste. 100	Roseville	MN	55113	03/01/2027	Radiology, Pediatrics (General)
Eva Joanne Condon, MD						03/01/2027	Pediatrics Subspecialties, Pediatrics (General)
Jiaxin Wen, MD	5920 E Madison St		Sioux Falls	SD	57110	03/01/2027	Family Medicine/General Practice
Luke Andrew-Wilson Chambless, MD						03/01/2027	Radiology
Jeremy Craig Francis, MD	4700 S. Washington St Suite G		Grand Forks	ND	58201	03/01/2027	Psychiatry
Brandon Roger Rosell, DO	1400 W 22nd Street		Sioux Falls	SD	57105	03/01/2027	Pathology
Luis Daniel Diaz-Aguilar, MD	575 N Sioux Point Rd		Dakota Dunes	SD	57049	03/01/2027	Neurological Surgery

Name	Address 1	Address 2	City	State	Postal Code	Expiration Date	Specialty
Bethany Erickson, MD	1305 W 18th St		Sioux Falls	SD	57105	03/01/2027	Obstetrics and Gynecology
Veena Radhakrishnan Iyer, MD	2355 Hwy 36 W.		Roseville	MN	55113	03/01/2027	Radiology
Andrew Deh-An Lee, MD	2355 Hwy 36 W.	Ste 100	Roseville	MN	55113	03/01/2027	Radiology
Alexander Joshua Eisenberg, DO						03/01/2027	Family Medicine/General Practice
Usman Ali, MD						03/01/2027	Internal Medicine(General)
Thi Uyen-Ngoc Bui, DO						03/01/2027	Internal Medicine(General)
Zaki Abou Zahr, MD						03/01/2027	Rheumatology
Katherine Annie Bonds, DO	24 S. Weber Street	Suite 200	Colorado Springs	CO	80903	03/01/2027	Pediatrics (General), Pediatrics Subspecialties
Usama Mohammad Syed, MD						03/01/2027	Dermatology
Rachel Sue Treuting, DO						03/01/2027	Physical Med & Rehab
Victor Viorel Florea, MD	1301 W. 18th Street		Sioux Falls	SD	57104	03/01/2027	Internal Medicine(General)
Sima Dharmesh Amin, MD	6701 S. Minnesota Ave.		Sioux Falls	SD	57108	03/01/2027	Dermatology
Abdalah Eltayeb Mahmoud Ahmed, MD	1325 S. Cliff Ave.		Sioux Falls	SD	57105	03/01/2027	Internal Medicine(General)
Francis Xaivier Kigozi, MD						03/01/2027	Radiology
Elliot Lee Blankespoor, MD						03/01/2027	Anesthesiology, Other Specialties
Michelle Frances Jimerson, MD						03/01/2027	Family Medicine/General Practice
Ahmed Ali Minhas, MD	1602 Ave Q		Lubbock	TX	79401	03/01/2027	Radiology
Aman Anil Savani, MD	6010 Hidden Valley Road	Suite 200	Carlsbad	CA	92011-4219	03/01/2027	Other Specialties, Neurology
Jeffrey Patrick Stephens, MD	1220 Montgomery St		Custer	SD	57730	03/01/2027	Family Medicine/General Practice
Ashley Elaine Ulrich, MD	353 Fairmont Boulevard		Rapid City	SD	57701	03/01/2027	Internal Medicine(General)
Megan Elaine McDonald, MD	200 Hawkins Dr		Iowa City	IA	52246	03/01/2027	Obstetrics and Gynecology, Other Specialties
Carl William Lang, MD	323 SW		Madison	SD	57042	03/01/2027	Family Medicine/General Practice
Sefi Chen Khamo, MD						03/01/2027	Anesthesiology
Danielle Elizabeth Trapp, MD	353 Fairmont Blvd		Rapid City	SD	57701	03/01/2027	Emergency Medicine
Jorge Ernesto Sandelis Perez, MD						03/01/2027	Internal Medicine(General)
Christina Marie Pevey, MD	19 8th St S #541		Fargo	ND	58103-1804	03/01/2027	Family Medicine/General Practice
Nabil Braiteh, MD						03/01/2027	Internal Medicine(General), Cardiology, Other Specialties
Brett Lawrence Montieth, MD	4400 W 69th St		Sioux Falls	SD	57108	03/01/2027	Psychiatry
Sree Vaishnavi Reddy, DO						03/01/2027	Psychiatry
Katrina Tao Hua Lin, DO	4500 N Lewis Ave		Sioux Falls	SD	57104	03/01/2027	Psychiatry, Child Psychiatry
Thomas Gregory Jarman, MD	2701 S. Kiwanis Ave.		Sioux Falls	SD	57105	03/01/2027	Family Medicine/General Practice
Steven Walter Thorpe, MD	12631 East 17th Ave, Building A01, MSB 202	12631 East 17th Ave, Building A01, MSB 202	Aurora	CO	80045	03/01/2027	Orthopedic Surgery
Adam Bredahl Jeffers, MD	2355 Hwy 36 W.	Ste. 100	Roseville	MN	55113	03/01/2027	Radiology, Other Specialties
Victoria Lynn Biach, MD	2100 S Marion Rd		Sioux Falls	SD	57106	03/01/2027	Obstetrics and Gynecology
Jakob Gerhard Weber, DO	6101 S Louise Avenue		Sioux Falls	SD	57108	03/01/2027	Family Medicine/General Practice
Neil Tabakin, MD	225 S Executive Dr		Brookfield	WI	53005	03/01/2027	Anesthesiology
Daniel Philip Owens, MD	126 West 1st Street		Hinsdale	IL	60521	03/01/2027	Ophthalmology
Jared Benjamin Corn, MD						03/01/2027	Radiology
Jose Ismael Reyes, MD	11125 Jones Bridge Rd UNIT 100		Alpharetta	GA	30022	03/01/2027	Psychiatry
Christopher Maxwell, MD						03/01/2027	Family Medicine/General Practice
Meredith Wall Wagner, MD	PO Box 38567		Germantown	TN	38183	03/01/2027	Dermatology
Mishka Ahmed, MD	1325 S. Cliff Ave.		Sioux Falls	SD	57105	03/01/2027	Internal Medicine(General)
Kyle William Sheets, MD						03/01/2027	Radiology
Samantha Madeline Whei Fitzgerald, MD	1115 E. 20th St.		Sioux Falls	SD	57105	03/01/2027	Family Medicine/General Practice
Alex James Hannemann, MD	201 W. 69th St.		Sioux Falls	SD	57108	03/01/2027	Urology
Lyndsey Rubin Garbi, MD						03/01/2027	Pediatrics (General)
Matthew Todd Winterton, MD	11710 Old Ballas Rd Ste 110		Saint Louis	MO	63141	03/01/2027	Orthopedic Surgery
Florence Elizabeth Thomas, MD						03/01/2027	Family Medicine/General Practice
Raveesh Daniel Richard, MD						03/01/2027	Orthopedic Surgery
Anisha Singh, MD						03/01/2027	Internal Medicine(General)
Peien Fan, MD	10275 Little Patuxent Parkway	Suite 300	COLUMBIA	MD	21044	03/01/2027	Neurology, Other Specialties
Hojung Joseph Yoon, MD	100 Robert Ave N	STE 100	Jasper	MN	56144	03/01/2027	Internal Medicine(General)
Sumeet Bahl, MD	1010 N 102nd St Ste 201		Omaha	NE	68114	03/01/2027	Radiology
Janette Coelho Leal , MD						03/01/2027	Psychiatry
Stormy Sky Roy, MD	375 Berky Drive		Box Elder	SD	57719	03/01/2027	Family Medicine/General Practice
Ali Nazim, MD	1325 Cliff Ave		Sioux Falls	SD	57105	03/01/2027	Internal Medicine(General)
Mohamed Hassan Anwar Hassan Youssef, MD	519 West 22nd Street Suite 100		Sioux Falls	SD	57105	03/01/2027	Physical Med & Rehab
Sungmi Lian, MD						03/01/2027	Family Medicine/General Practice
Matthew Jacob Stolzberg, MD						03/01/2027	Radiology
Tram Thi Bich Pham, DO						03/01/2027	Obstetrics and Gynecology
Jennifer Reed Smith, MD						03/01/2027	Family Medicine/General Practice
Derek Stephen Day, MD	6100 S Louise Ave		Sioux Falls	SD	57108	03/01/2027	Physical Med & Rehab, Other Specialties
Ahna Elizabeth Buntrock, MD	1900 Grassland Dr.		Mitchell	SD	57301	03/01/2027	Obstetrics and Gynecology
Andrew Blaine Oliver, Jr, MD	3200 Canyon Lake Dr		Rapid City	SD	57702	03/01/2027	Obstetrics and Gynecology
Harika Kandlakunta, MD	1211 S. Grange Ave.		Sioux Falls	SD	57105	03/01/2027	Gastroenterology
Husna Shaik, MD						03/01/2027	Internal Medicine(General)
Stephanie Marie Ahrens, DO	2720 Fairview Ave		Roseville	MN	55113	03/01/2027	Neurology
Paul Dillaway, DO	11762 S State St, #220		Draper	UT	84020	03/01/2027	Family Medicine/General Practice
Imane Abdelmoumen, MD	1325 S. Cliff Ave.		Sioux Falls	SD	57105	03/01/2027	Neurology, Neurology
Anne Katherine Frailing, DO						03/01/2027	Family Medicine/General Practice
Shane Thomas Mallon, MD						03/01/2027	Radiology
David H Jho, MD						03/01/2027	Neurological Surgery
Rubens J Pierami Neto, MD						03/01/2027	Radiology
Darrin John Spoden, DO	1990 Connecticut Ave S		Sartell	MN	56377	03/01/2027	Radiology
William Kent Hamilton, MD						03/01/2027	Obstetrics and Gynecology
Jon K Riggs, DO						03/01/2027	Emergency Medicine
Izayadeth Aguayo Jennings, MD	3030 Warrenville Rd Suite 210		Liste	IL	60532	03/01/2027	Internal Medicine(General)
Adam Camp, MD						03/01/2027	Anesthesiology
Nicholas Andrew Cotwell, MD	353 Fairmont Boulevard		Rapid City	SD	57701	03/01/2027	Otolaryngology
Kundana Neelam, MD	172 4th St. SE		Huron	SD	57350	03/01/2027	Internal Medicine(General)
Nara Tashjian Judd, MD	1000 E 23rd St. Ste. 360		Sioux Falls	SD	57105	03/01/2027	Surgery(General)

Name	Address 1	Address 2	City	State	Postal Code	Expiration Date	Specialty
Michael Herman Wittmer, MD	2355 Hwy 36 W.	Ste. 100	Roseville	MN	55113	03/01/2027	Radiology
Mark Spencer Anderson, MD	353 Fairmont Blvd		Rapid City	SD	57701	03/01/2027	Orthopedic Surgery, Other Surgical Specialties
Caleb Richard Boehler, DO	1305 W 18th St		Sioux Falls	SD	57105	03/01/2027	Internal Medicine(General), Radiology
Dominic David Shuttieworth, DO	801 E Sioux Ave		Pierre	SD	57501	03/01/2027	Family Medicine/General Practice
Joshua Thomas Rogers, MD						03/01/2027	Orthopedic Surgery
Jennifer Christine Berger, MD						03/01/2027	Pediatrics (General), Pediatrics Subspecialties
Kym Orsetti Furney, MD	831 Mitten Rd		Burlingame	CA	94010	03/01/2027	Internal Medicine(General)
Santiago Diaz Gonzalez, MD						03/01/2027	Neurology
Herminio Navia, III, MD						03/01/2027	Physical Med & Rehab
Brock John Cookman						03/01/2027	Cardiology, Other Specialties, Internal Medicine(General)
Zoya Alexandrovna Voronovich, MD						03/01/2027	Neurological Surgery
Omavi Folu Bailey, MD						03/01/2027	Other Specialties, Family Medicine/General Practice
Swarup Misra, DO						03/01/2027	Emergency Medicine
Adam John Wolfberg, MD	655 Montgomery Street		San Francisco	CA	94111	03/01/2027	Obstetrics and Gynecology
Brian Timothy Gablehouse, MD						03/01/2027	Pediatrics (General)
Lydia Mary Horvath, DO	1305 W. 18th Street		Sioux Falls	SD	57105	03/01/2027	Internal Medicine(General)
Alexandra Sue Gauer, DO	511 14th Ave NE		Watertown	SD	57201	03/01/2027	Family Medicine/General Practice
Andrew Vernon Barger, MD						03/01/2027	Radiology
Roger James Simpson, Sr, MD	106 East C St		North Platte	NE	69101	03/01/2027	Otolaryngology
Julie Ann Dodds, MD						03/01/2027	Orthopedic Surgery
Vadim Gelman, MD						03/01/2027	Obstetrics and Gynecology
Mu Xu, MD						03/01/2027	Psychiatry
Mary Megan Embrescia, MD						03/01/2027	Psychiatry, Other Specialties
Anthony Rafael Arauz, MD	1010 N 102nd St	Ste 201	Omaha	NE	68114	03/01/2027	Radiology
Pejman Preston Hedayati, Jr, MD	3334 E. Coast Hwy. Suite #605		corona del mar	CA	92625	03/01/2027	Radiology
William Patrick Ensminger, MD	1440 N. Main Street		Spearfish	SD	57783	03/01/2027	Orthopedic Surgery
Alexander John Kersey, MD	4520 W 69th St		Sioux Falls	SD	57108	03/01/2027	Surgery(General)
Abraham Mohammad Zabih, DO	8200 Dodge St		Omaha	NE	68114	03/01/2027	Pediatrics (General), Pediatrics Subspecialties
Nona Lyn Hanson, MD						03/01/2027	Family Medicine/General Practice
Edwin Wu, MD						03/01/2027	Emergency Medicine
Theodore George Belitsos, MD	14546 Brook Hollow Blvd.	#505	San Antonio	TX	78232	03/01/2027	Anesthesiology
Rakesh Navin Makadia, MD	267 Kentlands Blvd	#61417	Gaithersburg	MD	20878	03/01/2027	Internal Medicine(General)
Amira Perviz, DO	11125 Jones Bridge Rd UNIT 100		Alpharetta	GA	30022	03/01/2027	Psychiatry
Nathanael Dennis Strimbu, DO						03/01/2027	Internal Medicine(General)
Elizabeth Ann Swenson, MD	1012 Torney Ave		San Francisco	CA	94129	03/01/2027	Obstetrics and Gynecology
Jared William Pelo, MD	600 Park Offices Dr	Suite 140	DURHAM	NC	27713	03/01/2027	Emergency Medicine
Giancarlo Pasquale DiMassa, MD						03/01/2027	Emergency Medicine
Stephanie Michael Delvo, MD	1000 E Rosser Ave		Bismarck	ND	58501	03/01/2027	Obstetrics and Gynecology
Darayus Cyrus Toorkey, MD	677 Cathedral Dr		Rapid City	SD	57701	03/01/2027	Neurology
Chao-Hsien Chen	1400 Holcombe Blvd, FC7.3057		Houston	TX	77230-1407	03/01/2027	Neurology
Nicole Shirvani, MD	3225 McLeod Drive	Unit 100	Las Vegas	NV	89121	03/01/2027	Psychiatry
Ramiro Andres Echeverry, MD						03/01/2027	Emergency Medicine
Mark Noel Critchfield, MD						03/01/2027	Anesthesiology
Kaanchan Subhash Gangal, MD						03/01/2027	Other Specialties, Neurology
Fareed Ahmad Siddiqui, MD						03/01/2027	Radiology
Kent Ernest Ibanez, MD	1602 Ave Q		Lubbock	TX	79401	03/01/2027	Radiology
Ernest Ihechinyerem Okwuonu, MD						03/01/2027	Psychiatry
Pamela Nicole Trotter, MD	280 Interstate North Circle SE		Atlanta	GA	30339	03/01/2027	Internal Medicine(General)
John Cheng-Huey Yang, DO						03/01/2027	Internal Medicine(General), Critical Care Medicine
Felicia Eno Ekpo, DO						03/01/2027	Dermatology
Suchada Chaiwechakarn, MD						03/01/2027	Obstetrics and Gynecology
Christopher O'Hara Hampson, MD						03/01/2027	Radiology
Charles R Potter, MD	1305 W 18th St		Sioux Falls	SD	57105-0401	03/01/2027	Otolaryngology
Mohammed Merajul Hoque, MD						03/01/2027	Radiology
John Joseph Fox, III, MD	1900 Connecticut Ave. S.		Sartell	MN	56377	03/01/2027	Radiology
Eunhye Oak, MD						03/01/2027	Neurology
Shaheen Mizyed, MD						03/01/2027	Internal Medicine(General)
Hyewon Lim, MD						03/01/2027	Family Medicine/General Practice
Marina Lynn Thompson, MD	246 Oakhurst Cir		Kissimmee	FL	34744	03/01/2027	Pediatrics (General)
Hayley Rose Scott, MD						03/01/2027	Family Medicine/General Practice
Temitope Margaret Dube, DO						03/01/2027	Emergency Medicine
Gavin Sean West, MD						03/01/2027	Internal Medicine(General)
Justin Scott Simonds, MD						03/01/2027	Radiology
Anthony A Rieder, MD	2727 N. Mayfair Road Suite I		Wauwatosa	WI	53222	03/01/2027	Otolaryngology, Otolaryngology
Jonathan Joaquin Iglesias, MD	1602 Ave Q		Lubbock	TX	79401	03/01/2027	Radiology
Marissa Ann Copas Weaver	640 Flormann Street		Rapid City	SD	57701	03/01/2027	Internal Medicine(General), Pediatrics (General)
Maggie Jane Limoges Davies, DO						03/01/2027	Surgery(General)
Kendall Gregory Fancher, MD						03/01/2027	Internal Medicine(General)
Andrea Denise Goodwin, MD						03/01/2027	Family Medicine/General Practice
Michelle Spies Haggerty, DO	519 West 22nd Street	Ste 100	Sioux Falls	SD	57105	03/01/2027	Family Medicine/General Practice
Vijay Bhaskar Reddy Gayam, MD						03/01/2027	Internal Medicine(General), Gastroenterology
Diana Andrea Lenis, MD						03/01/2027	Internal Medicine(General)
Sarah Jo Hogenson, MD	534 Oregon Ave. SE		Huron	SD	57350	03/01/2027	Family Medicine/General Practice
Travis Howell Edelstein, DO	1990 Connecticut Ave S		Sartell	MN	56377	03/01/2027	Radiology
Gavin Joe Moreland, MD	3300 Bee Cave Rd	Suite 650 #1105	Austin	TX	78746	03/01/2027	Emergency Medicine
Jason Matteo Valadao, MD						03/01/2027	Family Medicine/General Practice
Alexander Thomas Ryan, MD	1602 Ave Q		Lubbock	TX	79401	03/01/2027	Radiology
Sabina Anna Rebis, MD						03/01/2027	Family Medicine/General Practice
Anna Gabrielle Hamilton, MD	401 Warren Street	Suite 300	Redwood City	CA	94063	03/01/2027	Internal Medicine(General)
Kathleen Sue Busch, MD						03/01/2027	Family Medicine/General Practice
Mostafa Sehameldin Assadalla Sherazy, MD	2999 NE 191st St	#600	Aventura	FL	33180	03/01/2027	Psychiatry, Other Specialties

Name	Address 1	Address 2	City	State	Postal Code	Expiration Date	Specialty
Phillip Ryan Hendley, MD						03/01/2027	Anesthesiology
Katherine Dawn Keller, DO						03/01/2027	Family Medicine/General Practice
Nicole Maree Hotchkiss, DO	2028 E Ben White Blvd	STE 240 PMB 6008	AUSTIN	TX	78741	03/01/2027	Emergency Medicine
Sydney Nicole Stanley, DO	717 St. Francis St		Rapid City	SD	57701	03/01/2027	Family Medicine/General Practice
Roy Howard Pertis, MD	185 Cambridge St., 2nd Floor		Boston	MA	02114	03/01/2027	Psychiatry
David Hammer, DO						03/01/2027	Anesthesiology
Benjamin Neil Paschkes, DO						03/01/2027	Emergency Medicine
Kimberly Kelley, MD						03/01/2027	Anesthesiology
Richard Michael McBride Miller, DO						03/01/2027	Internal Medicine(General)
Scott Alan Klettke, MD	1990 Connecticut Ave S.		Sartell	MN	56377	03/01/2027	Radiology
Arti Renata Muralidhara, MD						03/01/2027	Neurology
Benjamin Lee Kohnen, MD						03/01/2027	Family Medicine/General Practice
Lindsay Morgan Pagano, MD						03/01/2027	Pediatrics Subspecialties, Other Specialties
Robert Edward Bilbao, MD						03/01/2027	Family Medicine/General Practice
Jessica Durel McCluskey, MD						03/01/2027	Ophthalmology
Stephanie Ann Bennington, DO	353 Fairmont Boulevard		Rapid City	SD	57701	03/01/2027	Psychiatry
Adam Mohamed Soliman, MD	1305 W 18th St		Sioux Falls	SD	57105	03/01/2027	Otolaryngology
Trishul Kapoor, MD						03/01/2027	Anesthesiology
Eva Marie Luo, MD						03/01/2027	Obstetrics and Gynecology
Mena Khalil Mirhom, MD						03/01/2027	Psychiatry
Amy Deanna Garza, MD						03/01/2027	Anesthesiology
Thomas van der Weg Cranmer, MD						03/01/2027	Emergency Medicine
Vinayak Nagaraja, MD						03/01/2027	Internal Medicine(General)
Reid Fischer Brackin, MD						03/01/2027	Emergency Medicine
Maria Annlee Ludens, MD	1400 West 22nd St.		Sioux Falls	SD	57105	03/01/2027	Internal Medicine(General)
Chelsea Renee Lowery, DO						03/01/2027	Family Medicine/General Practice
Maxwell Daniel Miller, MD	3525 Del Mar Heights Rd Ste A Box 309		San Diego	CA	92130-2199	03/01/2027	Emergency Medicine
Ashvin Vijayakumar, MD						03/01/2027	Internal Medicine(General)
Erin Teeple, MD						03/01/2027	Pediatrics Subspecialties, Colon and Rectal Surgery, Surgery(General)
Annette Carol Schmit-Cline, MD	870 York St.		San Francisco	CA	94110-2843	03/01/2027	Family Medicine/General Practice
Fauzia Khalid Butt, MD	911 E 20th Street	Plaza 4, Suite 511	Sioux Falls	SD	57105	03/01/2027	Surgery(General), Other Surgical Specialties
Anthony Hoang Tran, MD	1717 Main Street Suite 5850		Dallas	TX	75201	03/01/2027	Internal Medicine(General), Nephrology
Patrick Michael Parker, DO	305 S. State Street		Aberdeen	SD	57401	03/01/2027	Urology
Marcie Diane Cain, MD						03/01/2027	Family Medicine/General Practice
Jacob Hans Krebs, DO	1325 S Cliff Ave		Sioux Falls	SD	57105	03/01/2027	Internal Medicine(General)
Roger Wayne Jordan, Jr., MD						03/01/2027	Radiology, Other Specialties
Amit Kumar Sanghi, DO						03/01/2027	Other Specialties
Buddy Glenn Thompson, MD						03/01/2027	Radiology
Nicholas David Meyers, MD	3 Maryland Farms, Ste 200		Brentwood	TN	37027	03/01/2027	Neurology
David Monroe Shackelford, MD						03/01/2027	Radiology
Lindsey Carleen Clark, MD						03/01/2027	Internal Medicine(General)
Lisa Kisling Thompson, DO	228 Park Ave South	#76071	New York	NY	10003	03/01/2027	Preventive Medicine / Public Health
Christopher Florido, MD						03/01/2027	Radiology
Luke Kevin Trench , MD						03/01/2027	Surgery(General), Vascular Surgery
Bryan James Brindley, MD	1990 Connecticut Avenue South		Sartell	MN	56377	03/01/2027	Radiology
Michael Austin Savalli, DO						03/01/2027	Family Medicine/General Practice
John D Rothpletz, MD	2355 Hwy 36 W.	Ste. 100	Roseville	MN	55113	03/01/2027	Radiology

