State of South Dakota

EIGHTY-SIXTH SESSION LEGISLATIVE ASSEMBLY, 2011

723S0114 HOUSE ENGROSSED NO. HB 1052 - 2/1/2011

Introduced by: Representatives Elliott, Blake, Feickert, Jones, Kirschman, Schaefer, and Sigdestad and Senators Buhl, Frerichs, and Hundstad

- 1 FOR AN ACT ENTITLED, An Act to revise the allowable ratio of pharmacy technicians to
- 2 pharmacists.
- 3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF SOUTH DAKOTA:
- 4 Section 1. That ARSD 20:51:29:19 be amended to read as follows:
- 5 20:51:29:19. Ratio. The ratio of pharmacy technicians to pharmacists that may be on duty
- 6 in a pharmacy at a given time is two three technicians for every pharmacist. A pharmacy intern
- 7 does not count in this ratio (\S 20:51:02:11.01).
- 8 Section 2. That ARSD 20:51:29:19.02 be repealed.
- 9 <u>20:51:29:19.02</u>. Exception to ratio for retail, hospital, and long-term care pharmacy. The
- 10 maximum ratio of pharmacy technicians to pharmacists that may be on duty in a retail, hospital,
- 11 and long-term care pharmacy is three technicians for every pharmacist on duty. However, if
- 12 applicable to the practice and services provided all of the following requirements must be met:
- 13 (1) Medication is dispensed pursuant to a legal prescription;
- 14 (2) The technology includes tablet or product imaging and or bar code scanning, or both,
- 15 to insure accuracy in the prescription filling process;

1	- (3) A role-based access software automation system that places stop points within the
2	prescription filling process is used, which requires a pharmacist's intervention before allowing
3	the prescription to move to the next step in the prescription dispensing process;
4	(4) Pharmacy software that screens and detects drug allergies, identifies drug interactions,
5	and checks age appropriate dosage ranges is used;
6	(5) A pharmacist reviews clinically significant computer warnings of drug interactions,
7	therapy duplications, and contraindications;
8	(6) Electronic surveillance technology is used to control access or to provide continuous
9	monitoring of all areas where drugs are stored or dispensed;
10	(7) All non-pharmacist personnel who input patient drug information into a computer or
11	whose duties include receiving, packaging, shipping of drugs, or who have access to any areas
12	where drugs are dispensed are registered as pharmacy technicians and meet the requirements in
13	chapter 20:51:29;
14	(8) Technicians above a 2:1 ratio must have completed a board-approved technician
15	education program and have passed a board-approved pharmacy technician certification
16	examination that is accredited by the National Commission for Certifying Agencies (NCCA);
17	(9) In retail pharmacies, patients have access to a pharmacist during normal business hours
18	on a dedicated pharmacy staff line. In hospital and long-term care pharmacies, nursing personnel
19	in facilities served by the pharmacy have telephone access to a pharmacist 24 hours a day, 7
20	days a week;
21	(10) Drug information, both electronic and hard copy, is readily available to pharmacists;
22	- (11) A quality assurance program that identifies and evaluates dispensing errors,
23	accompanied by a continuous quality improvement program that assures very high dispensing
24	accuracy rates in place;

- (12) There are written policies and procedures for all pharmacy functions -- clerical,
 supportive, technical, and clinical;
- 3 (13) There are written policies and procedures for training personnel, including on-going
- 4 training programs for all personnel and documentation of that training for each employee;
- 5 (14) There is a strict monitoring program designed to prevent diversion of controlled
- 6 substances. This includes perpetual inventory of all schedule II controlled drugs as well as
- 7 selected high-risk schedule III, IV, and V drugs. Routine audits are conducted to review
- 8 purchases versus dispensing of controlled drugs to deter and detect diversion.