

# ARKANSAS REGISTER

## Transmittal Sheet



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State Capitol Room 017  
Little Rock, AR 72201-1094

For Office  
Use Only:

Effective Date 9/15/97 Code Number 070.00.97--006

Name of Agency ARKANSAS STATE BOARD OF PHARMACY

Department \_\_\_\_\_

Contact Person John T. Douglas, P.D., or Sheila Castin

Statutory Authority for Promulgating Rules \$17-92-205 (a)

Intended Effective Date

Date

☐ Emergency

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Adopted by State Agency . . . . . 08/20/97

### CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted  
In Compliance with Act 434 of 1967 As Amended.

John T. Douglas P.D.  
Signature

Executive Director

Title

September 5, 1997

Date

BY Sharon Priest  
SECRETARY OF STATE  
STATE OF ARKANSAS

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## REGULATION 62

### REQUIREMENTS FOR DIABETES SELF-MANAGEMENT TRAINING FOR PHARMACISTS:

In order to be certified to provide Diabetes Self-Management Training, a pharmacist shall complete an educational program which is approved by the Arkansas State Board of Pharmacy and in compliance with the National Standards for Diabetes Self-Management Education as developed by the American Diabetes Association.

The standards for the educational program are as follows:

1. The sponsoring organization shall have a written policy that affirms education as an integral component of diabetes care.
2. The sponsoring organization shall identify and provide the educational resources required to achieve its educational objectives in terms of its target population. These resources include adequate space, personnel, budget, and instructional materials.
3. The organizational relationships, lines of authority, staffing, job descriptions, and operational policies shall be clearly defined and documented.
4. The service area shall be assessed in order to define the target population and determine appropriate allocation of personnel and resources to serve the educational needs of the target population.
5. A standing advisory committee consisting of a pharmacist, physician, nurse educator, dietitian, and individual with behavioral science expertise, a consumer, and a community representative, at a minimum shall be established to oversee the program.
6. The advisory committee shall participate in the annual planning process, including determination of target audience, program objective, participant access mechanisms, instructional methods, resource requirements (including space, personnel, budget, and materials), participant follow up mechanisms, and program evaluation.
7. Professional program staff shall have sufficient time and resources for lesson planning, instruction, documentation, evaluation, and follow-up.
8. Community resources shall be assessed periodically.
9. A coordinator shall be designated who is responsible for program planning, implementation, and evaluation.
10. Health care professionals with recent didactic and experiential preparation in diabetes clinical and educational issues shall serve as the program instructors. The staff shall include at least a nurse educator and a dietitian who collaborate routinely. Certification as a diabetes educator by the National Certification Board for Diabetes Educators is recommended.
11. Professional program staff shall obtain education about diabetes educational principles,

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and behavioral change strategies on a continuing basis.

12. Based on the needs of the target population, the program shall be capable of offering instruction in the following content areas:
  - a. Diabetes overview
  - b. Stress and psychosocial adjustment
  - c. Family involvement and social support
  - d. Nutrition
  - e. Exercise and activity
  - f. Medications
  - g. Monitoring and use of results
  - h. Relationship among nutrition, exercise, medication, and blood glucose levels
  - i. Prevention, detection, and treatment of acute complications
  - j. Prevention, detection, and treatment of chronic complication
  - k. Foot, skin, and dental care
  - l. Behavior change strategies, goal setting, risk factor reduction, and problem solving
  - m. Benefits, risks, and management options for improving glucose control
  - n. Preconception care, pregnancy, and gestational diabetes
  - o. Use of health care systems and community resources
13. The program shall use instructional methods and materials that are appropriate for the target population and the participants being served.
14. A system shall be in place to inform the target population and potential referral sources of the availability and benefits of the program.
15. The program shall be conveniently and regularly available.
16. The program shall be responsive to requests for information and referrals from consumers, health care professionals, and health care agencies.
17. An individualized assessment shall be developed and updated in collaboration with each participant. The assessment shall include relevant medical history, present health status, health service or resource utilization, risk factors, diabetes knowledge and skills, cultural influences, health beliefs and attitudes health behaviors and goals, support systems, barriers to learning, and socioeconomic factors.
18. An individualized education plan, based on the assessment, shall be developed in collaboration with each participant.
19. The participant's educational experience, including assessment, intervention, evaluation, and follow-up, shall be documented in a permanent medical or education record. There shall be documentation of collaboration and coordination among program staff and other providers.
20. The program shall offer appropriate and timely educational interventions based on periodic reassessments of health status, knowledge, skills, attitudes, goals, and self-care behaviors.

21. The advisory committee shall review program performance annually, including all components of the annual program plan and curriculum, and use the information in subsequent planning and program modification.
22. The advisory committee shall annually review and evaluate predetermined outcomes for program participants.

DEPARTMENT Arkansas State Board of Pharmacy  
DIVISION \_\_\_\_\_  
PERSON COMPLETING THIS STATEMENT John T. Douglas, P.D.  
TELEPHONE NO. 682-0190 FAX NO. 682-0195

FINANCIAL IMPACT STATEMENT

To comply with Act 884 of 1995, please complete the following Financial Impact Statement and file with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE Regulation 62

1. Does this proposed, amended, or repealed rule or regulation have a financial impact? Yes \_\_\_\_\_ No x
2. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain. It would be impossible to predict whether or not the availability of training decreases health care costs.
3. If the purpose of this rule or regulation is to implement a federal rule or regulation, please give the incremental cost for implementing the regulation.

1997-98 Fiscal Year

1998-99 Fiscal Year

General Revenue \_\_\_\_\_  
Federal Funds \_\_\_\_\_  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_  
Other \_\_\_\_\_  
Total \_\_\_\_\_

General Revenue \_\_\_\_\_  
Federal Funds \_\_\_\_\_  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_  
Other \_\_\_\_\_  
Total \_\_\_\_\_

4. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule or regulation?

1997-98 Fiscal Year

1998-99 Fiscal Year

none

none

5. What is the total estimated cost by fiscal year to the agency to implement this regulation?

1997-98 Fiscal Year

1998-99 Fiscal Year

none

none

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STATE OF ARKANSAS  
July 28, 1995