Resident License

Total 32

<u>Name</u>	<u>Address 1</u>	<u>Address 2</u>	<u>City</u>	<u>State</u>	<u>Postal Code</u>	<u>Expiration Date</u>	<u>Specialty</u>
Jacob Heung-Min Lam, MD	1400 W 22nd Street		Sioux Falls	SD	57105	06/30/2026	Other Specialties
Robert John Kowitz, MD	1400 West 22nd Street		Sioux Falls	SD	57105	06/30/2026	Internal Medicine(General)
Joseph Michael Duerr, DO	502 E. Monroe		Rapid City	SD	57701	06/30/2026	Family Medicine/General Practice
Jacob Patrick Peterson, MD	1115 E. 20th Street		Sioux Falls	SD	57105	06/30/2026	Family Medicine/General Practice
Marc Russell Shively, DO	502 E. Monroe		Rapid City	SD	57701	06/30/2026	Family Medicine/General Practice
Chad Kenneth Cain, DO	502 E. Monroe		Rapid City	SD	57501	06/30/2026	Family Medicine/General Practice
Jacob Duane Headlee, DO	1115 E. 20th Street		Sioux Falls	SD	57105	06/30/2026	Family Medicine/General Practice
Katarina Safran Schneiderman, MD	502 E Monroe St		Rapid City	SD	57701	06/30/2026	Family Medicine/General Practice
Molly Katherine Richardson, DO	4400 W. 69th St., Ste. 1500		Sioux Falls	SD	57108	06/30/2026	Psychiatry
Kelley Lynn Turner, DO	4400 W. 69th St.		Sioux Falls	SD	57108	06/30/2026	Psychiatry
Drew Mendiola Vechell, MD	1115 E. 20th Street		Sioux Falls	SD	57105	06/30/2026	Family Medicine/General Practice
Carina Kazuko Hansen, DO	1400 22nd Street		Sioux Falls	SD	57105	06/30/2026	Psychiatry
Trevor Alexander Lloyd	1400 West 22nd Street		Sioux Falls	SD	57105-1570	06/30/2026	Pathology
Andrew Wing Choon Auyeung, DO	1400 W. 22nd St.		Sioux Falls	SD	57105	06/30/2026	Psychiatry
Arthur Raymond Davis, III, DO	1400 W. 22nd St.		Sioux Falls	SD	57105	06/30/2026	Pediatrics (General)
Jeremy Colin Aal, MD	502 E. Monroe		Rapid City	SD	57701	06/30/2026	Family Medicine/General Practice
Caelin Cathleen Sutcliffe, DO	600 W 22nd St		Sioux Falls	SD	57105	06/30/2026	Pediatrics (General)
Mustafa Barzanji, DO	4400 W 69th St. Suite 1500		Sioux Falls	SD	57108	06/30/2026	Psychiatry
William Samuel Hesse, MD	1400 W. 22nd St.		Sioux Falls	SD	57105	06/30/2026	Neurology
Ivanna Zhou Tang, MD	1400 W 22nd St		Sioux Falls	SD	57105	06/30/2026	Surgery(General)
Ramsha Jamil, MD	4820 23rd Ave. S., Ste. 200		Fargo	ND	58104	06/30/2026	Pediatrics (General)
Jordan Dean Shearer, MD	1210 W. 18th Street, G01		Sioux Falls	SD	57104	06/30/2026	Orthopedic Surgery
Taqua Tabassum, MD						06/30/2026	Neurology
Sierra McKinstry Condo, DO	502 E. Monroe St		Rapid City	SD	57701	06/30/2026	Family Medicine/General Practice
Sara Ayad Ahmed Al-Juboori, MD	1400 W 22nd St		Sioux Falls	SD	57105	06/30/2026	Pediatrics (General)
Anish Bhattarai, MD	1400 W. 22nd St.		Sioux Falls	SD	57105	06/30/2026	Pediatrics (General)
Poojitha Sushma Malla, MD	1305 W 18th st		Sioux Falls	SD	57105	06/30/2026	Neurology
Maheera Farooqi, MD	1400 W. 22nd St.		Sioux Falls	SD	57105	06/30/2026	Internal Medicine(General)
Fizzah Kazim, MD						06/30/2026	Internal Medicine(General)
Haddaya Umar, MD	1400 W. 22nd St.		Sioux Falls	SD	57015	06/30/2026	Internal Medicine(General)
Fnu Abubakar, MD	1400 W 22nd St		Sioux Falls	SD	57105	06/30/2026	Internal Medicine(General)
Krishna Suresh, MD	1400 W. 22nd St.		Sioux Falls	SD	57105	06/30/2026	Internal Medicine(General)

Physician Assistant

Total 16

<u>Name</u>	<u>Address 1</u>	<u>Address 2</u>	<u>City</u>	<u>State</u>	<u>Postal Code</u>	<u>Expiration Date</u>	<u>Specialty</u>
Tien-Huy Cong Nguyen	PO Box 5210		Grand Forks	ND	58206	05/01/2026	Psychiatry
Nikole Marie Hemish	1305 W. 18th St.		Sioux Falls	SD	57105	05/01/2026	Vascular Surgery
Pamela Marie Bykowski	1420 N. 10th St.		Spearfish	SD	57783	05/01/2026	
Kenneth James Talbot						05/01/2026	Other Specialties
Reena Morgan Sheppard	350 Pine Street		Rapid City	SD	57701	05/01/2026	Family Medicine/General Practice
Kara Lynne Pagels	317 6th Ave	Ste 400	Des Moines	IA	50309	05/01/2026	
Samah Nayif Ramadan-Nassar	317 6th Ave Ste. 400		Des Moines	IA	50309	05/01/2026	
Jessica Lail Libicer	1440 N Main St		Spearfish	SD	57783	05/01/2026	Emergency Medicine
Douglas Joseph Re	801 E. Sioux Ave.		Pierre	SD	57501	05/01/2026	
Klayton Kjome Johnson	701 8th Ave NW Suite A		Aberdeen	SD	57401	05/01/2026	
Emma Josephine Norris	353 Fairmont Blvd		Rapid City	SD	57701	05/01/2026	Other Specialties
Teagen Lyn Hartley	1303 North LaCrosse Street		Rapid City	SD	57701	05/01/2026	
Scott Benjamin DeMasters	1325 S. Cliff Ave.		Sioux Falls	SD	57108	05/01/2026	Emergency Medicine
Torre Nelson Kavanaugh	353 Fairmont Blvd		Rapid City	SD	57701	05/01/2026	
Justin Leonard Anderson	809 Jackson St.		Burke	SD	57523	05/01/2026	
Kyle J Brownfield	PO Box 5210		Grand Forks	ND	58206	05/01/2026	Psychiatry

Occupational Therapist

Total 29

<u>Name</u>	<u>Address 1</u>	<u>Address 2</u>	<u>City</u>	<u>State</u>	<u>Postal Code</u>	<u>Expiration Date</u>
Noah Richard Kottke	6100 S Louise Ave #1300		Sioux Falls	SD	57108	01/01/2026
Erin Leigh Gradert	4100 South Western Ave.		Sioux Falls	SD	57105	01/01/2026
Ashley Nicole Garwood	310 5th Street	P.O. Box 327	Hayti	SD	57241	01/01/2026
Carolyn Ann Blatchford						01/01/2026
Jennifer Margaret Bell						01/01/2026
Kelcey Jo Smith	715 East 14th Street		Sioux Falls	SD	57104	01/01/2026
Justin Ray Kooiman	2501 W 22nd St		Sioux Falls	SD	57105	01/01/2026
Julia Louise Viscosi						01/01/2026
Bryan James Gardner						01/01/2026
Grace Elizabeth Hayworth	7220 W 41st St		Sioux Falls	SD	57106	01/01/2026
Alexis Paige Tschetter	1305 W 18th St		Sioux Falls	SD	57105	01/01/2026
Maya Anna Bernsley						01/01/2026
Bailee Mae Scheer	353 Fairmont Blvd		Rapid City	SD	57701	01/01/2026
Wanda Kay Lauer						01/01/2026
Jenae Lori Barnhart	1305 W. 18th St.		Sioux Falls	SD	57105	01/01/2026
Amanda Katherine Marx	1305 W. 18th St.		Sioux Falls	SD	57105	01/01/2026
Jayden Renee Bormann	525 Foster St.		Mitchell	SD	57301	01/01/2026
Aurelia Anne O'Neil	1325 S Cliff Avenue		Sioux Falls	SD	57105	01/01/2026
Amy Elizabeth Spence						01/01/2026
Kathryn Rose Larsen	1305 W. 18th St.		Sioux Falls	SD	57105	01/01/2026
Maciah Lyn Nobles	131 N. Poplar		Tea	SD	57064	01/01/2026
Kamryn Jeanette Olness						01/01/2026
Alyssa Hammon Levinson	528 Kansas City Street		Rapid City	SD	57701	01/01/2026
Emily Katherine Payer	1020 W 18th St		Sioux Falls	SD	57104	01/01/2026
Sydney Catherine Anderson						01/01/2026
Connor Nathan Fuchs	1020 W. 18th Street		Sioux Falls	SD	57104	01/01/2026
Brianna Nicole Mount	6404 N 70th Plaza		Omaha	NE	68104	01/01/2026
Mackenzie Lee Mertz						01/01/2026
Connor James Clayton	1210 W. 18th St., Ste. LL01		Sioux Falls	SD	57104	01/01/2026

Occupational Therapist - Temporary

Total 2

<u>Name</u>	<u>Address 1</u>	<u>Address 2</u>	<u>City</u>	<u>State</u>	<u>Postal Code</u>	<u>Expiration Date</u>
Justin Ray Kooiman	2501 W 22nd St		Sioux Falls	SD	57105	07/09/2025
Carolyn Ann Blatchford						06/25/2025

Occupational Therapist Assistant

Total 3

<u>Name</u>	<u>Address 1</u>	<u>Address 2</u>	<u>City</u>	<u>State</u>	<u>Postal Code</u>	<u>Expiration Date</u>
Kelli Ann Olson	950 E. Park Street		Pierre	SD	57501	01/01/2026
Kamri Lynn Parsons	110 N. Cambell St. A		Rapid City	SD	57701	01/01/2026
Alexis Kathleen Schreurs	310 5th Street		Hayti	SD	57241	01/01/2026

Respiratory Care Practitioner

Total 29

<u>Name</u>	<u>Address 1</u>	<u>Address 2</u>	<u>City</u>	<u>State</u>	<u>Postal Code</u>	<u>Expiration Date</u>
Claire Marie Woollett	353 Fairmont Blvd.		Rapid City	SD	57701	12/31/2026
Samantha Jo Tetzloff	1325 S. Cliff Ave.		Sioux Falls	SD	57110	12/31/2026
Avery Lee Bourk	305 S State St.		Aberdeen	SD	57401	12/31/2026
Kaitlyn Noelle Klocke	1325 S Cliff Ave		Sioux Falls	SD	57105	12/31/2026
Ryenn Ashley Stegenga	1325 S. Cliff Ave.		Sioux Falls	SD	57105	12/31/2026
Paige Amanda Huth	1305 W 18th Street		Sioux Falls	SD	57105	12/31/2026
Kimberly Deshay Hunter	1305 W. 18th St.		Sioux Falls	SD	57105	12/31/2026
Robert W. McMenamin	1305 W. 18th St.		Sioux Falls	SD	57105	12/31/2026
Zoe Alexandra Martin	1305 W 18th Street		Sioux Falls	SD	57105	12/31/2026
Kevin Stacy	1305 W. 18th Street	2400 Central Patient Building	Sioux Falls	SD	57105	12/31/2026
Erin Michelle Stewart	525 Foster St.		Mitchell	SD	57301	12/31/2026
Shannon Marie Cornett						12/31/2026
Mackenzie Elizabeth Marie Doerr	353 Fairmont Blvd		Rapid City	SD	57701	12/31/2026
Shivani Kishor Patel	353 Fairmont Blvd		Rapid City	SD	57701	12/31/2026
Lauren Anne Geary						12/31/2026
Tracy June Eichelberger						12/31/2026
Anna Kristina Tebay	172 4th St. SE		Huron	SD	57350	12/31/2026
Jake Bradley Odegard	1305 W. 18th St.		Sioux Falls	SD	57117	12/31/2026
Isabel Rae Roth	323 10th St. SW		Madison	SD	57042	12/31/2026
Gie Elizabeth Hartzog-Bunn	501 Summit St.		Yankton	SD	57078	12/31/2026
Jaida Rose Klanchnik						12/31/2026
Candace Lee Anderson-Lammers						12/31/2026
Eric Jermaine Berry						12/31/2026
Tammy L. Dandridge	353 Fairmont Blvd		Rapid City	SD	57701	12/31/2026
Jenna Lynn Eischens	1305 W 18th St		Sioux Falls	SD	57117	12/31/2026
Sophia Reese Munns						12/31/2026
Hannah Nicole Blachford	1325 S Cliff Ave		Sioux Falls	SD	57105	12/31/2026
Austyn Marie Van Zee						12/31/2026
Amber Lynne Meltz	353 Fairmont Blvd.		Rapid City	SD	57701	12/31/2026

Respiratory Care Practitioner - Temporary

Total 10

<u>Name</u>	<u>Address 1</u>	<u>Address 2</u>	<u>City</u>	<u>State</u>	<u>Postal Code</u>	<u>Expiration Date</u>
Lily Taylor Thom						08/08/2026
Samantha Rae Mattison						08/08/2026
Ashlyn Sunshine Kirk						08/08/2026
Karissa Ann Saxon						08/08/2026
Aastha Jha						08/08/2026
Vivian Graese Koepsell						08/08/2026
Darcy Mae Geersen						08/08/2026
Douglas William Timm						08/08/2026
Tyler Ross Hand						08/08/2026
Braden Charles Weiner						08/08/2026

Remaining Authority by Object/Subobject

Expenditures current through 08/30/2025 12:50:48 PM

HEALTH -- Summary

FY 2026 Version -- AS -- Budgeted and Informational

FY Remaining: 83.6%

09205 Board of Med & Osteo Examiners - Info							PCT
Subobject	Operating	Expenditures	Encumbrances	Commitments	Remaining	AVL	
EMPLOYEE SALARIES							
5101010 F-t Emp Sal & Wages	560,071	82,126	0	0	477,945	85.3	
5101030 Board & Comm Mbrs Fees	9,030	2,490	0	0	6,540	72.4	
Subtotal	569,101	84,616	0	0	484,485	85.1	
EMPLOYEE BENEFITS							
5102010 Oasi-employer's Share	57,979	6,060	0	0	51,919	89.5	
5102020 Retirement-er Share	22,620	4,928	0	0	17,692	78.2	
5102060 Health Insurance-er Share	84,103	15,485	0	0	68,618	81.6	
5102080 Worker's Compensation	870	82	0	0	788	90.6	
5102090 Unemployment Compensation	285	34	0	0	251	88.1	
Subtotal	165,857	26,589	0	0	139,268	84.0	
51 Personal Services							
Subtotal	734,958	111,205	0	0	623,753	84.9	
TRAVEL							
5203010 Auto-state Owned-in State	1,095	0	0	0	1,095	100.0	
5203020 Auto Priv (in-st.) L/rte	1,000	751	0	0	249	24.9	
5203030 Auto-priv (in-st.) H/rte	2,363	0	0	0	2,363	100.0	
5203040 Air-state Owned-in State	23,000	0	0	0	23,000	100.0	
5203100 Lodging/in-state	3,273	366	0	0	2,907	88.8	
5203120 Incidentals-travel-in St.	500	0	0	0	500	100.0	
5203130 Non-employ. Travel-in St.	5,000	0	0	0	5,000	100.0	
5203140 Meals/taxable/in-state	916	56	0	0	860	93.9	
5203150 Non-taxable Meals/in-st	1,000	134	0	0	866	86.6	
5203230 Auto-priv.(out-state) H/r	550	0	0	0	550	100.0	
5203260 Air-comm-out-of-state	4,500	0	0	0	4,500	100.0	
5203280 Other-public-out-of-state	600	0	0	0	600	100.0	
5203300 Lodging/out-state	5,000	0	0	0	5,000	100.0	
5203320 Incidentals-out-of-state	500	0	0	0	500	100.0	
5203350 Non-taxable Meals/out-st	1,500	0	0	0	1,500	100.0	
Subtotal	50,797	1,307	0	0	49,490	97.4	
CONTRACTUAL SERVICES							
5204010 Subscriptions	1,000	468	0	0	532	53.2	
5204020 Dues & Membership Fees	6,000	1,000	0	0	5,000	83.3	
5204050 Computer Consultant	80,000	0	0	0	80,000	100.0	
5204080 Legal Consultant	84,489	0	0	0	84,489	100.0	

Remaining Authority by Object/Subobject

Expenditures current through 08/30/2025 12:50:48 PM

HEALTH -- Summary

FY 2026 Version -- AS -- Budgeted and Informational

FY Remaining: 83.6%

09205 Board of Med & Osteo Examiners - Info							PCT
Subobject	Operating	Expenditures	Encumbrances	Commitments	Remaining	AVL	
5204100 Medical Consultant	68,500	1,800	48,200	0	18,500	27.0	
5204130 Other Consulting	29,850	0	0	0	29,850	100.0	
5204160 Workshop Registration Fee	3,000	0	0	0	3,000	100.0	
5204180 Computer Services-state	49,983	7,956	0	0	42,027	84.1	
5204200 Central Services	7,265	2,211	0	0	5,054	69.6	
5204202 Central Services	101	100	0	0	1	1.0	
5204203 Central Services	508	77	0	0	431	84.8	
5204204 Central Services	152	34	0	0	118	77.6	
5204207 Central Services	5,574	970	0	0	4,604	82.6	
5204220 Equipment Serv & Maint	3,500	140	0	0	3,360	96.0	
5204250 Cable Tv	1,000	0	0	0	1,000	100.0	
5204350 Advertising-magazines	6,000	0	0	0	6,000	100.0	
5204360 Advertising-newspaper	1,000	0	0	0	1,000	100.0	
5204400 Advertising-internet	100	0	0	0	100	100.0	
5204521 Revenue Bond Lease Payment	2,000	491	0	0	1,509	75.5	
5204525 Revenue Bond Lease Payment	83,000	12,961	0	0	70,039	84.4	
5204530 Telecommunications Srves	21,000	4,298	0	0	16,702	79.5	
5204550 Garbage & Sewer	2,000	397	0	0	1,603	80.2	
5204580 Truck-drayage & Freight	12,000	939	0	0	11,061	92.2	
5204590 Ins Premiums & Surety Bds	3,000	0	0	0	3,000	100.0	
5204620 Taxes & License Fees	1,200	0	0	0	1,200	100.0	
5204960 Other Contractual Service	47,968	5,778	0	0	42,190	88.0	
Subtotal	520,190	39,620	48,200	0	432,370	83.1	
SUPPLIES & MATERIALS							
5205020 Office Supplies	11,550	641	0	0	10,909	94.5	
5205040 Educ & Instruc Supplies	500	338	0	0	162	32.4	
5205320 Printing-commercial	9,500	0	0	0	9,500	100.0	
5205350 Postage	33,000	2,463	0	0	30,537	92.5	
Subtotal	54,550	3,442	0	0	51,108	93.7	
CAPITAL OUTLAY							
5207490 Telephone Equipment	4,000	0	0	0	4,000	100.0	
5207901 Computer Hardware	9,000	1,826	0	0	7,174	79.7	
5207960 Computer Software	1,000	0	0	0	1,000	100.0	
5207961 Computer Software	1,000	0	0	0	1,000	100.0	
Subtotal	15,000	1,826	0	0	13,174	87.8	

Remaining Authority by Object/Subobject

Expenditures current through 08/30/2025 12:50:48 PM

HEALTH -- Summary

FY 2026 Version -- AS -- Budgeted and Informational

FY Remaining: 83.6%

<hr/>						
52 Operating						
Subtotal	640,537	46,195	48,200	0	546,142	85.3
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Total	1,375,495	157,400	48,200	0	1,169,895	85.1
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File Number	Profession	Applicant or Licensee	Start Date	Status	Status Date	Board Member	Concern Category
20-047	PA	Licensee	04/27/2020	Investigation	09/05/2025	Pending	Criminal/Substance Abuse
23-017	ML	Licensee	07/25/2022	Investigation	09/08/2025	Tegethoff	MBMP enrolled
23-290	ML	Licensee	06/15/2023	Complaint	09/02/2025	Chessmore	Unprofessional/ethics/incompetency
23-209	ML	Applicant	03/20/2023	Investigation	09/08/2025	Shives	Unprofessional/ethics/incompetency
24-110	ML	Applicant	11/20/2023	Complaint	09/08/2025	Dietrich	Unprofessional/ethics/incompetency/criminal
24-111	ML	Licensee	11/20/2023	Complaint	09/08/2025	Tegethoff	Unprofessional/ethics/incompetency
22-262	ML	Licensee	04/25/2022	Complaint	09/08/2025	Dietrich	Unprofessional/ethics/incompetency
24-221	ML	Licensee	04/09/2024	Investigation	08/01/2025	Pending	Unprofessional/ethics/incompetency
24-266	ML	Licensee	06/04/2024	Complaint	08/15/2025	Blanchard	Unprofessional/ethics/incompetency
25-035	ML	Licensee	07/31/2024	Complaint	09/08/2025	pending	Substance Abuse
25-138	ML	Licensee	12/16/2024	Complaint	01/13/2025	Pending	Unprofessional/ethics
25-169	ML	Licensee	12/31/2024	Investigation	01/03/2025	Pending	Criminal
25-170	EMS	Licensee	12/31/2024	Investigation	09/05/2025	Kassin	Criminal
25-194	ML	Licensee	01/31/2025	Complaint	09/05/2025	Chessmore	Unprofessional/ethics
25-211	ML	Licensee	03/20/2025	Investigation	09/05/2025	Pending	Unprofessional/ethics
25-216	ML	Licensee	03/27/2025	Investigation	03/27/2025	Pending	Criminal
25-217	ML	Licensee	03/27/2025	Investigation	03/27/2025	Pending	Criminal
25-219	ML	Licensee	04/02/2025	Investigation	04/02/2025	pending	Criminal
25-220	ML	Licensee	04/02/2025	Investigation	04/02/2025	pending	Criminal
25-220	ML	Licensee	04/02/2025	Investigation	09/05/2025	Pavlis	Criminal
25-221	ML	Licensee	04/02/2025	Investigation	07/31/2025	Bearstail	Unprofessional/ethics
25-249	ML	Licensee	05/05/2025	Investigation	09/08/2025	Spies	Unprofessional/ethics
25-255	ML	Licensee	05/12/2025	Investigation	08/27/2025	pending	Unprofessional/ethics
25-256	EMS	Applicant	05/16/2025	Complaint	05/16/2025	pending	Criminal
25-257	ML	Applicant	05/19/2025	Complaint	05/19/2025	pending	Unprofessional/ethics
25-258	ML	Applicant	05/19/2025	Complaint	08/26/2025	pending	Competency
25-262	ML	Applicant	05/28/2025	Complaint	05/28/2025	pending	Criminal
25-272	LN	Licensee	06/06/2025	Investigation	06/06/2025	Pending	Criminal
25-275	EMS	Licensee	06/13/2025	Investigation	08/14/2025	Langerock	Criminal
25-279	RCP	Applicant	06/13/2025	Complaint	07/08/2025	pending	Unprofessional/ethics
25-280	ML	Applicant	06/16/2025	Complaint	06/16/2025	pending	Criminal
25-288	ML	Applicant	06/24/2025	Complaint	06/24/2025	pending	Criminal
25-292	ML	Licensee	06/10/2025	Investigation	08/20/2025	pending	Unprofessional/ethics
26-001	ML	Applicant	07/03/2025	Complaint	07/03/2025	pending	Criminal
26-007	ML	Licensee	07/09/2025	Complaint	09/02/2025	pending	Unprofessional/ethics
26-010	ML	Applicant	07/09/2025	Complaint	09/05/2025	Spies	Unprofessional/ethics/Criminal
26-012	ML	Licensee	07/14/2025	Investigation	09/05/2025	Dietrich	Unprofessional/ethics
26-013	ML	Licensee	07/14/2025	Investigation	07/14/2025	pending	Unprofessional/ethics
26-016	PA	Applicant	07/22/2025	Complaint	07/22/2025	pending	Criminal
26-017	EMS	Applicant	07/22/2025	Complaint	07/22/2025	pending	Unprofessional/ethics
26-020	ML	Applicant	07/31/2025	Complaint	07/31/2025	pending	Criminal
26-022	ML	Licensee	08/01/2025	Complaint	09/05/2025	Tegethoff	Unprofessional/ethics

File Number	Profession	Applicant or Licensee	Start Date	Status	Status Date	Board Member	Concern Category
26-024	ML	Licensee	08/04/2025	Investigation	09/05/2025	Holt	Criminal
26-026	RL	Licensee	08/05/2025	Complaint	09/02/2025	pending	Unprofessional/ethics
26-027	ML	Licensee	08/05/2025	Investigation	08/05/2025	Pending	Unprofessional/ethics
26-028	ML	Licensee	08/05/2025	Investigation	08/05/2025	Pending	Unprofessional/ethics
26-030	ML	Applicant	08/11/2025	Complaint	08/11/2025	pending	Unprofessional/ethics
26-031	ML	Licensee	08/12/2025	Investigation	08/12/2025	pending	Unprofessional/ethics
26-034	PA	Applicant	08/18/2025	Complaint	08/18/2025	pending	criminal
26-035	ML	Applicant	08/19/2025	Complaint	08/19/2025	pending	Unprofessional/ethics
26-036	OTA	Applicant	08/19/2025	Complaint	08/19/2025	pending	Unprofessional/ethics
26-038	ML	Applicant	08/19/2025	Complaint	08/19/2025	pending	Unprofessional/ethics
26-039	ML	Licensee	08/21/2025	Investigation	09/05/2025	Sunne	Unprofessional/ethics
26-040	ML	Applicant	08/22/2025	Complaint	08/22/2025	Pending	Unprofessional/ethics
26-041	ML	Applicant	08/22/2025	Complaint	08/22/2025	pending	Unprofessional/ethics
26-043	ML	Licensee	08/22/2025	Complaint	08/22/2025	pending	Unprofessional/ethics
26-044	ML	Licensee	08/22/2025	Complaint	08/28/2025	pending	Unprofessional/ethics
26-045	EMS	Licensee	08/25/2025	Investigation	08/25/2025	pending	Criminal
26-046	PA	Applicant	08/26/2025	Complaint	08/26/2025	Pending	Unprofessional/ethics/Criminal
26-047	ML	Licensee	08/26/2025	Investigation	08/26/2025	Pending	Unprofessional/ethics
26-048	ML	Licensee	08/26/2025	Investigation	08/26/2025	Pending	Unprofessional/ethics
26-049	EMS	Applicant	08/28/2025	Complaint	08/28/2025	pending	criminal
26-050	EMS	Applicant	09/02/2025	Complaint	09/02/2025	Pending	criminal
26-051	EMS	Applicant	09/02/2025	Complaint	09/02/2025	Pending	criminal

SOUTH DAKOTA BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS (SDBMOE)
EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL
July 31, 2025
[Unapproved Draft Minutes](#)
12:00 pm (Central Time)
Public Advisory Council Meeting

Unapproved Draft Minutes¹. Votes are roll call voice vote.²

Advisory Council Members present: Andrew Binder, Chris Hermes, Dr. Jeff Luther, Matt McQuisten, David Mitchell
Board Member present: Gary Langerock
Staff Members present: Whitney Burrows, Margaret Hansen, Randi Sterling
This was a public meeting, and other parties may have been in attendance.

The meeting was called to order at 12:02 PM. Roll was called, and quorum was established.

A motion for approval of the agenda was ratified (McQuisten/Binder/Unanimous).

A motion for approval of the minutes was approved. (Binder/Luther/Unanimous).

The request for any public comment was made pursuant to SDCL 1-25-1 and there was no public comment.

The advisory council discussed whether paramedics are permitted to perform arterial blood draws for ABG testing. It was determined that this procedure is not currently within the paramedic scope of practice. However, this could be considered for inclusion in the future. In the meantime, paramedics may submit a scope petition to request approval to perform this procedure on a case-by-case basis.

The advisory council discussed a concern brought to Board staff regarding an AEMT program.

Board staff provided an update to the council on the status of the administrative rules approved by the Interim Rules Committee. The rules are currently awaiting filing by the Secretary of State. Once filed, they will take effect 20 days later.

As there was no further business, the meeting was adjourned at 12:32 PM.

¹ 1-27-1.17. Draft minutes of public meeting to be available--Exceptions--Violation as misdemeanor. The unapproved, draft minutes of any public meeting held pursuant to § 1-25-1 that are required to be kept by law shall be available for inspection by any person within ten business days after the meeting. However, this section does not apply if an audio or video recording of the meeting is available to the public on the governing body's website within five business days after the meeting. A violation of this section is a Class 2 misdemeanor. However, the provisions of this section do not apply to draft minutes of contested case proceedings held in accordance with the provisions of chapter 1-26.

² Format for motions, second and vote results: Council member Name (Making the motion/Second/Vote result is either unanimous or Yes: and No: results and abstentions noted by name)

SOUTH DAKOTA BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS (SDBMOE)

GENETIC COUNSELOR ADVISORY COUNCIL

August 27, 2025

[Unapproved Draft Minutes](#)

12:00 pm (Central Time)

Public Advisory Council Meeting

Advisory Council Members present: Jason Flanagan, Benjamin Solomon

Staff Members present: Whitney Burrows

This was a public meeting, and other parties may have been in attendance.

The meeting was called to order at 12:02 PM. Roll was called, and quorum was established.

A motion for approval of the agenda was ratified (Solomon/Flanagan/Unanimous).

A motion for approval of the minutes was approved. (Solomon/Flanagan/Unanimous).

The request for any public comment was made pursuant to SDCL 1-25-1 and there was no public comment.

The council reviewed the recently completed audit of genetic counselor continuing education. The audit was successful, and no questions or concerns were raised by the council.

The council then discussed its current composition. One physician seat remains vacant, and members were asked to submit names of physicians who might be interested in serving on the council.

As there was no further business, the meeting was adjourned at 12:12 PM.

SOUTH DAKOTA BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS (SDBMOE)
PHYSICIAN ASSISTANT ADVISORY COUNCIL
June 18, 2025
[Unapproved Draft Minutes](#)
12:00 pm (Central Time)
Public Advisory Council Meeting

Unapproved Draft Minutes¹.

Advisory Council Members present: Katie Haverly, Justine Peterson, Nancy Trimble

Staff Members present: Whitney Burrows

This was a public meeting, and other parties may have been in attendance.

The meeting was called to order at 12:01 PM. Roll was called, and quorum was established.

A motion for approval of the agenda was ratified (Trimble/Haverly/Unanimous).

A motion for approval of the minutes was approved. (Trimble/Haverly/Unanimous).

The request for any public comment was made pursuant to SDCL 1-25-1 and there was no public comment.

As a result of House Bill 1071 passing the legislature, physician assistants in South Dakota who meet certain criteria will no longer be required to have a collaborating physician on file with the Board Office. The process of how this will be implemented as of July 1, 2025 was discussed with the Council.

An open meetings reminder was given. The Council had no questions on open meetings.

As there was no further business, the meeting was adjourned at 12:16 PM.

¹ 1-27-1.17. Draft minutes of public meeting to be available--Exceptions--Violation as misdemeanor. The unapproved, draft minutes of any public meeting held pursuant to § 1-25-1 that are required to be kept by law shall be available for inspection by any person within ten business days after the meeting. However, this section does not apply if an audio or video recording of the meeting is available to the public on the governing body's website within five business days after the meeting. A violation of this section is a Class 2 misdemeanor. However, the provisions of this section do not apply to draft minutes of contested case proceedings held in accordance with the provisions of chapter 1-26.

CHAPTER 20:52:01

PHYSICIAN ASSISTANT LICENSE

Section

20:52:01:01	Application for physician assistant license.
20:52:01:02	Repealed.
20:52:01:03	Physician assistant- practice <u>collaborative</u> agreement.
20:52:01:03.01	Supervision of a licensed physician assistant, <u>Repealed</u> .
20:52:01:03.02	Repealed.
20:52:01:04	Repealed.
20:52:01:05	Termination of physician assistant- practice <u>collaborative</u> agreement.
20:52:01:06	Repealed.
20:52:01:07	Repealed.
20:52:01:08	Repealed.
20:52:01:09	Renewal of physician assistant license.
20:52:01:10	Repealed.
20:52:01:11	Fee amounts.

20:52:01:03. Physician assistant-practice collaborative agreement. A licensed physician assistant who is not exempt from the requirement to practice under a shall have a practice collaborative agreement with a supervising physician pursuant to SDCL chapter 36-4A-1.2, shall use a form approved by the State Board of Medical and Osteopathic Examiners to create the agreement. The practice agreement must shall be submitted contain the content required in SDCL subdivision 36-4A-1.1(2), on a form approved by the board that describes the scope of practice of the physician assistant, any practice location, the plan for physician supervision, and other such information as may be required by the board.

If a physician assistant, practicing without a collaborative agreement, is no longer certified by or fails to renew certification by the National Commission on Certification of Physician Assistants, the physician assistant, in order to continue practicing, must have a collaborative agreement as set forth in SDCL 36-4A-1.1, and this section.

Source: SL 1975, ch 16, § 1; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 34 SDR 93, effective October 17, 2007.

General Authority: SDCL 36-4A-42.

Law Implemented: SDCL 36-4A-1.1, 36-4A-1.2.

20:52:01:03.01. Supervision of a licensed physician assistant. ~~A licensed physician assistant shall be supervised by a physician licensed pursuant to SDCL chapter 36-4. The supervising physician shall be available for consultation with the physician assistant at all times while the physician assistant is involved in patient care. The supervising physician and physician assistant shall meet to discuss patient care and review the physician assistant practice. The supervision plan shall be outlined in the practice agreement and approved by the board.~~ Repealed.

Source: 34 SDR 93, effective October 17, 2007; 43 SDR 57, effective October 20, 2016.

~~**General Authority:** SDCL 36-4A-42.~~

~~**Law Implemented:** SDCL 36-4A-29.~~

20:52:01:05. Termination of physician assistant ~~practice~~ collaborative agreement. A physician assistant who is not exempt from the requirement to practice under a collaborative agreement pursuant to SDCL 36-4A-1.2, shall notify the board, in writing, of the termination of a ~~practice~~ collaborative agreement. ~~A physician assistant may not practice without a practice agreement approved by the board.~~

Source: SL 1975, ch 16, § 1; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 34 SDR 93, effective October 17, 2007.

General Authority: SDCL 36-4A-42.

Law Implemented: SDCL 36-4A-1.1, 36-4A-1.2.

CHAPTER 20:52:02

ETHICS

Section

- 20:52:02:01 Code of ethics.
- 20:52:02:02 Violations.
- 20:52:02:03 Ethical considerations, Repealed.

20:52:02:01. Code of ethics. ~~A licensee under~~ Any physician assistant licensed pursuant to SDCL chapter 36-4A shall comply with the following code of ethics American Academy of Physician Associates Guidelines for Ethical Conduct for the PA Profession, 2018.

Statement of Values of the Physician Assistant Profession

- ~~Physician assistants hold as their primary responsibility the health, safety, welfare, and dignity of all human beings.~~
- ~~Physician assistants uphold the tenets of patient autonomy, beneficence, nonmaleficence, and justice.~~
- ~~Physician assistants recognize and promote the value of diversity.~~
- ~~Physician assistants treat equally all persons who seek their care.~~
- ~~Physician assistants hold in confidence the information shared in the course of practicing medicine.~~
- ~~Physician assistants assess their personal capabilities and limitations, striving always to improve their medical practice.~~
- ~~Physician assistants actively seek to expand their knowledge and skills, keeping abreast of advances in medicine.~~

- Physician assistants work with other members of the health care team to provide compassionate and effective care of patients.

- Physician assistants use their knowledge and experience to contribute to an improved community.

- Physician assistants respect their professional relationship with physicians.

- Physician assistants share and expand knowledge within the profession.

The PA and Patient

PA Role and Responsibilities

——Physician assistant practice flows out of a unique relationship that involves the PA, the physician, and the patient. The individual patient-PA relationship is based on mutual respect and an agreement to work together regarding medical care. In addition, PAs practice medicine with physician supervision; therefore, the care that a PA provides is an extension of the care of the supervising physician. The patient-PA relationship is also a patient-PA-physician relationship.

——The principal value of the physician assistant profession is to respect the health, safety, welfare, and dignity of all human beings. This concept is the foundation of the patient-PA relationship.

——Physician assistants have an ethical obligation to see that each of their patients receives appropriate care. PAs should be sensitive to the beliefs and expectations of the patient. PAs should recognize that each patient is unique and has an ethical right to self-determination.

——Physician assistants are professionally and ethically committed to providing nondiscriminatory care to all patients. While PAs are not expected to ignore their own personal values, scientific or ethical standards, or the law, they should not allow their personal beliefs to restrict patient access to care. A PA has an ethical duty to offer each patient the full range of information on relevant options for their health care. If personal moral, religious, or ethical beliefs

~~prevent a PA from offering the full range of treatments available or care the patient desires, the PA has an ethical duty to refer a patient to another qualified provider. That referral should not restrict a patient's access to care. PAs are obligated to care for patients in emergency situations and to responsibly transfer patients if they cannot care for them.~~

~~—— Physician assistants should always act in the best interests of their patients and as advocates when necessary. PAs should actively resist policies that restrict free exchange of medical information. For example, a PA should not withhold information about treatment options simply because the option is not covered by insurance. PAs should inform patients of financial incentives to limit care, use resources in a fair and efficient way, and avoid arrangements or financial incentives that conflict with the patient's best interests.~~

The PA and Diversity

~~—— The physician assistant should respect the culture, values, beliefs, and expectations of the patient.~~

Nondiscrimination

~~—— Physician assistants must not discriminate against classes or categories of patients in the delivery of needed health care. Such classes and categories include gender, color, creed, race, religion, age, ethnic or national origin, political beliefs, nature of illness, disability, socioeconomic status, physical stature, body size, gender identity, marital status, or sexual orientation.~~

Initiation and Discontinuation of Care

~~—— In the absence of a preexisting patient-PA relationship, the physician assistant is under no ethical obligation to care for a person unless no other provider is available. A PA is morally bound to provide care in emergency situations and to arrange proper follow-up. PAs should keep in mind that contracts with health insurance plans might define a legal obligation to provide care to certain patients.~~

—— A physician assistant and supervising physician may discontinue their professional relationship with an established patient as long as proper procedures are followed. The PA and physician should provide the patient with adequate notice, offer to transfer records, and arrange for continuity of care if the patient has an ongoing medical condition. Discontinuation of the professional relationship should be undertaken only after a serious attempt has been made to clarify and understand the expectations and concerns of all involved parties.

—— If the patient decides to terminate the relationship, they are entitled to a copy of their medical record.

Informed Consent

—— Physician assistants have a duty to protect and foster an individual patient's free and informed choices. The doctrine of informed consent means that a PA provides adequate information that is comprehensible to a competent patient or patient surrogate. At a minimum, this should include the nature of the medical condition, the objectives of the proposed treatment, treatment options, possible outcomes, and the risks involved. PAs should be committed to the concept of shared decision making, which involves assisting patients in making decisions that account for medical, situational, and personal factors.

—— In caring for adolescents, the PA should understand all of the laws and regulations in his or her jurisdiction that are related to the ability of minors to consent to or refuse health care.

—— Adolescents should be encouraged to involve their families in health care decision making. The PA should also understand consent laws pertaining to emancipated or mature minors. (See the section on *Confidentiality*.)

—— When the person giving consent is a patient's surrogate, a family member, or other legally authorized representative, the PA should take reasonable care to assure that the decisions made are consistent with the patient's best interests and personal preferences, if known. If the PA believes

~~the surrogate's choices do not reflect the patient's wishes or best interests, the PA should work to resolve the conflict. This may require the use of additional resources, such as an ethics committee.~~

Confidentiality

~~—— Physician assistants should maintain confidentiality. By maintaining confidentiality, PAs respect patient privacy and help to prevent discrimination based on medical conditions. If patients are confident that their privacy is protected, they are more likely to seek medical care and more likely to discuss their problems candidly.~~

~~—— In cases of adolescent patients, family support is important but should be balanced with the patient's need for confidentiality and the PA's obligation to respect their emerging autonomy.~~

~~—— Adolescents may not be of age to make independent decisions about their health, but providers should respect that they soon will be. To the extent they can, PAs should allow these emerging adults to participate as fully as possible in decisions about their care. It is important that PAs be familiar with and understand the laws and regulations in their jurisdictions that relate to the confidentiality rights of adolescent patients (See the section on *Informed Consent*).~~

~~—— Any communication about a patient conducted in a manner that violates confidentiality is unethical. Because written, electronic, and verbal information may be intercepted or overheard, the PA should always be aware of anyone who might be monitoring communication about a patient.~~

~~—— PAs should choose methods of storage and transmission of patient information that minimize the likelihood of data becoming available to unauthorized persons or organizations. Computerized recordkeeping and electronic data transmission present unique challenges that can make the maintenance of patient confidentiality difficult. PAs should advocate for policies and procedures that secure the confidentiality of patient information.~~

The Patient and the Medical Record

Physician assistants have an obligation to keep information in the patient's medical record confidential. Information should be released only with the written permission of the patient or the patient's legally authorized representative. Specific exceptions to this general rule may exist (e.g., workers compensation, communicable disease, HIV, knife/gunshot wounds, abuse, and substance abuse). It is important that a PA be familiar with and understands the laws and regulations in his or her jurisdiction that relate to the release of information. For example, stringent legal restrictions on release of genetic test results and mental health records often exist.

Both ethically and legally, a patient has certain rights to know the information contained in his or her medical record. While the chart is legally the property of the practice or the institution, the information in the chart is the property of the patient. Most states have laws that provide for patient access to their medical records. The PA should know the laws and facilitate patient access to the information.

Disclosure

A physician assistant should disclose to his or her supervising physician information about errors made in the course of caring for a patient. The supervising physician and PA should disclose the error to the patient if such information is significant to the patient's interests and well-being. Errors do not always constitute improper, negligent, or unethical behavior, but failure to disclose them may.

Care of Family Members and Co-workers

Treating oneself, co-workers, close friends, family members, or students whom the physician assistant supervises or teaches may be unethical or create conflicts of interest. For example, it might be ethically acceptable to treat one's own child for a case of otitis media but it probably is not acceptable to treat one's spouse for depression. PAs should be aware that their judgment might be less than objective in cases involving friends, family members, students, and colleagues and that providing "curbside" care might sway the individual from establishing an

ongoing relationship with a provider. If it becomes necessary to treat a family member or close associate, a formal patient-provider relationship should be established, and the PA should consider transferring the patient's care to another provider as soon as it is practical. If a close associate requests care, the PA may wish to assist by helping them find an appropriate provider.

— There may be exceptions to this guideline, for example, when a PA runs an employee health center or works in occupational medicine. Even in those situations, the PA should be sure they do not provide informal treatment, but provide appropriate medical care in a formally established patient-provider relationship.

Genetic Testing

— Evaluating the risk of disease and performing diagnostic genetic tests raise significant ethical concerns. Physician assistants should be informed about the benefits and risks of genetic tests.

— Testing should be undertaken only after proper informed consent is obtained. If PAs order or conduct the tests, they should assure that appropriate pre- and post-test counseling is provided.

— PAs should be sure that patients understand the potential consequences of undergoing genetic tests—from impact on patients themselves, possible implications for other family members, and potential use of the information by insurance companies or others who might have access to the information. Because of the potential for discrimination by insurers, employers, or others, PAs should be particularly aware of the need for confidentiality concerning genetic test results.

Reproductive Decision Making

— Patients have a right to access the full range of reproductive health care services. Physician assistants have an ethical obligation to provide balanced and unbiased clinical information about reproductive health care.

—— When the PA's personal values conflict with providing full disclosure or providing certain services, the PA need not become involved in that aspect of the patient's care but must refer the patient to a qualified provider to discuss and facilitate all treatment options.

End of Life

—— Among the ethical principles that are fundamental to providing compassionate care at the end of life, the most essential is recognizing that dying is a personal experience and part of the life cycle.

—— Physician Assistants should provide patients with the opportunity to plan for end of life care.

—— Advance directives, living wills, durable power of attorney, and organ donation should be discussed during routine patient visits.

—— PAs should assure terminally ill patients that their dignity is a priority and that relief of physical and mental suffering is paramount. PAs should exhibit non-judgmental attitudes and should assure their terminally ill patients that they will not be abandoned. To the extent possible, patient or surrogate preferences should be honored, using the most appropriate measures consistent with their choices, including alternative and non-traditional treatments. PAs should explain palliative and hospice care and facilitate patient access to those services. End of life care should include assessment and management of psychological, social, and spiritual or religious needs.

—— While respecting patients' wishes for particular treatments when possible, PAs also must weigh their ethical responsibility, in consultation with supervising physicians, to withhold futile treatments and to help patients understand such medical decisions.

—— PAs should involve the physician in all near-death planning. The PA should only withdraw life support with the supervising physician's agreement and in accordance with the policies of the health care institution.

The PA and Individual Professionalism

Conflict of Interest

Physician assistants should place service to patients before personal material gain and should avoid undue influence on their clinical judgment. Trust can be undermined by even the appearance of improper influence. Examples of excessive or undue influence on clinical judgment can take several forms. These may include financial incentives, pharmaceutical or other industry gifts, and business arrangements involving referrals. PAs should disclose any actual or potential conflict of interest to their patients.

Acceptance of gifts, trips, hospitality, or other items is discouraged. Before accepting a gift or financial arrangement, PAs might consider the guidelines of the Royal College of Physicians, "Would I be willing to have this arrangement generally known?" or of the American College of Physicians, "What would the public or my patients think of this arrangement?"

Professional Identity

Physician assistants should not misrepresent directly or indirectly, their skills, training, professional credentials, or identity. Physician assistants should uphold the dignity of the PA profession and accept its ethical values.

Competency

Physician assistants should commit themselves to providing competent medical care and extend to each patient the full measure of their professional ability as dedicated, empathetic health care providers. PAs should also strive to maintain and increase the quality of their health care knowledge, cultural sensitivity, and cultural competence through individual study and continuing education.

Sexual Relationships

It is unethical for physician assistants to become sexually involved with patients. It also may be unethical for PAs to become sexually involved with former patients or key third parties. Key third parties are individuals who have influence over the patient. These might include spouses or partners, parents, guardians, or surrogates.

—— Such relationships generally are unethical because of the PA's position of authority and the inherent imbalance of knowledge, expertise, and status. Issues such as dependence, trust, transference, and inequalities of power may lead to increased vulnerability on the part of the current or former patients or key third parties.

Gender Discrimination and Sexual Harassment

—— It is unethical for physician assistants to engage in or condone any form of gender discrimination. Gender discrimination is defined as any behavior, action, or policy that adversely affects an individual or group of individuals due to disparate treatment, disparate impact, or the creation of a hostile or intimidating work or learning environment.

—— It is unethical for PAs to engage in or condone any form of sexual harassment. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when:

- —— Such conduct has the purpose or effect of interfering with an individual's work or academic performance or creating an intimidating, hostile or offensive work or academic environment, or
- —— Accepting or rejecting such conduct affects or may be perceived to affect professional decisions concerning an individual, or
- —— Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's training or professional position.

The PA and Other Professionals

Team Practice

—— Physician assistants should be committed to working collegially with other members of the health care team to assure integrated, well-managed, and effective care of patients. PAs should strive to maintain a spirit of cooperation with other health care professionals, their organizations, and the general public.

Illegal and Unethical Conduct

~~Physician assistants should not participate in or conceal any activity that will bring discredit or dishonor to the PA profession. They should report illegal or unethical conduct by health care professionals to the appropriate authorities.~~

~~Impairment~~

~~Physician assistants have an ethical responsibility to protect patients and the public by identifying and assisting colleagues. "Impaired" means being unable to practice medicine with reasonable skill and safety because of physical or mental illness, loss of motor skills, or excessive use or abuse of drugs and alcohol.~~

~~PAs should be able to recognize impairment in physician supervisors, PAs, and other health care providers and should seek assistance from appropriate resources to encourage these individuals to obtain treatment.~~

~~PA-Physician Relationship~~

~~Supervision should include ongoing communication between the physician and the physician assistant regarding patient care. The PA should consult the supervising physician whenever it will safeguard or advance the welfare of the patient. This includes seeking assistance in situations of conflict with a patient or another health care professional.~~

~~Complementary and Alternative Medicine~~

~~When a patient asks about an alternative therapy, the PA has an ethical obligation to gain a basic understanding of the alternative therapy being considered or being used and how the treatment will affect the patient. If the treatment would harm the patient, the PA should work diligently to dissuade the patient from using it, advise other treatment, and perhaps consider transferring the patient to another provider.~~

~~The PA and the Health Care System~~

~~Workplace Actions~~

——Physician assistants may face difficult personal decisions to withhold medical services when workplace actions (e.g., strikes, sick-outs, slowdowns, etc.) occur. The potential harm to patients should be carefully weighed against the potential improvements to working conditions and, ultimately, patient care that could result. In general, PAs should individually and collectively work to find alternatives to such actions in addressing workplace concerns.

PAs as Educators

——All physician assistants have a responsibility to share knowledge and information with patients, other health professionals, students, and the public. The ethical duty to teach includes effective communication with patients so that they will have the information necessary to participate in their health care and wellness.

PAs and Research

——The most important ethical principle in research is honesty. This includes assuring subjects' informed consent, following treatment protocols, and accurately reporting findings. Fraud and dishonesty in research should be reported so that the appropriate authorities can take action.

——Physician assistants involved in research must be aware of potential conflicts of interest. The patient's welfare takes precedence over the desired research outcome. Any conflict of interest should be disclosed.

——In scientific writing, PAs should report information honestly and accurately. Sources of funding for the research must be included in the published reports.

——Plagiarism is unethical. Incorporating the words of others, both verbatim or by paraphrasing, without appropriate attribution is unethical and may have legal consequences. When submitting a document for publication, any previous publication of any portion of the document must be fully disclosed.

PAs as Expert Witnesses

~~—— The physician assistant expert witness should testify to what he or she believes to be the truth. The PA's review of medical facts should be thorough, fair, and impartial.~~

~~—— The PA's expert witness should be fairly compensated for time spent preparing, appearing, and testifying. The PA should not accept a contingency fee based on the outcome of a case in which testimony is given or derive personal, financial, or professional favor in addition to compensation.~~

~~The PA and Society~~

~~Lawfulness~~

~~—— Physician assistants have the dual duty to respect the law and to work for positive change to laws that will enhance the health and well-being of the community.~~

~~Executions~~

~~—— Physician assistants, as health care professionals, should not participate in executions because to do so would violate the ethical principle of beneficence.~~

~~Access to Care/Resource Allocation~~

~~—— Physician assistants have a responsibility to use health care resources in an appropriate and efficient manner so that all patients have access to needed health care. Resource allocation should be based on societal needs and policies, not the circumstances of an individual patient-PA encounter. PAs participating in policy decisions about resource allocation should consider medical need, cost-effectiveness, efficacy, and equitable distribution of benefits and burdens in society.~~

~~Community Well-Being~~

~~—— Physician assistants should work for the health, well-being, and the best interest of both the patient and the community. Sometimes there is a dynamic moral tension between the well-being of the community in general and the individual patient. Conflict between an individual patient's best interest and the common good is not always easily resolved. In general, PAs should be committed~~

~~to upholding and enhancing community values, be aware of the needs of the community, and use the knowledge and experience acquired as professionals to contribute to an improved community.~~

Conclusion

~~—The American Academy of Physician Assistants recognizes its responsibility to aid the PA profession as it strives to provide high quality, accessible health care. Physician assistants wrote these guidelines for themselves and other physician assistants. The ultimate goal is to honor patients and earn their trust while providing the best and most appropriate care possible. At the same time, PAs must understand their personal values and beliefs and recognize the ways in which those values and beliefs can impact the care they provide.~~

Source: 41 SDR 180, effective May 21, 2015.

General Authority: SDCL 36-4A-42.

Law Implemented: SDCL 36-4A-37(1).

Reference: American Academy of Physician Assistants Guidelines for Ethical Conduct for the Physician Assistant Profession, 2013 **Guidelines for Ethical Conduct for the PA Profession, 2018, American Academy of Physician Associates.** Copies may be obtained at no charge from <https://www.aapa.org/WorkArea/DownloadAsset.aspx?id=815> <https://www.aapa.org/wp-content/uploads/2021/11/Guidelines-for-Ethical-Conduct-for-the-PA-Profession-7-1-21.pdf>.

20:52:02:03. Ethical considerations. ~~The board may utilize the annotations and opinions included in the guidelines for ethical conduct for the physician assistant profession, 2013 edition as guidance in determining whether a licensee has violated professional ethical standards and conduct~~
Repealed.

Source: 41 SDR 180, effective May 21, 2015.

~~**General Authority:** SDCL 36-4A-42.~~

~~**Law Implemented:** SDCL 36-4A-37.~~

DRAFT

SOUTH DAKOTA

BOARD OF MEDICAL
AND OSTEOPATHIC
EXAMINERS

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Rule promulgated by: South Dakota Board of Medical and Osteopathic Examiners

ARSD rule section incorporating this reference: 20:52:02:01

Date served on LRC: August 18, 2025

Date filed with Secretary of State:

Guidelines for Ethical Conduct for the PA Profession
(Adopted 2000, reaffirmed 2013, amended 2004, 2006, 2007, 2008, 2018)

Executive Summary of Policy Contained in this Paper

Summaries will lack rationale and background information and may lose nuance of policy.
You are highly encouraged to read the entire paper.

- Individual PAs must use their best judgment in a given situation while considering the preferences of the patient, the healthcare team, clinical information, ethical principles, and legal obligations.
- The four main bioethical principles which broadly guided the development of these guidelines are patient autonomy, beneficence, nonmaleficence, and justice.
- The statement of values within this document defines the fundamental values the PA profession strives to uphold. The primary value is the PA's responsibility to the health, safety, welfare, and dignity of all human beings.

Introduction

The PA profession has revised its code of ethics several times since the profession began. Although the fundamental principles underlying the ethical care of patients have not changed, the societal framework in which those principles are applied is constantly changing. Economic pressures, social pressures of church and state on the healthcare system, technological advances, and changing patient demographics continually transform the landscape in which PAs practice. This policy, as written, reflects a point in time and should be reviewed through that lens. It is a living document to be continually reviewed and updated to reflect the changing times, be they related to societal evolutions or the advancement of medical science.

Previous codes of the profession were brief lists of tenets for PAs to live by in their professional lives. This document departs from that format by going a step further and describing how these tenets apply to PA practice. Each situation is unique. Individual PAs must use their best judgment in a given situation while considering the preferences of the patient and the healthcare team, clinical information, ethical principles, and legal obligations. Context and/or casuistry (extracting reasoning from case study), often play key roles in decision making.

Four main bioethical principles broadly guided the development of these guidelines: patient autonomy, beneficence, nonmaleficence, and justice.

Autonomy, strictly speaking, means self-rule. Patients have the right to make autonomous decisions and choices, and PAs should respect these decisions and choices.

Beneficence means that PAs should act in the patient's best interest. In certain cases, respecting the patient's autonomy and acting in their best interests may be difficult to balance.

Nonmaleficence means to do no harm, to impose no unnecessary or unacceptable burden upon the patient.

Justice means that patients in similar circumstances should receive similar care. Justice also applies to norms for the fair distribution of resources, risks, and costs.

PAs are expected to behave both legally and morally. They should know and understand the local, state and federal laws governing their practice. Likewise, they should understand the ethical responsibilities of being a healthcare professional. Legal requirements and ethical expectations will not always be in agreement. Generally speaking, the law describes minimum standards of acceptable behavior, and ethical principles delineate the highest moral standards of behavior.

When faced with an ethical dilemma, PAs may find the guidance they need in this document. If not, they may wish to seek guidance elsewhere – possibly from a hospital ethics committee, an ethicist, trusted colleagues, or other AAPA policies. PAs should seek legal counsel when they are concerned about the potential legal consequences of their decisions.

The following sections discuss ethical conduct of PAs in their professional interactions with patients, physicians, colleagues, other health professionals, and the public. The "Statement of Values" within this document defines the fundamental values that the PA profession strives to uphold. These values provide the foundation upon which the guidelines rest. The guidelines were written with the understanding that no document can encompass all actual and potential ethical responsibilities, and PAs should not regard them as comprehensive.

Statement of Values of the PA Profession

- PAs hold as their primary responsibility the health, safety, welfare, and dignity of all human beings.
- PAs uphold the tenets of patient autonomy, beneficence, nonmaleficence, and justice.
- PAs recognize and promote the value of diversity.
- PAs do not discriminate; PAs treat equally all persons who seek their care.
- PAs hold in confidence the patient-specific information shared in the course of practicing medicine.
- PAs actively seek to expand their knowledge and skills, keeping abreast of advances in medicine. PAs assess their personal capabilities and limitations, striving always to improve their practice of medicine.
- PAs work with other members of the healthcare team to provide compassionate and effective care of patients.
- PAs use their knowledge and experience to contribute to a healthy community and the improvement

of public health.

- PAs respect their professional relationship with all members of the healthcare team.
- PAs share and expand clinical and professional knowledge with PAs and PA students.

The PA and Patient

PA Role and Responsibilities

The principal value of the PA profession is to respect the health, safety, welfare, and dignity of all human beings. This concept is the foundation of the patient–PA relationship. PAs have an ethical obligation to see that each of their patients receives appropriate care. PAs should be sensitive to the beliefs and expectations of the patient. PAs should recognize that each patient is unique and has an ethical right to self-determination

PAs are professionally and ethically committed to providing nondiscriminatory care to all patients. While PAs are not expected to ignore their own personal values, scientific or ethical standards, or the law, they should not allow their personal beliefs to restrict patient access to care. A PA has an ethical duty to offer each patient the full range of information on relevant options for their healthcare. If personal moral, religious, or ethical beliefs prevent a PA from offering the full range of treatments available or care the patient desires, the PA has an ethical duty to refer a patient to another qualified provider. That referral should not restrict a patient's access to care. PAs are obligated to care for patients in emergency situations and to responsibly transfer patients if they cannot care for them.

PAs should always act in the best interests of their patients and as advocates when necessary. While respecting the law, PAs should actively resist policies that restrict free exchange of medical information whether the restrictions are coming from their institution, regulators or legislators. For example, PAs should inform patients of financial incentives to limit care, use resources in a fair and efficient way, and avoid arrangements or financial incentives that conflict with the patient's best interests.

The PA and Diversity

The PA should respect the culture, values, beliefs, and expectations of the patient.

Nondiscrimination of Patients and Families

PAs should not discriminate against classes or categories of patients in the delivery of needed healthcare. Such classes and categories include gender, color, creed, race, religion, age, ethnic or national origin, political beliefs, nature of illness, disability, socioeconomic status, physical stature, body size, gender identity, marital status, or sexual orientation.

See also section on Nondiscrimination in the Workplace and Classroom.

Initiation and Discontinuation of Care

In the absence of a preexisting patient–PA relationship, the PA is under no ethical obligation to care for a person unless no other provider is available. A PA is morally bound to provide care in emergency situations and, when necessary, to arrange proper follow-up. PAs should keep in mind that contracts with health insurance plans might define a legal obligation to provide care to certain patients.

Care can be discontinued for many reasons, some positive (such as retirement or a new position) and some negative (such as threatening behavior by the patient or demonstrating non-compliance with recommended medical care).

A professional relationship with an established patient may be discontinued as long as proper procedures are followed. The patient should be provided with adequate notice, offer to transfer records, and arrange for continuity of care if the patient has an ongoing medical condition. In the event that discontinuation is the result of a problematic relationship, discontinuation should be undertaken only after a serious attempt has been made to clarify and understand the expectations and concerns of all involved parties.

If the patient decides to terminate the relationship, they are entitled to access appropriate information contained within their medical record.

Many regulatory boards have rules or position statements addressing termination of care. PAs should understand any regulatory requirements before taking action.

Informed Consent

PAs have a duty to protect and foster an individual patient's free and informed choices. The doctrine of *informed* consent means that a PA provides adequate information that is comprehensible to a patient or patient surrogate who has medical decision-making capacity. At a minimum, this should include the nature of the medical condition, the objectives of the proposed treatment, treatment options, possible outcomes, and the risks involved. PAs are expected to be committed to the concept of shared decision making, which involves assisting patients in making decisions that account for medical, situational and personal factors.

See also, AAPA policy paper, Use of Medical Interpreters for Patients with Limited English Proficiency.

In caring for adolescents, the PA must understand all of the laws and regulations in the PA's jurisdiction that are related to the ability of minors to consent to or refuse healthcare. Adolescents should be encouraged to involve their families in healthcare decision making. The PA is expected to understand consent laws pertaining to emancipated or mature minors.

See also, the section on Confidentiality and AAPA's policy paper, Attempts to Change a Minor's Sexual Orientation, Gender Identity, or Gender Expression.

When the person giving consent is a patient's surrogate, a family member, or other legally authorized representative, the PA should take reasonable care to assure that the decisions made are consistent with the patient's best interests and personal preferences, if known. If the PA believes the surrogate's choices do not reflect the patient's wishes or best interests, the PA should work to resolve the conflict. This may require the use of additional resources, such as an ethics committee.

Confidentiality

PAs should maintain confidentiality. By maintaining confidentiality, PAs respect patient privacy and help to prevent discrimination based on medical conditions. If patients are confident that their privacy is protected, they are more likely to seek medical care and more likely to discuss their problems candidly.

In cases of adolescent patients, family support is important but should be balanced with the patient's need for confidentiality and the PA's obligation to respect their emerging autonomy. Adolescents may not be of age to make independent decisions about their health, but providers should respect that they soon will be. To the extent they can, PAs should allow these emerging adults to participate as fully as possible in decisions about their care. It is important that PAs be familiar with and understand institutional policies and local, state and federal laws and regulations in their jurisdictions that relate to the confidentiality rights of adolescent patients.

See also, the section on Informed Consent.

Any communication about a patient conducted in a manner that violates confidentiality is unethical. Because written, electronic, and verbal information may be intercepted or overheard, the PA should always be aware of anyone who might be monitoring communication about a patient.

PAs should use and advocate for methods of storage and transmission of patient information that minimize the likelihood of data becoming available to unauthorized persons or organizations. Computerized record keeping and electronic data transmission present unique challenges that can make the maintenance of patient confidentiality difficult. PAs should advocate for policies and procedures that secure the confidentiality of patient information.

The Patient and the Medical Record

PAs have an obligation to keep information in the patient's medical record confidential. Information should be released only with the written permission of the patient or the patient's legally authorized representative. Specific exceptions to this general rule may exist (e.g., workers compensation, communicable disease, HIV, knife/gunshot wounds, abuse, substance abuse). It is important that a PA be familiar with and understand the institutional policies and local, state and federal laws and regulations that relate to the release of information. For example, stringent legal restrictions on release of genetic test results and mental health records often exist.

Both ethically and legally, a patient has certain rights to know the information contained in the patient's medical record. While the chart is legally the property of the practice or the institution, the information in the chart is the property of the patient. Most states have laws that provide patients access to their medical records. The PA should know the laws and facilitate patient access to the information.

Disclosure of Medical Errors

A patient deserves complete and honest explanations of medical errors and adverse outcomes. The PA should disclose the error to the patient if such information is significant to the patient's interests and well-being. Errors do not always constitute improper, negligent, or unethical behavior, but failure to disclose them may.

See AAPA policy paper, Acknowledging and Apologizing for Adverse Outcomes.

Care of Family Members and Co-workers

Treating oneself, co-workers, close friends, family members, or students whom the PA supervises or teaches is contextual (2)(3) and casuistic (extracting reason from case study). For example, it might be ethically acceptable to treat one's own child for a case of otitis media, but it probably is not acceptable to treat one's spouse for depression. PAs should be aware that their judgment might be less than objective in cases involving friends, family members, students, and colleagues and that providing "curbside" care might sway the individual from establishing an ongoing relationship with a provider. If it becomes necessary to treat a family member or close associate, a formal patient-provider relationship should be established, and the PA should consider transferring the patient's care to another provider as soon as it is practical. If a close associate requests care, the PA may wish to assist by helping them find an appropriate provider.

There may be exceptions to this guideline, for example, when a PA runs an employee health center or works in occupational medicine. Even in those situations, the PA should be sure they do not provide informal treatment, but provide appropriate medical care in a formally established patient-provider relationship.

Genetic Testing

Evaluating the risk of disease and performing diagnostic genetic tests raise significant ethical concerns. PAs should be informed about the benefits and risks of genetic tests. Testing should be undertaken only after proper informed consent is obtained. If PAs order or conduct the tests or have access to the results as a consequence of patient care, they should assure that appropriate pre- and post-test counseling is provided.

PAs should be sure that patients understand the potential consequences of undergoing genetic tests – from impact on patients themselves, possible implications for other family members, and potential use of the information by insurance companies or others who might have access to the information.

Because of the potential for discrimination by insurers, employers, or others, PAs should be particularly aware of the need for confidentiality concerning genetic test results.

Reproductive Decision Making

Patients have a right to access the full range of reproductive healthcare services, including fertility treatments, contraception, sterilization, and abortion. PAs have an ethical obligation to provide balanced and unbiased clinical information about reproductive healthcare.

When the PA's personal values conflict with providing full disclosure or providing certain services such as sterilization or abortion, the PA need not become involved in that aspect of the patient's care. By referring the patient to a qualified provider who is willing to discuss and facilitate all treatment options, the PA fulfills their ethical obligation to ensure the patient's access to all legal options.

End of Life

Among the ethical principles that are fundamental to providing compassionate care at the end of life, the most essential is recognizing that dying is a personal experience and part of the life cycle.

PAs should provide patients with the opportunity to plan for end of life care. Advance directives, living wills, durable power of attorney, and organ donation should be discussed during routine patient visits.

PAs should assure terminally-ill patients that their dignity is a priority and that relief of physical and mental suffering is paramount. PAs should exhibit non-judgmental attitudes and should assure their terminally-ill patients that they will not be abandoned. To the extent possible, patient or surrogate preferences should be honored, using the most appropriate measures consistent with their choices, including alternative and non-traditional treatments. PAs should explain palliative and hospice care and facilitate patient access to those services. End of life care should include assessment and management of psychological, social, and spiritual or religious needs.

While respecting patients' and their family's wishes for particular treatments when possible, PAs also must weigh their ethical responsibility to withhold futile treatments and to help patients understand such medical decisions. The same is true for evaluating a request to provide assistance in dying.

A PA should not make these decisions in a vacuum. Prior to taking action, the PA should review institutional policy and legal standards. A PA should also consider seeking guidance from the hospital ethics committee, an ethicist, trusted colleagues, a supervisor, or other AAPA policies.

See also, AAPA policy paper, End-of-Life Decision Making.

The PA and Individual Professionalism

Conflict of Interest

PAs should place service to patients before personal material gain and should avoid undue influence on their clinical judgment. Trust can be undermined by even the appearance of improper

influence. Examples of excessive or undue influence on clinical judgment can take several forms. These may include financial incentives, pharmaceutical or other industry gifts, and business arrangements involving referrals. PAs should disclose any actual or potential conflict of interest to their patients.

Acceptance of gifts, trips, hospitality, or other items is discouraged. Before accepting a gift or financial arrangement, PAs should consider the guidelines of the American College of Physicians, “What would the public or my patients think of this arrangement?” (4)

Professional Identity

PAs should not misrepresent directly or indirectly, their skills, training, professional credentials, or identity. PAs should uphold the dignity of the PA profession and accept its ethical values.

Competency

PAs should commit themselves to providing competent medical care and extend to each patient the full measure of their professional ability as dedicated, empathetic healthcare providers. Providing competent care includes seeking consultation with other providers and referring patients when a patient’s condition exceeds the PA’s education and experience, or when it is in the best interest of the patient. PAs should also strive to maintain and increase the quality of their healthcare knowledge, cultural sensitivity, and cultural competence through individual study, self-assessment and continuing education.

Sexual Relationships

It is unethical for PAs to become sexually involved with patients. It also may be unethical for PAs to become sexually involved with former patients or key third parties. The legal definition may vary by jurisdiction, but key third parties are generally individuals who have influence over the patient such as spouses or partners, parents, guardians, or surrogates. PAs should be aware of and understand institutional policies and local, state and federal laws and regulations regarding sexual relationships.

Sexual relationships generally are unethical because of the PA’s position of authority and the inherent imbalance of knowledge, expertise, and status. Issues such as dependence, trust, transference, and inequalities of power may lead to increased vulnerability on the part of the current or former patients or key third parties.

However, there are some contexts where a strict moratorium, particularly when extended to third parties, may not be feasible (3). In these cases, the PA should seek additional resources or guidance from a supervisor, a hospital ethics committee, an ethicist or trusted colleagues. PAs should seek legal counsel when they are concerned about the potential legal consequences of their decisions.

Nondiscrimination in the Workplace and Classroom

It is unethical for PAs to engage in or condone any form of discrimination. Discrimination is defined as any behavior, action, or policy that adversely affects an individual or group of individuals due to disparate treatment, disparate impact, or the creation of a hostile, inequitable or intimidating work or

learning environment. This includes, but is not limited to, discrimination based on sex, color, creed, race, religion, age, ethnic or national origin, political beliefs, nature of illness, disability, socioeconomic status, physical stature, body size, gender identity, marital status, or sexual orientation.

See also, the sections on Nondiscrimination of Patients and Families, and Sexual Harassment

Sexual Harassment

It is unethical for PAs to engage in or condone any form of sexual harassment. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when:

- Such conduct has the purpose or effect of interfering with an individual's work or academic performance or creating an intimidating, hostile or offensive work or academic environment, or
- Accepting or rejecting such conduct affects or may be perceived to affect professional decisions concerning an individual, or
- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's training or professional position.

See also, the section on Nondiscrimination in the Workplace and Classroom.

The PA and Other Professionals

Team Practice

PAs should be committed to working collegially with other members of the healthcare team to assure integrated, well-managed, and effective care of patients. PAs should strive to maintain a spirit of cooperation with other healthcare professionals, their organizations, and the general public. The PA should consult with all appropriate team members whenever it will safeguard or advance the welfare of the patient. This includes seeking assistance in situations of conflict with a patient or another healthcare professional.

Resolution of Conflict Between Providers

While a PA's first responsibility is the best interest of the patient, it is inevitable that providers will sometimes disagree when working as members of a healthcare team. When conflicts arise between providers in regard to patient care, it is important that patient autonomy and the patient's trusted relationship with each member of the healthcare team are preserved. If providers disagree on the course of action, it is their responsibility to discuss the options openly and honestly with each other, and collaboratively with the patient.

It is unethical for a PA to circumvent the other members of the healthcare team or attempt to disparage or discredit other members of the team with the patient. In the event a PA has legitimate

concerns about a provider's competency or intent, those concerns should be reported to the proper authorities.

PAs should be aware of and take advantage of available employer resources to mitigate and resolve conflicts between providers.

Illegal and Unethical Conduct

PAs should not participate in or conceal any activity that will bring discredit or dishonor to the PA profession. They should report illegal or unethical conduct by healthcare professionals to the appropriate authorities.

Impairment

PAs have an ethical responsibility to protect patients and the public by recognizing their own impairment and identifying and assisting impaired colleagues. "Impaired" means being unable to practice medicine with reasonable skill and safety because of physical or mental illness, loss of motor skills, or excessive use or abuse of drugs and alcohol.

PAs should be able to recognize impairment in any member of the healthcare team and should seek assistance from appropriate resources to encourage these individuals to obtain treatment.

See also, AAPA policy paper, PA Impairment.

Complementary, Alternative and Integrative Health

When a patient asks about complementary, alternative and/or integrative health approaches, the PA has an ethical obligation to gain a basic understanding of the therapy(ies) being considered or used and how the treatment will affect the patient. PAs should do appropriate research, including seeking advice from colleagues who have experience with the treatment or experts in the therapeutic field. If the PA believes the complementary, alternative or integrative health is not in the best interest of the patient, the PA should work diligently to dissuade the patient from using it, advise other treatment, and perhaps consider transferring the patient to another provider.

The PA and the Healthcare System

Workplace Actions

PAs may face difficult personal decisions to withhold medical services when workplace actions (e.g., strikes, sick-outs, slowdowns, etc.) occur. The potential harm to patients should be carefully weighed against the potential improvements to working conditions and, ultimately, patient care that could result. In general, PAs should individually and collectively work to find alternatives to such actions in addressing workplace concerns.

PAs as Educators

All PAs have a responsibility to share knowledge and information with patients, other health professionals, students, and the public. The ethical duty to teach includes effective communication with patients so that they will have the information necessary to participate in their healthcare and wellness.

See also, AAPA policy paper, PA Student Supervised Clinical Practice Experiences - Recommendations to Address Barriers.

PAs and Research

The most important ethical principle in research is honesty. This includes assuring subjects' informed consent, following treatment protocols, and accurately reporting findings. Fraud and dishonesty in research must be reported to maintain the integrity of the available data in research.

PAs are encouraged to work within the oversight of institutional review boards and institutional animal care and use committees as a means to ensure that ethical standards are maintained.

PAs involved in research must be aware of potential conflicts of interest. Any conflict of interest must be disclosed. The patient's welfare takes precedence over the proposed research project.

PAs are encouraged to undergo research ethics education that includes periodic refresher courses to be maintained throughout the course of their research activity. PAs must be educated on the protection of vulnerable research populations.

Sources of funding for the research must be included in the published reports.

The security of personal health data must be maintained to protect patient privacy.

Plagiarism is unethical. Incorporating the words of others, either verbatim or by paraphrasing, without appropriate attribution is unethical and may have legal consequences. When submitting a document for publication, any previous publication of any portion of the document must be fully disclosed.

PAs as Expert Witnesses

The PA expert witness should testify to what they believe to be the truth. The PA's review of medical facts should be thorough, fair, and impartial.

The PA expert witness should be fairly compensated for time spent preparing, appearing, and testifying. The PA should not accept a contingency fee based on the outcome of a case in which testimony is given or derive personal, financial, or professional favor in addition to compensation.

See also, AAPA policy paper, Guidelines for the PA Serving as an Expert Witness.

The PA and Society

Lawfulness

PAs have the dual duty to respect the law and to work for positive change to laws that will enhance the health and well-being of the community.

Executions

PAs, as healthcare professionals, should not participate in executions because to do so would violate the ethical principle of beneficence.

See also, AAPA policy HX-4100.1.9.

Access to Care / Resource Allocation

PAs have a responsibility to use healthcare resources in an appropriate and efficient manner so that all patients have access to needed healthcare. Resource allocation should be based on societal needs and policies, not the circumstances of an individual patient–PA encounter. (1) PAs participating in policy decisions about resource allocation should consider medical need, cost-effectiveness, efficacy, and equitable distribution of benefits and burdens in society.

Community Well Being

PAs should work for the health, well-being, and the best interest of both the patient and the community. Sometimes there is a dynamic moral tension between the well-being of the community in general and the individual patient. Conflict between an individual patient's best interest and the common good is not always easily resolved. When confronted with this situation, a PA may seek guidance from a supervisor, a hospital ethics committee, an ethicist, trusted colleagues, or other AAPA policies.

In general, PAs should be committed to upholding and enhancing community values, be aware of the needs of the community, and use the knowledge and experience acquired as professionals to contribute to an improved community.

Conclusion

AAPA recognizes its responsibility to aid the PA profession as it strives to provide high quality, accessible healthcare. PAs wrote these guidelines for themselves and other PAs. The ultimate goal is to honor patients and earn their trust while providing the best and most appropriate care possible. At the same time, PAs must understand their personal values and beliefs and recognize the ways in which those values and beliefs can impact the care they provide.

References

1. Bauchamps T, Childress J. *Principles of Biomedical Ethics*, Edition 6, Oxford University Press, 2008
2. Jonsen A, Siegler M. *Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine*, 8th Edition, McGraw-Hill Professional Publishing, 2015
3. Nelson, W *Handbook for Rural Health Care Ethics: A Practical Guide for Professionals*, 1st Edition; Dartmouth College Press, 2009.
<https://geiselmed.dartmouth.edu/cfm/resources/ethics/full-book.pdf>

4. American College of Physician's Ethical Manual, Sixth Edition.
<https://www.acponline.org/clinical-information/ethics-and-professionalism/acp-ethics-manual-sixth-edition/acp-ethics-manual-sixth-edition>
5. American Medical Association's Code of Medical Ethics. <https://www.ama-assn.org/delivering-care/ama-code-medical-ethics>
6. AAPA Policy Papers:
 - Guidelines for the PA Serving as an Expert Witness
(Adopted 1977, reaffirmed 2004, 2009, amended 1987, 1991, 2001, 2014, 2018) *Cited at HP-3700.1.5*
 - PA Impairment
(Adopted 1990, reaffirmed 2004, 2014 amended 1992, 2009, 2019) *Cited at HP-3700.1.3*
 - End-of-Life Decision Making
(Adopted 1997, reaffirmed 2004, 2014, amended 2009, 2018) *Cited at HP-3700.1.4*
 - Use of Medical Interpreters for Patients with Limited English Proficiency
(Adopted 2003, reaffirmed 2008, 2013, amended 2018) *Cited at HP-3300.2.10*
 - Acknowledging and Apologizing for Adverse Outcomes
(Adopted 2007, reaffirmed 2012, amended 2013, 2018) *Cited at HP-3800.2.2*
 - Health Disparities: Promoting the Equitable Treatment of All Patients
(Adopted 2011, amended 2016) *Cited at HX-4600.1.6.1*
 - PA Student Supervised Clinical Practice Experiences - Recommendations to Address Barriers
(Adopted 2017, amended 2018, 2021) *Cited at HP-3200.1.6*
 - Attempts to Change a Minor's Sexual Orientation, Gender Identity, or Gender Expression
(Adopted 2017) *Cited at HX-4200.6.2*

FORM 1

Personal service on Melissa Magstadt, Secretary of Health of:

1. Board of Medical and Osteopathic Examiner's proposed rules
§§ Chapter 20:47:06 and Article 20:52; and
2. All materials incorporated by reference

is admitted at Pierre, South Dakota, this 12 day of August, 2025.

Received by:


Melissa Magstadt, Secretary of Health]

FORM 2

AUTHORIZATION TO PROCEED

In accordance with SDCL 1-26-4(2), I, Melissa Magstadt, Secretary of Health, authorize the Board of Medical and Osteopathic Examiners to proceed with the promulgation of proposed rules §§ Chapter 20:47:06 and Article 20:52.

Dated this 12 day of August, 2025.



Melissa Magstadt, Secretary of Health

FORM 3

Personal service on the Legislative Research Council of:

1. Board of Medical and Osteopathic Examiner's proposed rules §§ Chapter 20:47:06 and Article 20:52;
2. Admission of personal service by the officer authorizing the rulemaking;
3. Authorization to Proceed;
4. Notice of Public Hearing;
5. Fiscal note;
6. Small Business Impact Statement;
7. All materials incorporated by reference; and
8. Where applicable, the housing cost impact statement

is admitted at Pierre, South Dakota, this 18th day of August, 2025.

Received by:

Kelly Thanga
Legislative Research Council

Agency contact person:

Whitney Burrows

Name

605-367-7781

Phone Number

whitney.burrows@state.sd.us

E-Mail Address

FORM 4

Personal service on the Bureau of Finance and Management of:

1. Board of Medical and Osteopathic Examiner's proposed rules §§ Chapter 20:47:06 and Article 20:52;
2. Notice of Public Hearing;
3. Fiscal note;
4. Small Business Impact Statement; and
5. Where applicable, the housing cost impact statement

is hereby admitted at Pierre, South Dakota, this 19th day of August, 2025.

Received by: Megan Ness
Bureau of Finance and Management

FORM 5, BFM 50.10

ADMINISTRATIVE PROCEDURES ACT FISCAL NOTE Prepared by Submitting Agency

	CODE	NAME	PROPOSED RULES (by §, unless entire ch., art.)
DEPT.	09	Health	Chapter 20:47:06 and Article 20:52 Examiners
DIVISION	20	Boards	
PROGRAM	500	Board of Medical and Osteopathic	

IMPACT ON GOVERNMENT SUMMARY: (Changes to any existing process, schedule, or activity of any state or local gov't entity resulting from the proposed rule change.)

Proposed rule changes to 20:47:06 have no impact on government. Proposed updates to Article 20:52 will change the process of approving or exempting licensed physician assistants due to the new supervision requirements implemented by HB 1071. There is no fiscal impact, only an internal process change.

FISCAL IMPACT STATEMENT: (Estimate the overall fiscal impact--in terms of increases or decreases--because of, or to carry out, the proposed changes. Take into consideration staffing and resource changes (i.e. dollars, employees, equipment, supplies). Include a brief explanation if there is a minimal, incalculable, or no fiscal impact.)

Pursuant to 1-26-4.2, these rules have minimal impact to all entities. No additional staff or resources needed. Revenue anticipated to see a modest increase due to the new nonresident physician training fee found in 20:47:06.

FISCAL IMPACT BASIS: (Provide the assumptions, any computations, and any statistics that went into this Fiscal Note; and describe the accuracy of the estimated impacts on this form.)

Exact revenue increase is uncertain due to this being a new fee in 20:47:06. Article 20:52 has no fiscal impact.

COST INCREASES (DECREASES)

State Agencies:	First-Year Impact	Continuous-Yearly Impact
TOTAL	\$0	\$0
Local Gov't Agencies:		
TOTAL	\$0	\$0

REVENUE INCREASES (DECREASES)

Revenue Increases (Decreases) State & Local Gov't Agencies:		
TOTAL	Minimal	Minimal

APPROVED



Signature of Constitutional Officer, Commissioner, Department Secretary,
or Board or Commission Chairman of Agency Administering the Rules

DATE: August 5, 2025

ADD ADDITIONAL PAGES IF NEEDED. A copy of this form may be obtained from the Bureau of Finance and Management. If proposed rules have a negative fiscal impact on a local government, the Bureau of Finance and Management must send a copy of its fiscal note to the organizations listed in SDCL 1-26-4.2.

FORM 6

Board of Medical and Osteopathic Examiners Notice of Public Hearing to Adopt Rules

A public hearing will be held in 101 N. Main Ave., in the First Dakota National Bank building room 306, Sioux Falls, SD on September 11, 2025 at 9:00 a.m. Central, to consider the amendment of proposed Administrative Rules of South Dakota numbered

§§ 20:47:06 and 20:52.

The effect of proposed rules 20:47:06 will be a new fee for the registration of non-resident physicians who wish to train in South Dakota for less than ninety days. Proposed changes to 20:52 update the supervision requirements for Physician Assistants to match statute.

The reason for adopting the proposed rules is due to legislative changes.

Persons interested in presenting amendments, data, opinions, and arguments for or against the proposed rules may appear in-person at the hearing, or mail or e-mail them to South Dakota Board of Medical and Osteopathic Examiners, 101 N. Main Ave. Suite 301, Sioux Falls, SD 57104 and E-mail Address SDBMOE@state.sd.us. The deadline to submit any such written comments for consideration must reach the Board by September 5, 2025 .

After the written comment period, the South Dakota Board of Medical and Osteopathic Examiners will consider all written and oral comments it receives on the proposed rules. The South Dakota Board of Medical and Osteopathic Examiners may modify or amend a proposed rule at that time to include or exclude matters that are described in this notice.

For Persons with Disabilities: This hearing will be located at a physically accessible place. Please contact the South Dakota Board of Medical and Osteopathic Examiners at least 48 hours before the public hearing if you have special needs for which special arrangements can be made by calling 605-367-7781.

Copies of the proposed rules may be obtained without charge from:

Board of Medical and Osteopathic Examiners and/or rules.sd.gov
and/or www.sdbmoe.gov
101 N. Main Ave. Suite 301
Sioux Falls, SD 57104
SDBMOE@state.sd.us
(605)367-7781

Published at the approximate cost of \$_____.

FORM 9

AFFIDAVIT OF MAILING NOTICE

I, Whitney Burrows, under oath, do swear, that on August 26, 2025, I mailed a copy of the notice attached to this affidavit to the list of persons attached to this affidavit.

I further swear that the attached list is a true and correct list of all persons who have requested advance notice of rulemaking proceedings by the Board of Medical and Osteopathic Examiners.


[Agency/Contact Name]

Subscribed and sworn to before me this 26 day of August, 2025.


Notary Public - South Dakota

[Seal]



My Commission expires Sept. 15th, 2029.

20:47:06

- Kim Patrick
- Linda Young
- Barb Smith
- Tim Engel
- Amanda Bacon
- Ann Roemen
- Tim Rave
- Lucio Margallo III
- Kim Malsam Rysdon
- Cate Davis

20:52

- Kim Patrick
- Linda Young
- Barb Smith
- Tim Engel
- Amanda Bacon
- Ann Roemen
- Tim Rave
- Lucio Margallo III
- Kim Malsam Rysdon
- Cate Davis
- Nancy Trimble
- Justine Peterson
- Katherine Haverly

FORM 14

SMALL BUSINESS IMPACT STATEMENT

1. Our agency has determined that the rule(s) we are proposing have the following impact on small businesses (i.e., a business with 25 or fewer full-time employees):
 - ☐ Direct impact (Complete remainder of form, starting on question 2.)
 - ☐ Indirect impact (Explain impact specific to small businesses and how impact is indirect in the space below, then skip to the date and signature at the end of the form.)
 - ☒ No impact (Explain how there is no impact specific to small businesses in the space below, then skip to the date and signature at the end of the form.)

Explain:

The proposed rule updates come as a result of legislative changes. Proposed changes to 20:52 update the supervision requirements for Physician Assistants to match statute. Proposed changes to 20:47:06 enact a new fee for the training of nonresident physicians in South Dakota.

2. A general narrative and overview of the effect of the rule(s) on small business written in plain, easy to read language (do not repeat the general effect of the proposed rule(s), instead specify the proposal's effects on small business in particular):

3. What is the basis for the enactment of the rules(s)?
 - ☐ Required to meet changes in federal law
 - ☐ Required to meet changes in state law
 - ☐ Required solely due to changes in date (i.e., must be changed annually)
 - ☐ Other:

4. Provide a brief discussion of the necessity of the rule(s):

5. Describe the small businesses or types of small businesses that would be subject to the rule(s)?

6. Estimate of the number of small businesses that would be subject to the rule(s):
 - ☐ 1-99 ☐ 100-499 ☐ 500-999 ☐ 1,000-4,999 ☐ More than 5,000
 - ☐ Unknown - please explain:

7. Are small businesses required to file or maintain any reports or records under the rule(s)?

☐ Yes ☐ No

a. If "yes," how many annual reports must a small business submit to the state?

b. If "yes," how much ongoing recordkeeping within the business is necessary?

c. If "yes," what type of professional skills would be necessary to prepare the reports or records?

- ☐ The average owner of a small business should be able to complete the reports or records with no assistance.
- ☐ It is likely that a bookkeeper for a small business should be able to complete the reports or records.
- ☐ It is likely that a small business person would need the assistance of a CPA to complete the reports or records.
- ☐ It is likely that a small business person would need the assistance of an attorney to complete the reports or records.
- ☐ Other
- ☐ Unknown - please explain:

8. Are there any less intrusive or less costly methods to achieve the purpose of the rule(s) (i.e., fewer reports, less recordkeeping, lower penalties)?

- ☐ No - please explain:
- ☐ Yes - please explain:

July 18, 2025



[Authorized Signatory]

Board of Medical and Osteopathic Examiners

This Small Business Impact Statement must be signed by the head of the agency or the presiding officer of the board or commission empowered to adopt rules.

A general explanation must be provided for each proposed rule or rule amendment. For multiple proposed rules with a single purpose and impact, only one explanation is required.

Agencies must use readily available information and existing resources to prepare this Small Business Impact Statement.

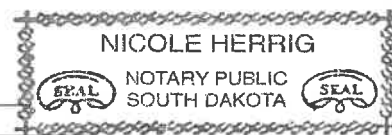


AFFIDAVIT OF PUBLICATION

I hereby certify that the public notice detailed below was published on the run date(s) indicated in the publication identified below, a legal newspaper as defined by SDCL 17-2-2.1, in the city of Spearfish, county of Lawrence, South Dakota.

Signed: 
Print Name: Sandy DeBeer, Advertising Placement Coordinator

Notary Public: 
My commission expires: May 4, 2027



Advertiser Name: SD Board of Medical & Osteopathic
Examiners

Order #: 25084SS3

Black Hills Pioneer (Spearfish, SD)

Run Date	Ad Size	Caption / Position / Special Instructions	Section and Page information
Fri 08/22/25	0.00 X 0.00	Caption: Public Hearing to Adopt Rules: 20:47:06 and 20:52	

South Dakota NewsMedia Association

South Dakota Newspaper Services, Inc.

1125 32nd Avenue

Brookings, South Dakota 57006

Phone: 800-658-3697

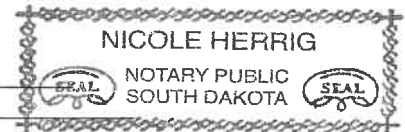
**AFFIDAVIT
OF PUBLICATION**

SDNA

I hereby certify that the public notice detailed below was published on the run date(s) indicated in the publication identified below, a legal newspaper as defined by SDCL 17-2-2.1, in the city of Aberdeen, county of Brown, South Dakota.

Signed: [Signature]
Print Name: Sandy DeBeer, Advertising Placement Coordinator

Notary Public: [Signature]
My commission expires: May 4, 2027



**Advertiser Name: SD Board of Medical & Osteopathic
Examiners**

Order #: 25084SS3

Aberdeen News (Aberdeen, SD)

Run Date	Ad Size	Caption / Position / Special Instructions	Section and Page information
Fri 08/22/25	0.00 X 0.00	Caption: Public Hearing to Adopt Rules: 20:47:06 and 20:52	

South Dakota NewsMedia Association

South Dakota Newspaper Services, Inc.
1125 32nd Avenue
Brookings, South Dakota 57006
Phone: 800-658-3697

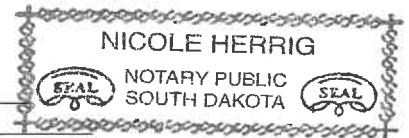


**AFFIDAVIT
OF PUBLICATION**

I hereby certify that the public notice detailed below was published on the run date(s)
indicated in the publication identified below, a legal newspaper as defined by SDCL 17-2-2.1,
in the city of Sioux Falls, county of Minnehaha, South Dakota.

Signed: 
Print Name: Sandy DeBeer, Advertising Placement Coordinator

Notary Public: 
My commission expires: May 4, 2027



**Advertiser Name: SD Board of Medical & Osteopathic
Examiners**

Order #: 25084SS3

The Dakota Scout (Sioux Falls, SD)

Run Date	Ad Size	Caption / Position / Special Instructions	Section and Page information
Fri 08/22/25	0.00 X 0.00	Caption: Public Hearing to Adopt Rules: 20:47:06 and 20:52	

South Dakota NewsMedia Association

South Dakota Newspaper Services, Inc.
1125 32nd Avenue
Brookings, South Dakota 57006
Phone: 800-658-3697



August 29, 2025

Ms. Whitney Burrows
Board of Medical and Osteopathic Examiners
101 N Main Ave, Suite 301
Sioux Falls, SD 57104

Dear Ms. Burrows:

The Legislative Research Council (LRC) received proposed rules from the Board of Medical and Osteopathic Examiners on August 18, 2025. In accordance with SDCL 1-26-6.5, the LRC reviewed the proposed rules for form, style, clarity, and legality, and now returns them with recommendations.

Please find enclosed:

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

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

- **Section 20:47:06:01's** amendments propose to set the fee for the nonresident physician training registration at fifty dollars. However, SDCL 36-4-39.1 already establishes this fifty-dollar fee. Unlike the other fees in this rule section, SDCL 36-4-39.1 does not set a maximum amount and delegate authority to the Board to establish the fee by rule. Aside from redundancy, this rule should not be promulgated as the board has no authority to set a fee in rule that is already fixed by statute. If the Board wishes to proceed with the substantive revision proposed for ARSD 20:47:06:01, the fee change will require the submission of a completed Form 17 - Agency Financial Resource document.
- **Section 20:52:02:01** updates material incorporated by reference. Please note that SDCL 1-26-6.6 requires that an agency must provide a copy of the incorporated material to the Code Counsel. Please submit this copy with the required statement affixed to the first page. For material that is only available electronically, the equivalent statement convention is to download the PDF of the material, use a PDF editor to add a cover page to the PDF file, and place the statement information on that cover page. An example of the statement is provided below:

Rule promulgated by: State Board of Medical and Osteopathic Examiners

ARSD rule section(s) incorporating this material: § 20:63:01:04

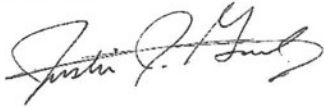
Date served on LRC: 05-05-2025 **Date filed with Secretary of State:** _____

That statement must then be revised to include the date filed with the Secretary of State should the rulemaking process be declared complete and should the rulemaking body ultimately finalize the rulemaking via filing per SDCL 1-26-6. The statutory intent behind this statement appears to be to ensure there is an authoritative copy of the document in the Board's records with a statement affixed to its cover describing the specific rulemaking process where it was incorporated and the rule section for which it was used.

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Justin J. Goetz", written in a cursive style.

Justin J. Goetz
Code Counsel
Enclosures

CC: Melissa Magstadt, Secretary, Department of Health

Legislative Research Council
Proposed Rules Research Review Checklist

Date Proposed Rules Received by LRC: _____

Date Public Hearing Scheduled: _____

Proposed Rules Reviewed by: _____

Fiscal Note Reviewed by: _____

"No agency rule may be enforced by the courts of this state until it has been adopted in conformance with the procedures set forth in this chapter." (SDCL 1-26-6.8)

Staff:

Please review the proposed rules and supporting documents and submit them with this completed checklist to the Code Counsel within ten business days from the date the proposed rules are received by the LRC.

KEY			
ENTRY: MEANING:	"[Initials]" Reviewed by	"N/A" Not applicable	"[Initials]*" Edit Recommended or Issue
1. Verify the rules packet includes (SDCL 1-26-4(2)):			
a. The proposed rules:			_____
i. Any incorporated material:			_____
b. Notice of hearing (Form 6):			_____
2. Verify all documents have correct citations to the proposed rules provided in the packet.			_____
3. Verify the appropriate departmental secretary, bureau commissioner, public utilities commissioner, or constitutional officer approved the rules process to proceed. (SDCL 1-26-4(1))			_____
4. If the Department of Social Services is promulgating rules that are mandated by federal statute or regulation, use the DSS Federal Regulations Checklist.			
5. Review proposed rules for:			
a. Form, style, and clarity in accordance with the Administrative Rules Drafting Manual (including all existing language, not just amended language).			_____
i. Verify the most recent rule is used. (Manual , pg. 5)			_____
ii. Verify all cross-references in text are current. (Manual , pg. 6)			_____
iii. Verify all affected sections are included. For repealed sections, verify all affected sections are amended. (Manual , pg. 6)			_____
iv. Verify any renumbering of rules is consistent with Administrative Rules Drafting Manual. (Manual , pg. 7)			_____

b. Legality, including:

- i. Verify the General Authority statute provides rule-making authority (i.e., “. . . shall/may promulgate rules to . . .”). ([Manual](#), pg. 8) _____
- ii. Verify the Law Implemented statute identifies the policy intended to be implemented. ([Manual](#), pg. 8) _____
- iii. If the proposed rule incorporates material by reference, verify the rule describes the exact section or portion of the material. ([SDCL 1-26-6.6](#); [Manual](#), pg. 11) _____

For incorporated material that is not CFR, USC, Fed. Reg., Stat.:
 - 1. Verify the proposed rule includes a reference note identifying the publication by title, date of publication, author, version/edition and where and at what cost the publication may be obtained. _____
 - 2. Verify there is a statement attached to the material that includes the agency's name, the section number of the rule that incorporates the material, and the date the proposed rule was served on the LRC. _____
- iv. Verify the proposed rule does not incorporate or reiterate any statutory language other than definitions, and that the agency is not publishing or distributing statutory material. ([SDCL 1-26-6.1](#)) _____
- v. Verify the proposed rule does not restrict any right or privilege to carry or possess a concealed pistol under SDCL chapter 23-7. ([SDCL 1-26-6.10](#)) _____
- vi. Verify the agency does not delegate authority to a private association. (S.D. Const. art. III, §§ [23](#)(9), [26](#)) _____
- vii. Verify the rule does not allow the agency to circumvent the SDCL ch. 1-26 rulemaking process (e.g., authorizing it to make its own rules). (See SDCL [1-26-4](#), [1-26-6.5](#), [1-26-6.6](#), [1-26-38](#)(2)) _____
- viii. Verify the rule does not contain the agency's internal processes or policy (e.g., personnel policies) or other matter that is not defined as a rule per [SDCL 1-26-1](#)(8). _____
- ix. Verify the rule does not incorporate a future rule or regulation, or incorporate future amendments to an existing rule or regulation, of another state or the federal government. ([State v. Johnson](#), 84 S.D. 556, 173 N.W.2d 894 (1970)) _____
- x. Verify only the rules being changed are included in the packet and that chapter indexes are updated as needed. ([Manual](#), pg. 8) _____

6. Review Notice of Public Hearing ([SDCL 1-26-4.1](#)):

- a. Verify the LRC received the proposed rules at least 20 days prior to the scheduled public hearing. _____

- b. Verify the notice contains a narrative description of the effect of the proposed rule. _____
 - c. Verify the notice contains the reason for adopting the proposed rule. _____
 - d. Verify the notice contains the location, date, and time (Central or Mountain) of the hearing. _____
 - e. Verify the notice contains information about how amendments, data, opinions, and arguments may be presented. _____
 - f. Verify the notice contains a deadline for submission of comments. _____
 - i. If the authority promulgating the rule is a secretary, commissioner, or officer, ensure the deadline is ten days after the public hearing. ([SDCL 1-26-4](#)(6)) _____
 - ii. If the authority promulgating the rule is a part-time citizen board, Commission, committee, or task force, ensure the deadline is at least 72 hours before the public hearing (not including hearing day). ([SDCL 1-26-4](#)(6)). _____
 - g. Verify the notice contains information for how the public may obtain copies of the proposed rules. _____
7. For any proposed rule regarding professional or regulatory examination or licensing that is to be published in pamphlet form, review the pamphlet for style, form, and clarity in accordance with the Administrative Rules Drafting Manual. ([SDCL 1-26-11](#)) _____

Reviewed by Code Counsel on _____

Legislative Research Council
Proposed Rules Fiscal Note Review Checklist

Date Proposed Rules Received by LRC: _____

Date Public Hearing Scheduled: _____

Proposed Rules Reviewed by: _____

Fiscal Note Reviewed by: _____

"No agency rule may be enforced by the courts of this state until it has been adopted in conformance with the procedures set forth in this chapter." (SDCL 1-26-6.8)

Staff:

Please review the proposed rules and supporting documents and submit them with this completed checklist to the Code Counsel within ten business days from the date the proposed rules are received by the LRC.

KEY

ENTRY:	"[Initials]"	"N/A"	"[Initials]*"
MEANING:	Reviewed by	Not applicable	Edit Recommended or Issue

1. Verify the rules packet includes ([SDCL 1-26-4\(2\)](#)):

- a. Fiscal note (Form 5): _____
- b. Small business impact statement (Form 14): _____
- c. Housing Cost Impact Statement (Form 16), if applicable: _____

2. Indicate whether the proposed rules:

- a. Increase a fee, in which case, initial. If initialed, the agency must submit a completed Form 17 with the final packet provided to the Interim Rules Review Committee and LRC, pursuant to SDCL 1-26-4(8). ([SDCL 1-26-4.8](#)) _____
- b. Increase a fee of a professional or occupational licensing board or commission for which no maximum fee is established in statute, in which case, initial. If the fee increases by more than 20%, note the issue. ([SDCL 1-26-6.9](#)) _____

3. Review the Fiscal Note ([SDCL 1-26-4.2](#)):

- a. Verify the Fiscal Note states whether the proposed rule will have any effect on the revenues, expenditures, or fiscal liability of the state, agencies, and subdivisions: _____
 - i. If there is an effect, verify the Fiscal Note includes an explanation of how the effect was computed? _____
 - ii. If there is an effect on subdivisions, is that effect described? _____

4. Review Small Business Impact Statement ([SDCL 1-26-2.1](#)):

- a. Verify if the rule change has any small business impact based on readily available info: _____
 - i. If only INDIRECT, verify that a brief description of the impact is included. _____
 - ii. If DIRECT, review 4.b through 4.h:
- b. Verify the Impact Statement includes a narrative explanation in plain, easy-to-read language. _____
- c. Verify the narrative explanation discusses the effect of the proposed rule on small business, including the basis for the rule's enactment and why the rule is needed. _____
- d. Verify the narrative explanation includes an identification and estimated number of small businesses subject to the proposed rule. _____
- e. Verify the Impact Statement includes the projected reporting and record-keeping required for compliance with the proposed rule. _____
- f. Verify the Impact Statement includes the types of professional skills necessary for preparation of required reports or records. _____
- g. Verify the Impact Statement includes a statement of the probable effect on impacted small business. _____
- h. Verify the Impact Statement includes a description of any less intrusive or less costly alternative methods of achieving the proposed rule's purpose. _____

5. Review Housing Cost Impact Statement ([SDCL 1-26-2.3](#)), if applicable:

- a. Verify that the agency has indicated what building sectors will be impacted by the rule change. _____
- b. Verify a description of and explanation of necessity for each standard and requirement is included. _____
- c. Verify the statement includes the average estimated cost of each standard and requirement. _____
- d. Verify that contact and estimate information is included for three licensed contractors or building trades professionals. _____

Reviewed by Code Counsel on _____

CHAPTER 20:47:06**FEES****Section**

20:47:06:01 Fee amounts.
 20:47:06:02 Repealed.
 20:47:06:03 Repealed.
 20:47:06:04 Repealed.
 20:47:06:05 Repealed.
 20:47:06:06 Repealed.

Commented [A1]: Style/form - It is not necessary to include the chapter title and table of contents if not making any changes.

20:47:06:01. Fee amounts. The fees for physicians and surgeons are as follows:

- (1) Application for the initial license, ~~\$400 four hundred dollars;~~
- (2) Biennial renewal of the license, ~~\$400 four hundred dollars;~~
- (3) Reinstatement of a forfeited license, ~~\$400 four hundred dollars;~~
- (4) Issuance of a locum tenens certificate, ~~\$50 fifty dollars;~~
- (5) Temporary permit for supervised practice in state institutions, ~~\$50 fifty dollars;~~
- (6) Renewal of the temporary permit, ~~\$15 fifteen dollars;~~
- (7) Issuance of a resident certificate, ~~\$50 fifty dollars;~~ and
- (8) Nonresident physician training registration, \$50 fifty dollars.

Commented [A2]: Style - ARSD DM, pg. 18.

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Commented [A3]: Legality - SDCL 36-4-39.1 establishes the fee for this registration at \$50. It does not set a maximum fee amount or provide authority to the board to promulgate rules to set the fee. Thus, this rule should not be promulgated since the fee is already set in statute.

Commented [A4R3]: Legality - Retain these edits for any future revision of this section and incorporate them at that time, but agreed, there is no substantive, rule-text reason to amend this section.

Commented [A5]: Legality - There is no express rulemaking authority in SDCL 36-4-24.2 (i.e., "rule promulgated pursuant to chapter 1-26"). It is therefore not General Authority.

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Commented [A6]: Legality - Same with SDCL 36-4-39.1.

Source: 13 SDR 9, effective August 4, 1986; 22 SDR 60, effective November 5, 1995; 34 SDR 93, effective October 17, 2007; SL 2018, ch 227, § 4, effective July 1, 2018.

General Authority: SDCL 36-4-19, 36-4-20, 36-4-20.2, 36-4-24.1, ~~36-4-24.2,~~ 36-4-35, ~~36-~~

~~4-39.1.~~

Law Implemented: SDCL 36-4-19, 36-4-20, 36-4-20.2, 36-4-24.1, 36-4-24.2, 36-4-39.1.

CHAPTER 20:52:01

PHYSICIAN ASSISTANT LICENSE

Section

20:52:01:01	Application for physician assistant license.
20:52:01:02	Repealed.
20:52:01:03	Physician assistant practice collaborative agreement.
20:52:01:03.01	Supervision of a licensed physician assistant. <u>Repealed.</u>
20:52:01:03.02	Repealed.
20:52:01:04	Repealed.
20:52:01:05	Termination of physician assistant practice collaborative agreement.
20:52:01:06	Repealed.
20:52:01:07	Repealed.
20:52:01:08	Repealed.
20:52:01:09	Renewal of physician assistant license.
20:52:01:10	Repealed.
20:52:01:11	Fee amounts.

20:52:01:03. Physician assistant-practice collaborative agreement. A licensed physician assistant who does not have an approved affidavit attesting to successful completion of six thousand practice hours on file with the board must have a practice collaborative agreement with a supervising physician licensed pursuant to SDCL chapter 36-4. The practice collaborative agreement must be submitted on a form approved by the board that describes the scope of practice of the physician assistant, any practice location, the plan for physician supervision, and other such information as may be required by the board.

Upon the expiration of certification by the National Commission on Certification of Physician Assistants, an affidavit exempting the physician assistant from the collaborative agreement shall be rendered is null and void. The physician assistant may not practice without a collaborative agreement approved by the board.

Source: SL 1975, ch 16, § 1; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 34 SDR 93, effective October 17, 2007.

General Authority: SDCL 36-4A-42.

Law Implemented: SDCL 236-4A-1.1, 36-4A-1.2.

Commented [A1]: Clarity - In the rules section below, only "physician assistant" is used. Recommend consistency where possible.

Commented [A2]: Clarity - Technically, the board's name should be spelled out since there is not a general definition reference back to SDCL 36-4A-1 for this chapter or article. Perhaps that could be added? That would also address the consistency issue for "physician assistant" throughout these sections.

Commented [A3]: Legality/clarity - Is this not already covered by statute?

Commented [A4R3]: Clarity - Recommend the first paragraph reads as follows:

"A physician assistant who is not exempt from the requirement to practice under a collaborative agreement pursuant to SDCL 36-4A-1.2, shall use a form approved by the State Board of Medical and Osteopathic Examiners to create the agreement. The agreement must contain the content required in SDCL subdivision 36-4A-1.1(2), the scope of practice of the physician assistant, and any other information required by the board."

More could be put in that sentence, such as the requirement that the agreement be submitted to the Board, but there are issues that comments below note that need to be clarified first. The proposal in this section does not align with statute very well in general.

Commented [A5]: Clarity/legality - SDCL 36-4A-1.1 states that the PA has to submit a copy of the agreement to the board upon request of the board. It is not an outright ...

Commented [A6R5]: Legality - I suppose it is possible for the Board to effectively request, via this rule, a copy of the ...

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Commented [A7]: Clarity - Should this be described a bit more as it pertains to the individual physician? Since the scope of practice for all PAs is in statute? E.g., something ...

Commented [A8R7]: Legality - One of the issues is that statute lays out elements of what needs to be in the agreement, and they do not appear to be represented in this ...

Commented [A9]: Clarity - I'm assuming that if a PA renews the certification, the affidavit is still acceptable? Could this be reworded to something like: "If a physician ...

Commented [A10]: Legality/clarity - Statute does not address an approval process for a collaborative agreement—only that the board can request that the signed agreement b ...

Commented [A11]: Style/form - Please be sure to include the existing periods at the end of the citations here.

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Commented [A12]: Legality - This is an incorrect citation—existing rule is 36-4A-1.1. It is extremely ...

Commented [A13R12]: Legality - This content was incorrectly retyped. The version printed from the LRC website does not read this way. Please cut-and-paste the ...

20:52:01:03.01. Supervision of a licensed physician assistant. ~~A licensed physician assistant shall be supervised by a physician licensed pursuant to SDCL chapter 36-4. The supervising physician shall be available for consultation with the physician assistant at all times while the physician assistant is involved in patient care. The supervising physician and physician assistant shall meet to discuss patient care and review the physician assistant practice. The supervision plan shall be outlined in the practice agreement and approved by the board.~~ Repealed.

Source: 34 SDR 93, effective October 17, 2007; 43 SDR 57, effective October 20, 2016.

~~—General Authority: SDCL 36-4A-42.~~

~~—Law Implemented: SDCL 36-4A-29.~~

DRAFT

20:52:01:05. Termination of physician assistant ~~practice~~ collaborative agreement. A

physician assistant ~~must~~ notify the board, in writing, of the termination of a ~~practice~~ collaborative agreement. A physician assistant who is not certified as required by SDCL 36-4A-1.2, and who does not have an approved practice hours affidavit on file with the board, may not practice without a ~~practice~~ collaborative agreement approved by the board.

Source: SL 1975, ch 16, § 1; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 34 SDR 93, effective October 17, 2007.

General Authority: SDCL 36-4A-42.

Law Implemented: SDCL 36-4A-1.1, 36-4A-1.2.

Commented [A14]: Legality - Please note that there are missing words/changes from the existing rule here. This is a big issue when these are not tracked. Current rule uses "shall" instead of "must".

Commented [A15]: Legality/clarity - This similarly already seems to be addressed by statute and has the same issues above re: an agreement approved by the board. Those issues notwithstanding, the content is covered by the first rule above anyways.

Commented [A16R15]: Legality - I believe this section can stay, insofar as it relates to the effective "request" that the Board is making of all PAs by virtue of the above rule. But only the first sentence should remain.

The first (and only) sentence should read: "A physician assistant who is not exempt from the requirement to practice under a collaborative agreement pursuant to SDCL 36-4A-1.2, shall notify the board, in writing, of the termination of the collaborative agreement."

CHAPTER 20:52:02

ETHICS

Section

20:52:02:01	Code of ethics.
20:52:02:02	Violations.
20:52:02:03	Ethical considerations, <u>Repealed</u> .

20:52:02:01. Code of ethics. ~~A licensee under Any individual licensed pursuant to SDCL chapter 36-4A shall must~~ comply with the following code of ethics American Academy of Physician Assistants Guidelines for Ethical Conduct for the Physician Assistant Profession, 2018.

Statement of Values of the Physician Assistant Profession

- ~~Physician assistants hold as their primary responsibility the health, safety, welfare, and dignity of all human beings.~~
- ~~Physician assistants uphold the tenets of patient autonomy, beneficence, nonmaleficence, and justice.~~
- ~~Physician assistants recognize and promote the value of diversity.~~
- ~~Physician assistants treat equally all persons who seek their care.~~
- ~~Physician assistants hold in confidence the information shared in the course of practicing medicine.~~
- ~~Physician assistants assess their personal capabilities and limitations, striving always to improve their medical practice.~~
- ~~Physician assistants actively seek to expand their knowledge and skills, keeping abreast of advances in medicine.~~

Commented [A17]: Style/form - The space before a strikethrough should also be struck, otherwise there will be two spaces. I struck two more in this sentence.

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Commented [A18]: Clarity - Above, "physician assistant" is used. Recommend consistent terminology be used.

Commented [A19]: Style - Revert this change. None of the bases for using "must" apply here. ARSD DM, pg. 14.

- Physician assistants work with other members of the health care team to provide compassionate and effective care of patients.

- Physician assistants use their knowledge and experience to contribute to an improved community.

- Physician assistants respect their professional relationship with physicians.

- Physician assistants share and expand knowledge within the profession.

The PA and Patient

PA Role and Responsibilities

—Physician assistant practice flows out of a unique relationship that involves the PA, the physician, and the patient. The individual patient PA relationship is based on mutual respect and an agreement to work together regarding medical care. In addition, PAs practice medicine with physician supervision; therefore, the care that a PA provides is an extension of the care of the supervising physician. The patient PA relationship is also a patient PA physician relationship.

—The principal value of the physician assistant profession is to respect the health, safety, welfare, and dignity of all human beings. This concept is the foundation of the patient PA relationship.

—Physician assistants have an ethical obligation to see that each of their patients receives appropriate care. PAs should be sensitive to the beliefs and expectations of the patient. PAs should recognize that each patient is unique and has an ethical right to self-determination.

—Physician assistants are professionally and ethically committed to providing nondiscriminatory care to all patients. While PAs are not expected to ignore their own personal values, scientific or ethical standards, or the law, they should not allow their personal beliefs to restrict patient access to care. A PA has an ethical duty to offer each patient the full range of information on relevant options for their health care. If personal moral, religious, or ethical beliefs

prevent a PA from offering the full range of treatments available or care the patient desires, the PA has an ethical duty to refer a patient to another qualified provider. That referral should not restrict a patient's access to care. PAs are obligated to care for patients in emergency situations and to responsibly transfer patients if they cannot care for them.

—— Physician assistants should always act in the best interests of their patients and as advocates when necessary. PAs should actively resist policies that restrict free exchange of medical information. For example, a PA should not withhold information about treatment options simply because the option is not covered by insurance. PAs should inform patients of financial incentives to limit care, use resources in a fair and efficient way, and avoid arrangements or financial incentives that conflict with the patient's best interests.

The PA and Diversity

—— The physician assistant should respect the culture, values, beliefs, and expectations of the patient.

Nondiscrimination

—— Physician assistants must not discriminate against classes or categories of patients in the delivery of needed health care. Such classes and categories include gender, color, creed, race, religion, age, ethnic or national origin, political beliefs, nature of illness, disability, socioeconomic status, physical stature, body size, gender identity, marital status, or sexual orientation.

Initiation and Discontinuation of Care

—— In the absence of a preexisting patient PA relationship, the physician assistant is under no ethical obligation to care for a person unless no other provider is available. A PA is morally bound to provide care in emergency situations and to arrange proper follow-up. PAs should keep in mind that contracts with health insurance plans might define a legal obligation to provide care to certain patients.

—— A physician assistant and supervising physician may discontinue their professional relationship with an established patient as long as proper procedures are followed. The PA and physician should provide the patient with adequate notice, offer to transfer records, and arrange for continuity of care if the patient has an ongoing medical condition. Discontinuation of the professional relationship should be undertaken only after a serious attempt has been made to clarify and understand the expectations and concerns of all involved parties.

—— If the patient decides to terminate the relationship, they are entitled to a copy of their medical record.

Informed Consent

—— Physician assistants have a duty to protect and foster an individual patient's free and informed choices. The doctrine of informed consent means that a PA provides adequate information that is comprehensible to a competent patient or patient surrogate. At a minimum, this should include the nature of the medical condition, the objectives of the proposed treatment, treatment options, possible outcomes, and the risks involved. PAs should be committed to the concept of shared decision making, which involves assisting patients in making decisions that account for medical, situational, and personal factors.

—— In caring for adolescents, the PA should understand all of the laws and regulations in his or her jurisdiction that are related to the ability of minors to consent to or refuse health care.

—— Adolescents should be encouraged to involve their families in health care decision making. The PA should also understand consent laws pertaining to emancipated or mature minors. (See the section on *Confidentiality*.)

—— When the person giving consent is a patient's surrogate, a family member, or other legally authorized representative, the PA should take reasonable care to assure that the decisions made are consistent with the patient's best interests and personal preferences, if known. If the PA believes

the surrogate's choices do not reflect the patient's wishes or best interests, the PA should work to resolve the conflict. This may require the use of additional resources, such as an ethics committee.

Confidentiality

—— Physician assistants should maintain confidentiality. By maintaining confidentiality, PAs respect patient privacy and help to prevent discrimination based on medical conditions. If patients are confident that their privacy is protected, they are more likely to seek medical care and more likely to discuss their problems candidly.

—— In cases of adolescent patients, family support is important but should be balanced with the patient's need for confidentiality and the PA's obligation to respect their emerging autonomy.

—— Adolescents may not be of age to make independent decisions about their health, but providers should respect that they soon will be. To the extent they can, PAs should allow these emerging adults to participate as fully as possible in decisions about their care. It is important that PAs be familiar with and understand the laws and regulations in their jurisdictions that relate to the confidentiality rights of adolescent patients (See the section on *Informed Consent*).

—— Any communication about a patient conducted in a manner that violates confidentiality is unethical. Because written, electronic, and verbal information may be intercepted or overheard, the PA should always be aware of anyone who might be monitoring communication about a patient.

—— PAs should choose methods of storage and transmission of patient information that minimize the likelihood of data becoming available to unauthorized persons or organizations. Computerized recordkeeping and electronic data transmission present unique challenges that can make the maintenance of patient confidentiality difficult. PAs should advocate for policies and procedures that secure the confidentiality of patient information.

The Patient and the Medical Record

—— Physician assistants have an obligation to keep information in the patient's medical record confidential. Information should be released only with the written permission of the patient or the patient's legally authorized representative. Specific exceptions to this general rule may exist (e.g., workers compensation, communicable disease, HIV, knife/gunshot wounds, abuse, and substance abuse). It is important that a PA be familiar with and understands the laws and regulations in his or her jurisdiction that relate to the release of information. For example, stringent legal restrictions on release of genetic test results and mental health records often exist.

—— Both ethically and legally, a patient has certain rights to know the information contained in his or her medical record. While the chart is legally the property of the practice or the institution, the information in the chart is the property of the patient. Most states have laws that provide for patient access to their medical records. The PA should know the laws and facilitate patient access to the information.

Disclosure

—— A physician assistant should disclose to his or her supervising physician information about errors made in the course of caring for a patient. The supervising physician and PA should disclose the error to the patient if such information is significant to the patient's interests and well-being. Errors do not always constitute improper, negligent, or unethical behavior, but failure to disclose them may.

Care of Family Members and Co-workers

—— Treating oneself, co-workers, close friends, family members, or students whom the physician assistant supervises or teaches may be unethical or create conflicts of interest. For example, it might be ethically acceptable to treat one's own child for a case of otitis media but it probably is not acceptable to treat one's spouse for depression. PAs should be aware that their judgment might be less than objective in cases involving friends, family members, students, and colleagues and that providing "curbside" care might sway the individual from establishing an

ongoing relationship with a provider. If it becomes necessary to treat a family member or close associate, a formal patient-provider relationship should be established, and the PA should consider transferring the patient's care to another provider as soon as it is practical. If a close associate requests care, the PA may wish to assist by helping them find an appropriate provider.

— There may be exceptions to this guideline, for example, when a PA runs an employee health center or works in occupational medicine. Even in those situations, the PA should be sure they do not provide informal treatment, but provide appropriate medical care in a formally established patient-provider relationship.

Genetic Testing

— Evaluating the risk of disease and performing diagnostic genetic tests raise significant ethical concerns. Physician assistants should be informed about the benefits and risks of genetic tests.

— Testing should be undertaken only after proper informed consent is obtained. If PAs order or conduct the tests, they should assure that appropriate pre- and post-test counseling is provided.

— PAs should be sure that patients understand the potential consequences of undergoing genetic tests—from impact on patients themselves, possible implications for other family members, and potential use of the information by insurance companies or others who might have access to the information. Because of the potential for discrimination by insurers, employers, or others, PAs should be particularly aware of the need for confidentiality concerning genetic test results.

Reproductive Decision Making

— Patients have a right to access the full range of reproductive health care services. Physician assistants have an ethical obligation to provide balanced and unbiased clinical information about reproductive health care.

—— When the PA's personal values conflict with providing full disclosure or providing certain services, the PA need not become involved in that aspect of the patient's care but must refer the patient to a qualified provider to discuss and facilitate all treatment options.

End of Life

—— Among the ethical principles that are fundamental to providing compassionate care at the end of life, the most essential is recognizing that dying is a personal experience and part of the life cycle.

—— Physician Assistants should provide patients with the opportunity to plan for end of life care.

—— Advance directives, living wills, durable power of attorney, and organ donation should be discussed during routine patient visits.

—— PAs should assure terminally ill patients that their dignity is a priority and that relief of physical and mental suffering is paramount. PAs should exhibit non-judgmental attitudes and should assure their terminally ill patients that they will not be abandoned. To the extent possible, patient or surrogate preferences should be honored, using the most appropriate measures consistent with their choices, including alternative and non-traditional treatments. PAs should explain palliative and hospice care and facilitate patient access to those services. End of life care should include assessment and management of psychological, social, and spiritual or religious needs.

—— While respecting patients' wishes for particular treatments when possible, PAs also must weigh their ethical responsibility, in consultation with supervising physicians, to withhold futile treatments and to help patients understand such medical decisions.

—— PAs should involve the physician in all near-death planning. The PA should only withdraw life support with the supervising physician's agreement and in accordance with the policies of the health care institution.

The PA and Individual Professionalism

Conflict of Interest

—— Physician assistants should place service to patients before personal material gain and should avoid undue influence on their clinical judgment. Trust can be undermined by even the appearance of improper influence. Examples of excessive or undue influence on clinical judgment can take several forms. These may include financial incentives, pharmaceutical or other industry gifts, and business arrangements involving referrals. PAs should disclose any actual or potential conflict of interest to their patients.

—— Acceptance of gifts, trips, hospitality, or other items is discouraged. Before accepting a gift or financial arrangement, PAs might consider the guidelines of the Royal College of Physicians, "Would I be willing to have this arrangement generally known?" or of the American College of Physicians, "What would the public or my patients think of this arrangement?"

Professional Identity

—— Physician assistants should not misrepresent directly or indirectly, their skills, training, professional credentials, or identity. Physician assistants should uphold the dignity of the PA profession and accept its ethical values.

Competency

—— Physician assistants should commit themselves to providing competent medical care and extend to each patient the full measure of their professional ability as dedicated, empathetic health care providers. PAs should also strive to maintain and increase the quality of their health care knowledge, cultural sensitivity, and cultural competence through individual study and continuing education.

Sexual Relationships

—— It is unethical for physician assistants to become sexually involved with patients. It also may be unethical for PAs to become sexually involved with former patients or key third parties. Key third parties are individuals who have influence over the patient. These might include spouses or partners, parents, guardians, or surrogates.

— Such relationships generally are unethical because of the PA's position of authority and the inherent imbalance of knowledge, expertise, and status. Issues such as dependence, trust, transference, and inequalities of power may lead to increased vulnerability on the part of the current or former patients or key third parties.

Gender Discrimination and Sexual Harassment

— It is unethical for physician assistants to engage in or condone any form of gender discrimination. Gender discrimination is defined as any behavior, action, or policy that adversely affects an individual or group of individuals due to disparate treatment, disparate impact, or the creation of a hostile or intimidating work or learning environment.

— It is unethical for PAs to engage in or condone any form of sexual harassment. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when:

- — Such conduct has the purpose or effect of interfering with an individual's work or academic performance or creating an intimidating, hostile or offensive work or academic environment, or
- — Accepting or rejecting such conduct affects or may be perceived to affect professional decisions concerning an individual, or
- — Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's training or professional position.

The PA and Other Professionals

Team Practice

— Physician assistants should be committed to working collegially with other members of the health care team to assure integrated, well-managed, and effective care of patients. PAs should strive to maintain a spirit of cooperation with other health care professionals, their organizations, and the general public.

Illegal and Unethical Conduct

—— Physician assistants should not participate in or conceal any activity that will bring discredit or dishonor to the PA profession. They should report illegal or unethical conduct by health care professionals to the appropriate authorities.

Impairment

—— Physician assistants have an ethical responsibility to protect patients and the public by identifying and assisting colleagues. "Impaired" means being unable to practice medicine with reasonable skill and safety because of physical or mental illness, loss of motor skills, or excessive use or abuse of drugs and alcohol.

—— PAs should be able to recognize impairment in physician supervisors, PAs, and other health care providers and should seek assistance from appropriate resources to encourage these individuals to obtain treatment.

PA-Physician Relationship

—— Supervision should include ongoing communication between the physician and the physician assistant regarding patient care. The PA should consult the supervising physician whenever it will safeguard or advance the welfare of the patient. This includes seeking assistance in situations of conflict with a patient or another health care professional.

Complementary and Alternative Medicine

—— When a patient asks about an alternative therapy, the PA has an ethical obligation to gain a basic understanding of the alternative therapy being considered or being used and how the treatment will affect the patient. If the treatment would harm the patient, the PA should work diligently to dissuade the patient from using it, advise other treatment, and perhaps consider transferring the patient to another provider.

The PA and the Health Care System

Workplace Actions

— Physician assistants may face difficult personal decisions to withhold medical services when workplace actions (e.g., strikes, sick outs, slowdowns, etc.) occur. The potential harm to patients should be carefully weighed against the potential improvements to working conditions and, ultimately, patient care that could result. In general, PAs should individually and collectively work to find alternatives to such actions in addressing workplace concerns.

PAs as Educators

— All physician assistants have a responsibility to share knowledge and information with patients, other health professionals, students, and the public. The ethical duty to teach includes effective communication with patients so that they will have the information necessary to participate in their health care and wellness.

PAs and Research

— The most important ethical principle in research is honesty. This includes assuring subjects' informed consent, following treatment protocols, and accurately reporting findings. Fraud and dishonesty in research should be reported so that the appropriate authorities can take action.

— Physician assistants involved in research must be aware of potential conflicts of interest. The patient's welfare takes precedence over the desired research outcome. Any conflict of interest should be disclosed.

— In scientific writing, PAs should report information honestly and accurately. Sources of funding for the research must be included in the published reports.

— Plagiarism is unethical. Incorporating the words of others, both verbatim or by paraphrasing, without appropriate attribution is unethical and may have legal consequences. When submitting a document for publication, any previous publication of any portion of the document must be fully disclosed.

PAs as Expert Witnesses

—— The physician assistant expert witness should testify to what he or she believes to be the truth. The PA's review of medical facts should be thorough, fair, and impartial.

—— The PA's expert witness should be fairly compensated for time spent preparing, appearing, and testifying. The PA should not accept a contingency fee based on the outcome of a case in which testimony is given or derive personal, financial, or professional favor in addition to compensation.

The PA and Society

Lawfulness

—— Physician assistants have the dual duty to respect the law and to work for positive change to laws that will enhance the health and well-being of the community.

Executions

—— Physician assistants, as health care professionals, should not participate in executions because to do so would violate the ethical principle of beneficence.

Access to Care/Resource Allocation

—— Physician assistants have a responsibility to use health care resources in an appropriate and efficient manner so that all patients have access to needed health care. Resource allocation should be based on societal needs and policies, not the circumstances of an individual patient-PA encounter. PAs participating in policy decisions about resource allocation should consider medical need, cost-effectiveness, efficacy, and equitable distribution of benefits and burdens in society.

Community Well-Being

—— Physician assistants should work for the health, well-being, and the best interest of both the patient and the community. Sometimes there is a dynamic moral tension between the well-being of the community in general and the individual patient. Conflict between an individual patient's best interest and the common good is not always easily resolved. In general, PAs should be committed

to upholding and enhancing community values, be aware of the needs of the community, and use the knowledge and experience acquired as professionals to contribute to an improved community.

Conclusion

— The American Academy of Physician Assistants recognizes its responsibility to aid the PA profession as it strives to provide high quality, accessible health care. Physician assistants wrote these guidelines for themselves and other physician assistants. The ultimate goal is to honor patients and earn their trust while providing the best and most appropriate care possible. At the same time, PAs must understand their personal values and beliefs and recognize the ways in which those values and beliefs can impact the care they provide.

Source: 41 SDR 180, effective May 21, 2015.

General Authority: SDCL 36-4A-42.

Law Implemented: SDCL 36-4A-37.

Reference: ~~American Academy of Physician Assistants Guidelines for Ethical Conduct for the Physician Assistant Profession, 2013~~ **Guidelines for Ethical Conduct for the Physician Assistant Profession, 2018, American Academy of Physician Associates.** Copies may be obtained at no charge from <https://www.aapa.org/WorkArea/DownloadAsset.aspx?id=815> <https://www.aapa.org/wp-content/uploads/2021/11/Guidelines-for-Ethical-Conduct-for-the-PA-Profession-7-1-21.pdf>.

Commented [A20]: Form - The headings for the Source, General Authority, Law Implemented, and Reference notes need to be bolded as in the current rule. ARSD DM, pg. 31.

Commented [A21]: Legality - SDCL 1-26-6.2 requires that the Law Implemented cite specify the "subdivision, or subsection of statute that the rule is intended to implement." There are multiple subdivisions and subsections in SDCL 36-4A-37. Which is this section implementing? Presumably subdivision (1)?

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Commented [A22]: Style/form - Just a bit of formatting and reorganization here to conform with the ARSD Drafting Manual, pg. 20.

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20:52:02:03. Ethical considerations. ~~The board may utilize the annotations and opinions included in the guidelines for ethical conduct for the physician assistant profession, 2013 edition as guidance in determining whether a licensee has violated professional ethical standards and conduct~~
Repealed.

Source: 41 SDR 180, effective May 21, 2015.

~~— **General Authority:** SDCL 36-4A-42.~~

~~— **Law Implemented:** SDCL 36-4A-37.~~

DRAFT



September 2, 2025

Margaret Hansen, Executive Director
South Dakota Board of Medical and Osteopathic Examiners
101 N. Main Avenue, Suite 301
Sioux Falls, SD 57104
SDBMOE@state.sd.us

Via E-Mail

RE: Letter of Support for Proposed Administrative Rules Changes to ARSD Chapter 20:52

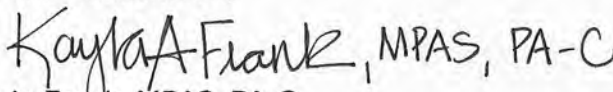
Dr. Ms. Hansen,

This letter is provided to communicate the South Dakota Academy of Physician Assistants' (SDAPA) endorsement of the South Dakota Board of Medical and Osteopathic Examiners' (SDBMOE) proposed changes and additions to South Dakota ARSD Chapter 20:52. The proposed changes and additions to this chapter are consistent with the intent of the recent statutory changes made regarding collaborative agreement requirements for certain physician assistants. Additionally, the proposed rule to use the American Academy of Physician Assistants Guidelines for Ethical Conduct for the Physician Assistant Professional, 2018, is supported by SDAPA.

SDAPA stands in full support of the proposed rules and changes to Chapter 20:52 as presently outlined.

Thank you for your work to make these updates to these rules pertaining to physician assistant licensure.

For the Association,


Kayla Frank, MPAS, PA-C
South Dakota Academy of PAs Legislative Chair

STATE OF SOUTH DAKOTA
South Dakota Board of Medical and Osteopathic Examiners

**EVALUATION OF SD BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS HEALTH
PROFESSIONAL ASSISTANCE PROGRAM**

PROPOSALS ARE DUE NO LATER THAN August 1, 2025, at 5 pm CDT.

RFP #: 25-0920500-026 State POC: Margaret Hansen EMAIL: sdbmoe@state.sd.us

READ CAREFULLY

FIRM NAME: _____ AUTHORIZED SIGNATURE: _____

ADDRESS: _____ TYPE OR PRINT NAME: _____

CITY/STATE: _____ TELEPHONE NO: _____

ZIP (9 DIGIT): _____ FAX NO: _____

E-MAIL: _____

PRIMARY CONTACT INFORMATION

CONTACT NAME: _____ TELEPHONE NO: _____

FAX NO: _____ E-MAIL: _____

1.0 GENERAL INFORMATION

1.1 PURPOSE OF REQUEST FOR PROPOSAL (RFP)

The South Dakota Board of Medical & Osteopathic Examiners (SDBMOE) is seeking a consultant to complete an evaluation of the Board's Health Professional Assistance Program (HPAP).

A Health Professional Assistance Program (HPAP) is a confidential program designed to help regulated health professionals who may be unable to practice with reasonable skill and safety due to mental health or substance use issues. The program focuses on early identification, intervention, treatment, continued care, and monitoring of their return to practice, all while ensuring public safety.

The SDBMOE seeks a consultant to complete a strategic analysis of the current Health Professional Assistance Program to include but not be limited to data analysis, best practice identification and final recommendations to assess the adequacy of the current HPAP program within the statutory requirements set forth by South Dakota codified law.

Proposals should include strategies not mentioned herein that the respondents would suggest as part of the comprehensive strategic analysis.

1.2 ISSUING OFFICE AND RFP REFERENCE NUMBER

The South Dakota Board of Medical and Osteopathic Examiners is the issuing office for this document and all subsequent addenda relating to it, on behalf of the State of South Dakota, Department of Health. The reference number for the transaction is RFP #25-0920500-026. This number must be referred to on all proposals, correspondence, and documentation relating to the RFP.

1.3 SCHEDULE OF ACTIVITIES (SUBJECT TO CHANGE)

RFP Publication	June 27, 2025
Offeror Questions Due	July 14, 2025
Responses to Offeror Questions	July 18, 2025
Proposal Submission	August 1, 2025
Oral Presentations/discussions (if required)	TBD
Proposal Revisions (if required)	TBD
Anticipated Award Decision/Contract Negotiation	October 1, 2025

1.4 SUBMITTING YOUR PROPOSAL

All proposals must be completed and received via email to sdbmoe@state.sd.us by the date and time indicated in the Schedule of Activities.

Proposals received after the deadline will be late and ineligible for consideration.

All proposals must be signed by an officer of the responder legally authorized to bind the responder to the proposal on the form intended by the respondent. If the bidder chooses to submit an electronic copy, an electronic signature may be provided. Proposals that are not properly signed may be rejected.

No proposal shall be accepted from, or no contract or purchase order shall be awarded to any person, firm or corporation that is in arrears upon any obligations to the State of South Dakota, or that otherwise may be deemed irresponsible or unreliable by the State of South Dakota.

1.5 CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION – LOWER TIER COVERED TRANSACTIONS
Bidders submitting a response to the Department’s RFP make each of the following certifications.

By signing and submitting this proposal, the offeror certifies that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation, by any Federal department or agency, from transactions involving the use of Federal funds. Where the offeror is unable to certify to any of the statements in this certification, the bidder shall attach an explanation to their offer.

1.6 NON-DISCRIMINATION STATEMENT

The State of South Dakota requires that all contractors, vendors, and suppliers doing business with any State agency, department, or institution, provide a statement of non-discrimination. By signing and submitting their proposal, the offeror certifies they do not discriminate in their employment practices with regard to race, color, creed, religion, age, sex, ancestry, national origin or disability.

1.7 BUSINESS WITH A PROHIBITED ENTITY

For contractors, vendors, suppliers, or subcontractors who enter into a contract with the State of South Dakota by submitting a response to this solicitation or agreeing to contract with the State, the bidder or offeror certifies and agrees that the following information is correct:

The bidder or offeror, in preparing its response or offer or in considering proposals submitted from qualified, potential vendors, suppliers, and subcontractors, or in the solicitation, selection, or commercial treatment of any vendor, supplier, or subcontractor, is not an entity, regardless of its principal place of business, that is ultimately owned or controlled, directly or indirectly, by a foreign national, a foreign parent entity, or foreign government from China, Iran, North Korea, Russia, Cuba, or Venezuela, as defined by SDCL 5-18A. It is understood and agreed that, if this certification is false, such false certification will constitute grounds for the State to reject the bid or response submitted by the bidder or offeror on this project and terminate any contract awarded based on the bid or response. The successful bidder or offeror further agrees to provide immediate written notice to the contracting executive branch agency if during the term of the contract it no longer complies with this certification and agrees such noncompliance may be grounds for contract termination.

1.8 BUSINESS THAT BOYCOTTS PERSON OR ENTITY OF ISRAELI ORIGIN

For contractors, vendors, suppliers, or subcontractors with five (5) or more employees who enter into a contract with the State of South Dakota that involves the expenditure of one hundred

thousand dollars (\$100,000) or more, by submitting a response to this solicitation or agreeing to contract with the State, the bidder or offeror certifies and agrees that the following information is correct:

The bidder or offeror, in preparing its response or offer or in considering proposals submitted from qualified, potential vendors, suppliers, and subcontractors, or in the solicitation, selection, or commercial treatment of any vendor, supplier, or subcontractor, has not refused to transact business activities, has not terminated business activities, and has not taken other similar actions intended to limit its commercial relations, related to the subject matter of the bid or offer, with a person or entity on the basis of Israeli national origin, or residence or incorporation in Israel or its territories, with the specific intent to accomplish a boycott or divestment of Israel in a discriminatory manner. It is understood and agreed that, if this certification is false, such false certification will constitute grounds for the State to reject the bid or response submitted by the bidder or offeror on this project and terminate any contract awarded based on the bid or response. The successful bidder or offeror further agrees to provide immediate written notice to the contracting executive branch agency if during the term of the contract it no longer complies with this certification and agrees such noncompliance may be grounds for contract termination.

1.9 CERTIFICATION OF NO STATE LEGISLATOR INTEREST

Offeror (i) understands neither a state legislator nor a business in which a state legislator has an ownership interest may be directly or indirectly interested in any contract with the State that was authorized by any law passed during the term for which that legislator was elected, or within one year thereafter, and (ii) has read South Dakota Constitution Article 3, Section 12 and has had the opportunity to seek independent legal advice on the applicability of that provision to any Agreement entered into as a result of this RFP. By signing an Agreement pursuant to this RFP, Offeror hereby certifies that the Agreement is not made in violation of the South Dakota Constitution Article 3, Section 12.

1.10 MODIFICATION OR WITHDRAWAL OF PROPOSALS

Proposals may be modified or withdrawn by the offeror prior to the established due date and time.

No oral, telephonic, telegraphic or facsimile responses or modifications to informal, formal bids, or Request for Proposals will be considered.

In the event the winning proposer's contract is withdrawn or terminated for any reason, the State reserves the right to revisit the selection of the RFP, and select the next highest scoring qualified bidder, subject to the condition that the offer, as made in the bid, is still valid from the bidder.

1.11 OFFEROR INQUIRIES

Offerors may email inquiries concerning this RFP to obtain clarification of requirements. No inquiries will be accepted after the date and time indicated in the Schedule of Activities. Inquiries must be emailed to Margaret Hansen at sdbmoe@state.sd.us with the subject line "RFP #25-0920500-026".

The State will respond to offeror's inquiries (if required) via e-mail. In addition, all inquiries and the State's response will be posted on the state's e-procurement system. Offerors may not rely on any other statements, either of a written or oral nature, that alter any specification or other term or condition of this RFP. Offerors will be notified in the same manner as indicated above regarding any modifications to this RFP.

1.12 PROPRIETARY INFORMATION

The proposal of the successful offeror(s) becomes public information. Proprietary information can be protected under limited circumstances such as client lists, non-public financial statements, personnel information other than salaries and routine directory information, financial information supplied for qualifying for a bid submitted to the department.

If the bidder desires to protect proprietary or trade information, the bidder shall mark that information in the RFP as proprietary or trade information. It may be contained in a single section or marked by the use of font, size, or markings. An entire proposal may not be marked as proprietary. The Executive Summary must contain specific justification explaining why the information is to be protected. The Department staff will review what information is claimed to be proprietary or trade information and make discretionary decisions regarding its protection under the Public Records Act. All materials submitted become the property of the State of South Dakota and may be returned only at the State's option.

1.13 LENGTH OF CONTRACT

Length of contract is anticipated to be 1 year with the opportunity to extend if deemed necessary and reasonable.

1.14 DISCUSSIONS WITH OFFERORS (ORAL PRESENTATION/NEGOTIATIONS)

An oral presentation by an offeror to clarify a proposal may be required at the sole discretion of the State. However, the State may award a contract based on the initial proposals received without discussion with the Offeror. If oral presentations are required, they will be scheduled after the submission of proposals. Oral presentations will be made at the offeror's expense.

This process is a Request for Proposal/Competitive Negotiation process. Each Proposal shall be evaluated, and each respondent shall be available for negotiation meetings at the State's request. The State reserves the right to negotiate on any and/or all components of every proposal submitted. From the time the proposals are submitted until the formal award of a contract, each proposal is considered a working document and as such, will be kept confidential. The negotiation discussions will also be held as confidential until such time as the award is completed.

2.0 STANDARD CONTRACT TERMS AND CONDITIONS

Any contract or agreement resulting from this RFP will include the State's standard terms and conditions as listed below, along with any additional terms and conditions as negotiated by the parties:

In the RFP response the bidder should provide some indication whether the terms are acceptable, if negotiation is required or the terms are unacceptable. The State reserves the right to disqualify the bidder based upon terms it deems "NOT AGREEABLE" or if negotiation does not yield an acceptable agreement by the state. These indications assist the parties draft a contract more quickly upon selection.

		Agreeable	Negotiable	Not Agreeable
2.1	The Contractor will perform those services described in the Scope of Work, attached hereto as Section 3 of the RFP and by this reference incorporated herein.			
2.2	The Contractor's services under this Agreement shall commence on _____ and end on _____, unless sooner terminated pursuant to the terms hereof.			
2.3	The Contractor will not use State equipment, supplies or facilities. The Contractor will provide the State with its Employer Identification Number, Federal Tax Identification Number or Social Security Number upon execution of this Agreement.			
2.4	The State will make payment for services upon satisfactory completion of the services. The TOTAL CONTRACT AMOUNT is an amount not to exceed \$_____. The State will not pay Contractor's expenses as a separate item. Payment will be made pursuant to itemized invoices submitted with a signed state voucher. Payment will be made consistent with SDCL ch. 5-26			
2.5	The Contractor agrees to indemnify and hold the State of South Dakota, its officers, agents and employees, harmless from and against any and all actions, suits, damages, liability or other proceedings that may arise as the result of performing services hereunder. This section does not require the Contractor to be responsible for or defend against claims or damages arising solely from errors or omissions of the State, its officers, agents or employees			
2.6	<p>The Contractor, at all times during the term of this Agreement, shall obtain and maintain in force insurance coverage of the types and with the limits as follows:</p> <p>A. Commercial General Liability Insurance:</p> <p>The Contractor shall maintain occurrence based commercial general liability insurance or equivalent form with a limit of not less than \$1,000,000.00 for each occurrence. If such insurance contains a general aggregate limit it shall apply separately to this Agreement or be no less than two times the occurrence limit.</p> <p>B. Professional Liability Insurance or Miscellaneous Professional Liability Insurance:</p>			

	<p>The Contractor agrees to procure and maintain professional liability insurance or miscellaneous professional liability insurance with a limit not less than \$1,000,000.00.</p> <p>C. Business Automobile Liability Insurance:</p> <p>The Contractor shall maintain business automobile liability insurance or equivalent form with a limit of not less than \$1,000,000.00 for each accident. Such insurance shall include coverage for owned, hired and non-owned vehicles.</p> <p>D. Worker's Compensation Insurance:</p> <p>The Contractor shall procure and maintain workers' compensation and employers' liability insurance as required by South Dakota law.</p> <p>Before beginning work under this Agreement, Contractor shall furnish the State with properly executed Certificates of Insurance which shall clearly evidence all insurance required in this Agreement. In the event a substantial change in insurance, issuance of a new policy, cancellation or nonrenewal of the policy, the Contractor agrees to provide immediate notice to the State and provide a new certificate of insurance showing continuous coverage in the amounts required. Contractor shall furnish copies of insurance policies if requested by the State.</p>			
2.7	While performing services hereunder, the Contractor is an independent contractor and not an officer, agent, or employee of the State of South Dakota.			
2.8	<p>Contractor agrees to report to the State any event encountered in the course of performance of this Agreement which results in injury to the person or property of third parties, or which may otherwise subject Contractor or the State to liability. Contractor shall report any such event to the State immediately upon discovery.</p> <p><i>Contractor's obligation under this section shall only be to report the occurrence of any event to the State and to make any other report provided for by their duties or applicable law. Contractor's obligation to report shall not require disclosure of any information subject to privilege or confidentiality under law (e.g., attorney-client communications). Reporting to the State under this section shall not excuse or satisfy any obligation of Contractor to report any event to law enforcement or other entities under the requirements of any applicable law</i></p>			
2.9	This Agreement may be terminated by either party hereto upon thirty (30) days written notice. In the event the Contractor breaches any of the terms or conditions hereof, this Agreement may be terminated by the State at any time with or without notice. If termination for such a			

	default is effected by the State, any payments due to Contractor at the time of termination may be adjusted to cover any additional costs to the State because of Contractor's default. Upon termination the State may take over the work and may award another party an agreement to complete the work under this Agreement. If after the State terminates for a default by Contractor it is determined that Contractor was not at fault, then the Contractor shall be paid for eligible services rendered and expenses incurred up to the date of termination.			
2.10	This Agreement depends upon the continued availability of appropriated funds and expenditure authority from the Legislature for this purpose. If for any reason the Legislature fails to appropriate funds or grant expenditure authority, or funds become unavailable by operation of law or federal funds reductions, this Agreement will be terminated by the State. Termination for any of these reasons is not a default by the State nor does it give rise to a claim against the State.			
2.11	This Agreement may not be assigned without the express prior written consent of the State. This Agreement may not be amended except in writing, which writing shall be expressly identified as a part hereof, and be signed by an authorized representative of each of the parties hereto.			
2.12	This Agreement shall be governed by and construed in accordance with the laws of the State of South Dakota. Any lawsuit pertaining to or affecting this Agreement shall be venued in Circuit Court, Sixth Judicial Circuit, Hughes County, South Dakota.			
2.13	The Contractor will comply with all federal, state and local laws, regulations, ordinances, guidelines, permits and requirements applicable to providing services pursuant to this Agreement, and will be solely responsible for obtaining current information on such requirements.			
2.14	The Contractor may not use subcontractors to perform the services described herein without the express prior written consent of the State. The Contractor will include provisions in its subcontracts requiring its subcontractors to comply with the applicable provisions of this Agreement, to indemnify the State, and to provide insurance coverage for the benefit of the State in a manner consistent with this Agreement. The Contractor will cause its subcontractors, agents, and employees to comply, with applicable federal, state and local laws, regulations, ordinances, guidelines, permits and requirements and will adopt such review and inspection procedures as are necessary to assure such compliance.			
2.15	Contractor hereby acknowledges and agrees that all reports, plans, specifications, technical data, miscellaneous drawings, software system programs and documentation, procedures, or files, operating instructions and procedures, source code(s) and documentation, including those necessary to upgrade and maintain the software program, and all information contained therein provided to the State by the Contractor in connection with its performance of services under this Agreement shall belong to and is the property of the State			

	and will not be used in any way by the Contractor without the written consent of the State. Papers, reports, forms, software programs, source code(s) and other material which are a part of the work under this Agreement will not be copyrighted without written approval of the State.			
2.16	The Contractor certifies that neither Contractor nor its principals are presently debarred, suspended, proposed for debarment or suspension, or declared ineligible from participating in transactions by the federal government or any state or local government department or agency. Contractor further agrees that it will immediately notify the State if during the term of this Agreement Contractor or its principals become subject to debarment, suspension or ineligibility from participating in transactions by the federal government, or by any state or local government department or agency.			
2.17	Any notice or other communication required under this Agreement shall be in writing and sent to the address set forth above. Notices shall be given by and to _____ on behalf of the State, and by _____, on behalf of the Contractor, or such authorized designees as either party may from time to time designate in writing. Notices or communications to or between the parties shall be deemed to have been delivered when mailed by first class mail, provided that notice of default or termination shall be sent by registered or certified mail, or, if personally delivered, when received by such party.			
2.18	In the event that any court of competent jurisdiction shall hold any provision of this Agreement unenforceable or invalid, such holding shall not invalidate or render unenforceable any other provision hereof.			
2.19	All other prior discussions, communications and representations concerning the subject matter of this Agreement are superseded by the terms of this Agreement, and except as specifically provided herein, this Agreement constitutes the entire agreement with respect to the subject matter hereof.			
2.20	Venue for any and all legal action regarding or arising out of the transaction covered herein shall be solely in the State of South Dakota. The laws of South Dakota shall govern this transaction.			

3.0 SCOPE OF WORK

The South Dakota Board of Medical and Osteopathic Examiners (SDMOE) began administering the Health Professional Assistance Program (HPAP) in-house in 2017, transitioning away from a contracted external vendor. Currently, the SDBMOE, in collaboration with its taskforce, seeks a comprehensive evaluation of its current HPAP. This evaluation should benchmark the program against similar efforts across the country with particular emphasis on those in neighboring states.

A Health Professional Assistance Program (HPAP) is a confidential program designed to help regulated health professionals who may be unable to practice with reasonable skill and safety due to mental health or substance use issues. The program focuses on early identification, intervention, treatment, continued care, and monitoring of their return to practice, all while ensuring public safety.

The successful proposer will be expected to deliver the following work products:

3.1 Program Overview

- Provide a detailed summary of the current operations, structure and objectives of the SDBMOE's in-house HPAP
- Outline relevant historical context and the rationale for the transition from a vendor-operated model.

3.2 Data analysis

- Conduct a thorough analysis of the SDBMOE HPAP, using both quantitative (e.g., participation rates, recidivism, program outcomes) and qualitative (e.g., stakeholder feedback, case studies) data.
- Evaluate the HPAP models used by a variety of other states, focusing on structure, effectiveness and cost.
- Evaluate the HPAP models used by other South Dakota health professional boards as well as external state boards.
- Assess national industry standards and benchmarks for HPAPs to determine alignment and gaps.
- Outcomes Assessment: Conduct a full evaluation of the current HPAP program, focusing on utilization outcomes as well as quality measures, including treatment outcomes, the application of evidence-based practices, and the attitudes and perceptions of the HPAP program among South Dakota BMOE licensees.

3.3 Best practice identification

- Identify and analyze high-performing HPAPs nationwide
- Summarize key strategies, structures, and measurable outcomes that have led to their success
- Current Model Evaluation: Provide the Board of Medicine and Osteopathic Examiners with a detailed report on the HPAP models utilized by state boards of medicine, identifying best practices associated with these models.
- Best Practices Recommendations: Offer recommendations for best practices that the BMOE can consider enhancing its HPAP program, including specific outcome measures.

3.4 Final recommendations report

- Provide a written report outlining strategic recommendations for program enhancement, grounded in the comparative and data analyses.
- Recommendations should include short- and long-term actionable steps.
- Financial Models Analysis: Develop options for financial models used to support the HPAP program, drawing insights from other South Dakota boards as well as external state boards.
- Financial Stewardship: Develop recommendations for financial transparency, fiscal accountability, and financial stewardship regarding HPAP programs to assist BMOE in ongoing analysis of the selected HPAP model program.

3.5 Action/Implementation plan

- Develop a practical implementation roadmap that includes:
 - Suggested timelines,
 - Roles and responsibilities,
 - Metrics for evaluating success,
 - Quality assurance measures to monitor progress and outcomes.

3.6 Summary Findings Presentation

- Deliver an interactive presentation of the findings and recommendations to SDBMOE and the taskforce.
- Include key takeaways and facilitate a discussion on next steps.

3.7 Project Management and Communication

- Assign a dedicated project manager to serve as primary point of contact
- Ensure regular communication with SDBMOE and provide progress updates throughout the engagement.
- The project manager will be responsible for timely and thorough completion of all deliverables.

4.0 PROPOSAL REQUIREMENTS AND COMPANY QUALIFICATIONS

- 4.1** The offeror is cautioned that it is the offeror's sole responsibility to submit information related to the evaluation categories and that the State of South Dakota is under no obligation to solicit such information if it is not included with the proposal. The offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal.
- 4.2** **Offeror's Contacts:** Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any state employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.
- 4.3** Provide the following information related to at least three previous and current service/contracts, performed by the offeror's organization, which are similar to the requirements of this RFP.
- a. Name, address and telephone number of client/contracting agency and a representative of that agency who may be contacted for verification of all information submitted;
 - b. Dates of the service/contract; and
 - c. A brief, written description of the specific prior services performed and requirements thereof.

5.0 PROPOSAL RESPONSE FORMAT

5.1 An electronic original of the proposal shall be submitted to the Department.

5.1.1 The offeror shall provide an electronically formatted copy of their proposal via email by the due date.

5.1.2 The proposal shall be page numbered and should have an index and/or a table of contents referencing the appropriate page number.

5.2 REQUIRED ORGANIZATION OF EACH PROPOSAL

All proposals must be organized, tabbed with labels and presented in this exact order:

5.2.1 **RFP Form.** The State's Request for Proposal form (1st page of RFP) completed and signed.

5.2.2 **Executive Summary.** The one-to-two-page executive summary is to briefly describe the offeror's proposal. This summary should highlight the major features of the proposal. It must indicate any requirements that cannot be met by the offeror. The reader should be able to determine the essence of the proposal by reading the executive summary. Proprietary information requests should be identified in this section.

5.2.3 **Detailed Response.** This section should constitute the major portion of the proposal and must contain at least the following information:

5.2.3.1 A complete narrative of the offeror's assessment of the work to be performed, the offeror's ability and approach, and the resources necessary to fulfill the requirements. This should demonstrate the offeror's understanding of the desired overall performance expectations.

5.2.3.2 A specific point-by-point response, in the order listed, to each requirement in the RFP. The response should identify each requirement being addressed as enumerated in the RFP.

5.2.3.3 A clear description of any options or alternatives proposed.

5.2.4 **Cost Proposal.** Cost will be evaluated independently from the technical proposal. Offerors may submit multiple cost proposals. All costs related to the provision of the required services must be included in each cost proposal offered.

See section 7.0 for more information related to the cost proposal.

5.2.5 Experience and reliability of the offeror's organization are considered subjectively in the evaluation process. Therefore, the offeror is advised to submit any information which documents successful and reliable experience in past performances, especially those performances related to the requirements of this RFP.

5.2.6 The qualifications of the personnel proposed by the offeror to perform the requirements of this RFP, whether from the offeror's organization or from a proposed subcontractor, will be subjectively evaluated. Therefore, the offeror should submit detailed information related to the experience and qualifications, including education and training, of proposed personnel.

6.0 PROPOSAL EVALUATION AND AWARD PROCESS

- 6.1** After determining that a proposal satisfies the mandatory requirements stated in the Request for Proposal, the evaluator(s) shall use subjective judgment in conducting a comparative assessment of the proposal by considering each of the following criteria:
- 6.1.1 Specialized expertise, capabilities, and technical competence as demonstrated by the proposed approach and methodology to meet the project requirements;
 - 6.1.2 Resources available to perform the work, including any specialized services, within the specified time limits for the project;
 - 6.1.3 Record of past performance, including price and cost data from previous projects, quality of work, ability to meet schedules, cost control, and contract administration;
 - 6.1.4 Availability to the project locale;
 - 6.1.5 Familiarity with the project locale;
 - 6.1.6 Proposed project management techniques; and
 - 6.1.7 Ability and proven history in handling special project constraints.
- 6.2** Experience and reliability of the offeror's organization are considered subjectively in the evaluation process. Therefore, the offeror is advised to submit any information which documents successful and reliable experience in past performances, especially those performances related to the requirements of this RFP.
- 6.3** The qualifications of the personnel proposed by the offeror to perform the requirements of this RFP, whether from the offeror's organization or from a proposed subcontractor, will be subjectively evaluated. Therefore, the offeror should submit detailed information related to the experience and qualifications, including education and training, of proposed personnel.
- 6.4** The State reserves the right to reject any or all proposals, waive technicalities, and make award(s) as deemed to be in the best interest of the State of South Dakota.
- 6.5 Award:** The requesting agency and the highest ranked offeror shall mutually discuss and refine the scope of services for the project and shall negotiate terms, including compensation and performance schedule.
- 6.5.1 If the agency and the highest ranked offeror are unable for any reason to negotiate a contract at a compensation level that is reasonable and fair to the agency, the agency shall, either orally or in writing, terminate negotiations with the contractor. The agency may then negotiate with the next highest ranked contractor.
 - 6.5.2 The negotiation process may continue through successive offerors, according to agency ranking, until an agreement is reached or the agency terminates the contracting process.
 - 6.5.3 If the agency negotiates a contract with any qualified vendor and the contract is terminated for any cause it may return to this bid and negotiate a contract with a qualified bidder.

7.0 COST PROPOSAL

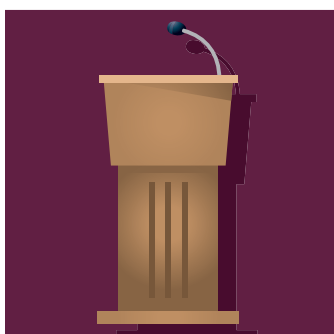
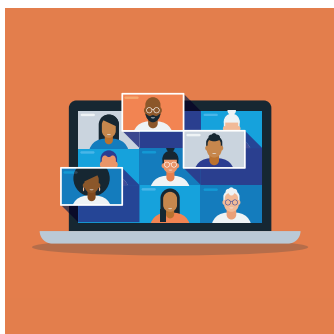
Proposers must submit a detailed, itemized cost proposal as a separate document from the technical proposal. The cost proposal must include the following:

7.1 Line-item breakdown of all proposed costs, including but not limited to:

- 7.1.1 Personnel (by position/title, hourly rate, and estimated hours)
- 7.1.2 Fringe benefits
- 7.1.3 Travel
- 7.1.4 Supplies and materials
- 7.1.5 Equipment (if applicable)
- 7.1.6 Contractual services/subawards
- 7.1.7 Other direct costs
- 7.1.8 Indirect costs (with rate and base clearly identified)

7.2 Narrative justification for each line item that clearly explains the basis for the proposed amounts.

7.3 Total cost summary showing the overall proposed budget amount.



Conducting the Public's Business in Public

A guide to South Dakota's
Open Meetings Laws
(Revised 2025)

Prepared by:
S.D. Attorney General's Office
in partnership with the
S.D. NewsMedia Association

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Q: WHAT ARE SOUTH DAKOTA'S OPEN MEETINGS LAWS?

A: South Dakota's open meetings laws embody the principle that the public is entitled to the greatest possible information about public affairs and are intended to encourage public participation in government. SDCL Ch. 1-25 requires that official meetings of public bodies must be public and advance notice is to be given of such meetings. The statutes define an "official meeting" as one where a quorum of the public body is present and at which official business or public policy of the body is discussed or decided. Openness in government is encouraged.

Q: WHO DOES THE OPEN MEETINGS LAWS APPLY TO?

A: The open meetings laws apply to all public bodies of the state and its political subdivisions. SDCL 1-25-1, 1-25-12(3). This includes cities, counties, school boards and other public bodies created by ordinance or resolution, such as appointed boards, task forces, and committees, so long as they have authority to exercise sovereign power. SDCL 1-25-12(2). Although no court decisions have been issued on the subject, this probably does not include bodies that serve only in an advisory capacity. The State Constitution allows the Legislature and the Unified Judicial System to create rules regarding their own separate functions.

Q: ARE TELECONFERENCES CONSIDERED PUBLIC MEETINGS?

A: Yes. The open meetings laws allow meetings, including executive or closed meetings, to be conducted by teleconference – defined as an exchange of information by audio, video, or electronic means (including the internet) – if a place is provided for the public to participate. SDCL 1-25-1.5, 1-25-12(5). In addition, for teleconferences where

less than a quorum of the public body is present at the location open to the public, arrangements must also be made for the public to listen by telephone or internet (except for portions of meetings properly closed for executive sessions). SDCL 1-25-1.6. The media and public must be notified of teleconference meetings under the same notice requirements as any other meeting.

Q: HOW ARE THE PUBLIC AND MEDIA NOTIFIED WHEN PUBLIC BUSINESS IS BEING DISCUSSED?

A: SDCL 1-25-1.1 requires that all political subdivisions (except the state and its boards, commissions, or departments as provided in § 1-25-1.3) prominently post a notice and copy of the proposed agenda at the political subdivision's principal office. At a minimum, the proposed agenda must include the date, time, and location of the meeting and must be visible, readable, and accessible to the public for 24 continuous hours immediately preceding the meeting. Also, if the political subdivision has its own website, the notice must be posted on the website upon dissemination of the notice. For special or rescheduled meetings, political subdivisions must comply with the regular meeting notice requirements as much as circumstances permit. The notice must be delivered in person, by mail, by email, or by telephone to all local news media who have asked to be notified. It is good practice for local media to renew requests for notification of special or rescheduled meetings at least annually.

SDCL 1-25-1.3 varies slightly from SDCL 1-25-1.1 and requires the State and its agencies, boards, commissions, or departments to give notice by posting a proposed agenda at least 72 continuous hours before a meeting is scheduled to start (this does not include any weekend or legal holiday). The State is also required to give notice of a public meeting by posting its proposed agenda on <http://boardsandcommissions.sd.gov>.

Q: WHO ARE LOCAL NEWS MEDIA?

A: There is no definition of “local news media” in SDCL ch. 1-25. “News media” is defined in SDCL 13-1-57 generally as those personnel of a newspaper, periodical, news service, radio station, or television station regardless of the medium through which their content is delivered. The Attorney General is of the opinion that “local news media” is all news media – broadcast and print – that regularly carry news to the community.

Q: IS A PUBLIC COMMENT PERIOD REQUIRED AT PUBLIC MEETINGS?

A: Yes. Public bodies are required to provide at every official meeting a period of time on their agenda for public comment. SDCL 1-25-1. Each public body has the discretion to limit public comment as to the time allowed for each topic commented on, and as to the total time allowed for public comment. Public comment is not required at meetings held solely for an executive session, inauguration, presentation of an annual report, or swearing in of elected officials.

Q: CAN PUBLIC MEETINGS BE RECORDED?

A: Yes, SDCL 1-25-11 requires public bodies to allow recording (audio or video) of their meetings if the recording is reasonable, obvious, and not disruptive. This requirement does not apply to those portions of a meeting confidential or closed to the public.

Q: WHEN CAN A MEETING BE CLOSED TO THE PUBLIC AND MEDIA?

A: SDCL 1-25-2 allows a public body to close a meeting for the following purposes: 1) to discuss personnel issues pertaining to officers or employees; 2) consideration of the performance or discipline of a student, or the student’s participation in interscholastic activities; 3) consulting with legal counsel, or reviewing communications from legal counsel about proposed or pending litigation or

contractual matters; 4) employee contract negotiations; 5) to discuss marketing or pricing strategies of a publicly-owned competitive business; or 6) to discuss information related to the protection of public or private property such as emergency management response plans or other public safety information. The statute also recognizes that executive session may be appropriate to comport with other laws that require confidentiality or permit executive or closed meetings. Federal law pertaining to students and medical records will also cause school districts and other entities to conduct executive sessions or conduct meetings to refrain from releasing confidential information. Meetings may also be closed by cities and counties for certain economic development matters. SDCL 9-34-19.

Note that SDCL 1-25-2 and SDCL 9-34-19 do not require meetings be closed in any of these circumstances.

Any official action based on discussions in executive session must, however, be made at an open meeting.

Q: WHAT IS THE PROPER PROCEDURE FOR EXECUTIVE SESSIONS?

A: Motions for executive sessions must refer to the specific state or federal law allowing for the executive session i.e. “pursuant to SDCL 1-25-2(3).” Also, best practice to avoid public confusion would be that public bodies explain the reason for going into executive session. For example, the motion might state “motion to go into executive session pursuant to SDCL 1-25-2(1) for the purposes of discussing a personnel matter,” or “motion to go into executive session pursuant to SDCL 1-25-2(3) for the purposes of consulting with legal counsel.”

Discussion in the executive session must be strictly limited to the announced subject. No official votes may be taken on any matter during an executive session. The public body must return to open session before any official action can be taken.

Q: WHAT HAPPENS IF THE MEDIA OR PUBLIC IS IMPROPERLY EXCLUDED FROM A MEETING OR OTHER VIOLATIONS OF THE OPEN MEETING LAWS OCCUR?

A: Excluding the media or public from a meeting that has not been properly closed subjects the public body or the members involved to: (a) prosecution as a Class 2 misdemeanor punishable by a maximum sentence of 30 days in jail, a \$500 fine or both; or (b) a reprimand by the Open Meeting Commission ("OMC"). The same penalties apply if the agenda for the meeting is not properly posted, or other open meeting violations occur.

Also, action taken during any meeting that is not open or has not been properly noticed could, if challenged, be declared null and void.

Q: HOW ARE ISSUES REFERRED TO THE OPEN MEETINGS COMMISSION ("OMC")?

A: Persons alleging violations of the open meetings laws must make their complaints with law enforcement officials in the county where the offense occurred. After a signed and notarized complaint is made under oath, and any necessary investigation is conducted, the State's Attorney may: (a) prosecute the case as a misdemeanor; (b) find that the matter has no merits and file a report with the Attorney General for statistical purposes; or (c) forward the complaint to the OMC for a determination. The OMC is comprised of five State's Attorneys or Deputy State's Attorneys appointed by the Attorney General. The OMC examines whether a violation has occurred and makes written public findings explaining its reasons. If you have questions on the procedures or status of a pending case, you may contact the Attorney General's Office at 605-773-3215 to talk to an assistant for the OMC. Procedures for the OMC are posted on the website for the Office of Attorney General. <http://atg.sd.gov/>.

Q: WHAT DOES THE TERM "SOVEREIGN POWER" MEAN?

A: The open meetings laws do not define this term, but it generally means the power to levy taxes, impose penalties, make special assessments, create ordinances, abate nuisances, regulate the conduct of others, or perform other traditional government functions. The term may include the exercise of many other governmental functions. If an entity is unclear whether it is exercising "sovereign power" it should consult with legal counsel.

Q: MAY AGENDA ITEMS BE CONSIDERED IF THEY ARE ADDED LESS THAN 24 HOURS BEFORE A MEETING?

A: Proposed agendas for public meetings must be posted at least 24 hours in advance of the meeting. The purpose of providing advance notice of the topics to be discussed at a meeting is to provide information to interested members of the public concerning the governing body's anticipated business. Typically, the public body adopts the final agenda upon convening the meeting. At the time the final agenda is adopted, the governing body may add or delete agenda items and may also change the order of business. See *In re Yankton County Commission, Open Meetings Commission Decision # 20-03*, December 31, 2020. New items cannot be added after the agenda has been adopted by the governing body.

Public bodies are strongly encouraged to provide at least 24 hours' notice of all agenda items so as to be fair to the public and to avoid dispute.

For special or rescheduled meetings, public bodies are to comply to the extent circumstances permit. In other words, posting less than 24 hours in advance may be permissible in emergencies.

Q: ARE EMAIL DISCUSSIONS "MEETINGS" FOR PURPOSES OF THE OPEN MEETINGS LAWS?

A: The definition of an "official meeting" in SDCL 1-25-12(1) specifically includes meetings conducted by "electronic means, including electronic mail, instant messaging, social media, text message, or virtual meeting platform[.]" A quorum of a public body that discusses official business of that body via electronic means is conducting an official meeting for purposes of the open meetings laws. Electronic communications made solely for scheduling purposes do not fall within the definition of an official meeting.

Q: WHAT RECORDS MUST BE AVAILABLE TO THE PUBLIC IN CONJUNCTION WITH PUBLIC MEETINGS?

A: SDCL 1-25-1.4 requires state boards, commissions, or departments to make public meeting materials available on <http://boardsandcommissions.sd.gov>. SDCL 1-27-1.16 requires that any other public body must post meeting materials on the public body's website or make those materials available to the public at least twenty-four hours prior to the hearing or when made available to the members of the public body, whichever is later. Finally, SDCL 1-27-1.17 requires that draft minutes of public meetings must be made available to the public at the principal place of business for the public body within 10 business days after the meeting (or made available on the website for the public body within five business days).

These laws are in addition to any specific requirements for public bodies (i.e., publication requirements in state laws pertaining to cities, counties, or school districts). Enforcement of public records laws contained in SDCL Ch. 1-27 are handled by separate procedures found in SDCL 1-27-35, et. seq. rather than the open meeting procedures described above. Violations of SDCL 1-27-1.16 and 1-27-1.17 are also Class 2 misdemeanors.

Q: WHAT REQUIREMENTS APPLY TO TASK FORCES, COMMITTEES AND WORKING GROUPS?

A: Task forces and committees that exercise "sovereign power," and are created by statute, ordinance, or proclamation are required to comply with the open meetings laws. SDCL 1-25-12(1). Task forces, committees, and working groups that are not created by statute, ordinance, or proclamation, or are advisory only, may not be subject to the open meetings laws, but are encouraged to comply to the extent possible when public matters are discussed. Ultimately, if such advisory task forces, committees and working groups present any reports or recommendations to public bodies, the public bodies must wait until the next meeting (or later) before taking final action on the recommendations. SDCL 1-27-1.18.

Q: ARE PUBLIC BODIES REQUIRED TO REVIEW THE OPEN MEETINGS LAWS?

A: Public bodies must annually review an explanation of the open meetings laws provided by the Attorney General, along with any other material pertaining to the open meetings laws made available by the Attorney General. SDCL 1-25-13. Each public body must report in its minutes that the annual review of the open meetings laws was completed.

PERTINENT S.D. OPEN MEETINGS STATUTES

(other specific provisions may apply depending on the public body involved)



1-25-1. OPEN MEETINGS. An official meeting of a public body is open to the public unless a specific law is cited by the public body to close the official meeting to the public.

It is not an official meeting of one public body if its members provide information or attend the official meeting of another public body for which the notice requirements of § 1-25-1.1 or 1-25-1.3 have been met. It is not an official meeting of a public body if its members attend a press conference called by a representative of the public body.

For any event hosted by a nongovernmental entity to which a quorum of the public body is invited and public policy may be discussed, but the public body does not control the agenda, the public body may post a public notice of a quorum, in lieu of an agenda. The notice of a quorum must meet the posting requirements of § 1-25-1.1 or 1-25-1.3 and must contain, at a minimum, the date, time, and location of the event.

The public body shall reserve at every official meeting a period for public comment, limited at the public body's discretion as to the time allowed for each topic and the total time allowed for public comment, but not so limited as to provide for no public comment.

Public comment is not required at an official meeting held solely for the purpose of meeting in executive session, an inauguration, presentation of an annual report to the public body, or swearing in of a newly elected official, regardless of whether the activity takes place at the time and place usually reserved for an official meeting.

If a quorum of township supervisors, road district trustees, or trustees for a municipality of the third class meets solely for purposes of implementing previously publicly adopted policy; carrying out ministerial functions of that township, district, or municipality; or undertaking a factual investigation of conditions related to public safety; the meeting is not subject to the provisions of this chapter.

A violation of this section is a Class 2 misdemeanor.

1-25-1.1. PUBLIC NOTICE OF POLITICAL SUBDIVISIONS. Each political subdivision shall provide public notice, with proposed agenda, that is visible, readable, and accessible for at least an entire, continuous twenty-four hours immediately preceding any official meeting, by posting a copy of the notice, visible to the public, at the principal office of the political subdivision holding the meeting. The proposed agenda shall include the date, time, and location of the meeting. The notice shall also be posted on the political subdivision's website upon dissemination of the notice, if a website exists. For any special or rescheduled meeting, the information in the notice shall be delivered in person, by mail, by email, or by

telephone, to members of the local news media who have requested notice. For any special or rescheduled meeting, each political subdivision shall also comply with the public notice provisions of this section for a regular meeting to the extent that circumstances permit. A violation of this section is a Class 2 misdemeanor.

1-25-1.3. PUBLIC NOTICE OF STATE. The state shall provide public notice of a meeting by posting a copy of the proposed agenda at the principal office of the board, commission, or department holding the meeting. The proposed agenda shall include the date, time, and location of the meeting, and be visible, readable, and accessible to the public. The agenda shall be posted at least seventy-two hours before the meeting is scheduled to start according to the agenda. The seventy-two hours does not include Saturday, Sunday, or legal holidays. The notice shall also be posted on a state website, designated by the commissioner of the Bureau of Finance and Management. For any special or rescheduled meeting, the information in the notice shall be delivered in person, by mail, by email, or by telephone, to members of the local news media who have requested notice. For any special or rescheduled meeting, the state shall also comply with the public notice provisions of this section for a regular meeting to the extent that circumstances permit. A violation of this section is a Class 2 misdemeanor.

1-25-1.5. TELECONFERENCE MEETING. Any official meeting may be conducted by teleconference. A teleconference may be used to conduct a hearing or take final disposition regarding an administrative rule pursuant to § 1-26-4. A member is deemed present if the member answers present to the roll call conducted by teleconference for the purpose of determining a quorum. Each vote at an official meeting held by teleconference may be taken by voice vote. If any member votes in the negative, the vote shall proceed to a roll call vote.

1-25-1.6. TELECONFERENCE PARTICIPATION. At any official meeting conducted by teleconference, there shall be provided one or more places at which the public may listen to and participate in the teleconference meeting. For any official meeting held by teleconference, that has less than a quorum of the members of the public body participating in the meeting who are present at the location open to the public, arrangements shall be provided for the public to listen to the meeting via telephone or internet. The requirement to provide one or more places for the public to listen to the teleconference does not apply to official meetings closed to the public pursuant to specific law.

1-25-2. EXECUTIVE SESSION. Executive or closed meetings may be held for the sole purposes of:

(1) Discussing the qualifications, competence, performance, character or fitness of any public officer or employee or prospective public officer or employee. The term, employee, does not include any independent contractor;

(2) Discussing the expulsion, suspension, discipline, assignment of or the educational program of a student or the eligibility of a student to participate in interscholastic activities provided by the South Dakota High School Activities Association;

(3) Consulting with legal counsel or reviewing communications from legal counsel about proposed or pending litigation or contractual matters;

(4) Preparing for contract negotiations or negotiating with employees or employee representatives;

(5) Discussing marketing or pricing strategies by a board or commission of a business owned by the state or any of its political subdivisions, when public discussion may be harmful to the competitive position of the business; or

(6) Discussing information pertaining to the protection of public or private property and any person on or within public or private property specific to:

(a) Any vulnerability assessment or response plan intended to prevent or mitigate criminal acts;

(b) Emergency management or response;

(c) Public safety information that would create a substantial likelihood of endangering public safety or property, if disclosed;

(d) Cyber security plans, computer, communications network schema, passwords, or user identification names;

(e) Guard schedules;

(f) Lock combinations;

(g) Any blueprint, building plan, or infrastructure record regarding any building or facility that would expose or create vulnerability through disclosure of the location, configuration, or security of critical systems of the building or facility; and

(h) Any emergency or disaster response plans or protocols, safety or security audits or reviews, or lists of emergency or disaster response personnel or material; any location or listing of weapons or ammunition; nuclear, chemical, or biological agents; or other military or law enforcement equipment or personnel.

However, any official action concerning the matters pursuant to this section shall be made at an open official meeting. An executive or closed meeting must be held only upon a majority vote of the members of the public body present and voting, and discussion during the closed meeting

is restricted to the purpose specified in the closure motion. Nothing in § 1-25-1 or this section prevents an executive or closed meeting if the federal or state Constitution or the federal or state statutes require or permit it. A violation of this section is a class 2 misdemeanor.

1-25-6. DUTY OF STATE'S ATTORNEY. If a complaint alleging a violation of chapter 1-25 is made pursuant to § 23A-2-1, the state's attorney shall take one of the following actions:

(1) Prosecute the case pursuant to Title 23A;

(2) Determine that there is no merit to prosecuting the case. Upon doing so, the state's attorney shall send a copy of the complaint and any investigation file to the attorney general. The attorney general shall use the information for statistical purposes and may publish abstracts of such information, including the name of the government body involved for purposes of public education; or

(3) Send the complaint and any investigation file to the South Dakota Open Meetings Commission for further action.

1-25-6.1. DUTY OF STATE'S ATTORNEY (COUNTY COMMISSION ISSUES). If a complaint alleges a violation of this chapter by a board of county commissioners, the state's attorney shall take one of the following actions:

(1) Prosecute the case pursuant to Title 23A;

(2) Determine that there is no merit to prosecuting the case. The attorney general shall use the information for statistical purposes and may publish abstracts of the information as provided by § 1-25-6;

(3) Send the complaint and any investigation file to the South Dakota Open Meetings Commission for further action; or

(4) Refer the complaint to another state's attorney or to the attorney general for action pursuant to § 1-25-6.

1-25-7. REFERRAL TO OMC. Upon receiving a referral from a state's attorney or the attorney general, the South Dakota Open Meetings Commission shall examine the complaint and investigatory file submitted by the state's attorney or the attorney general and shall also consider signed written submissions by the persons or entities that are directly involved. Based on the investigatory file submitted by the state's attorney or the attorney general and any written responses, the commission shall issue a written determination on whether the conduct violates this chapter, including a statement of the reasons therefor and findings of fact on each issue and conclusions of law necessary for the proposed decision. The final decision shall be made by a majority of the commission members, with each member's vote set forth in the written decision. The final decision shall be filed with the attorney general and shall be provided to the public entity and or public officer involved, the state's attorney,

and any person that has made a written request for such determinations. If the commission finds a violation of this chapter, the commission shall issue a public reprimand to the offending official or governmental entity. However, no violation found by the commission may be subsequently prosecuted by the state's attorney or the attorney general. All findings and public censures of the commission shall be public records pursuant to § 1-27-1. Sections 1-25-6 to 1-25-9, inclusive, are not subject to the provisions of chapter 1-26.

1-25-8. OMC Members. The South Dakota Open Meeting Commission is comprised of five state's attorneys or deputy state's attorneys appointed by the attorney general. Each commissioner serves at the pleasure of the attorney general. The members of the commission shall choose a chair of the commission annually by majority vote.

1-25-12. DEFINITIONS. Terms used in the open meetings laws mean:

(1) "Official meeting," any meeting of a quorum of a public body at which official business or public policy of that public body is discussed or decided by the public body, whether in person or by means of teleconference or electronic means, including electronic mail, instant messaging, social media, text message, or virtual meeting platform, provided the term does not include communications solely to schedule a meeting or confirm attendance availability for a future meeting;

(2) "Political subdivision," any association, authority, board, municipality, commission, committee, council, county, school district, task force, town, township, or other local governmental entity, which is created by statute, ordinance, or resolution, and is vested with the authority to exercise any sovereign power derived from state law;

(3) "Public body," any political subdivision or the state;

(4) "State," each agency, board, commission, or department of the State of South Dakota, not including the Legislature; and

(5) "Teleconference," an exchange of information by any audio, video, or electronic medium, including the internet.

1-25-13. ANNUAL REVIEW OF OPEN MEETING LAWS. Any agency, as defined in § 1-26-1, or political subdivision of this state, that is required to provide public notice of its meetings pursuant to § 1-25-1.1 or 1-25-1.3 must annually review the following, during an official meeting of the agency or subdivision:

(1) The explanation of the open meeting laws of this state published by the attorney general, pursuant to § 1-11-1; and

(2) Any other material pertaining to the open meeting laws of this state provided by the attorney general.

The agency or subdivision must include in the minutes of the official meeting an acknowledgement that the review was completed.

1-27-1.16. MEETING PACKETS AND MATERIALS.

If a meeting is required to be open to the public pursuant to § 1-25-1 and if any printed material relating to an agenda item of the meeting is prepared or distributed by or at the direction of the governing body or any of its employees and the printed material is distributed before the meeting to all members of the governing body, the material shall either be posted on the governing body's website or made available at the official business office of the governing body at least twenty-four hours prior to the meeting or at the time the material is distributed to the governing body, whichever is later. If the material is not posted to the governing body's website, at least one copy of the printed material shall be available in the meeting room for inspection by any person while the governing body is considering the printed material. However, the provisions of this section do not apply to any printed material or record that is specifically exempt from disclosure under the provisions of this chapter or to any printed material or record regarding the agenda item of an executive or closed meeting held in accordance with § 1-25-2. A violation of this section is a Class 2 misdemeanor. However, the provisions of this section do not apply to printed material, records, or exhibits involving contested case proceedings held in accordance with the provisions of chapter 1-26.

1-27-1.17. DRAFT MINUTES. The unapproved, draft minutes of any public meeting held pursuant to § 1-25-1 that are required to be kept by law shall be available for inspection by any person within ten business days after the meeting. However, this section does not apply if an audio or video recording of the meeting is available to the public on the governing body's website within five business days after the meeting. A violation of this section is a Class 2 misdemeanor. However, the provisions of this section do not apply to draft minutes of contested case proceedings held in accordance with the provisions of chapter 1-26.

1-27-1.18. WORKING GROUP REPORTS. Any final recommendations, findings, or reports that result from a meeting of a committee, subcommittee, task force, or other working group which does not meet the definition of a political subdivision or public body pursuant to § 1-25-1, but was appointed by the governing body, shall be reported in open meeting to the governing body which appointed the committee, subcommittee, task force, or other working group. The governing body shall delay taking any official action on the recommendations, findings, or reports until the next meeting of the governing body.