In March 2001, the California State Board of Pharmacy, along with the California Department of Consumer Affairs’ Office of Examination Resources, arranged for an audit team of four experienced psychometricians and one licensed Board member to interview NABP staff and consultants, review any documents relating to the validity of the North American Pharmacist Licensure Examination™ (NAPLEX®), and to determine if the NAPLEX meets the standards outlined in California’s psychometric standards, legal standards, and testing principles.

The audit team studied the NAPLEX solely on its merits and its compliance with the Standards for Educational and Psychological Testing, as set forth by the American Educational Research Association, the American Psychological Association, and the National Council on Measurement in Education. “NABP staff fully cooperated and assisted the audit team with all requests, including an inspection of NABP headquarters and an examination of the security procedures implemented to protect examination materials,” states Richard K. “Mick” Markuson, NABP president. NABP was given the final draft of the audit to review and ensure that all statements were accurate. The Association was given the option to remove confidential or proprietary information.

The audit team looked at all areas of the NAPLEX that were relevant to effective examination development and administration. It concluded that the NAPLEX meets all relevant psychometric standards and is a valid measure of competencies essential for entry-level pharmacy practice. The decision to recognize NAPLEX as the state’s entry-level licensure examination was

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Survey Presents a Snapshot of Board Activities

NABP’s 2001 Biennial Resources and Responsibilities Survey provides detailed and extensive statistics about the work in which the state boards of pharmacy engage and the manner in which that work is accomplished. The results are a snapshot of regulatory bodies committed to the protection and well-being of the public health.

The survey information includes statistics and definitions regarding board organization, licensure and disciplinary functions, expenses and revenue, fiscal information, computer capabilities, and human resources functions. Forty-seven boards participated in the 2001 survey.

Twenty boards, an increase of three from the 1999 survey, function under a central agency. The number of boards that function autonomously has decreased by two to a total of 25, and the remaining two boards straddle both categories, depending on the task involved. The survey lists general information, including the number of actual pharmacy licenses each state issues and the amount in dollars generated in terms of revenue and dollars spent in terms of expenses.

- The number of pharmacist licenses issued by the boards ranges from a low of 51 to a high of 27,152.
- Budget expenses for the boards start from under $500,000 to almost $5,000,000, whereas budget revenue starts from under $500,000 to almost $10,000,000.

All of the boards are responsible for licensing and disciplinary matters for their pharmacy practitioners. Licensure and disciplinary functions include evaluating qualifications of examination applicants, administering examinations, issuing examination grades, evaluating candidates for licensure, processing renewals, setting practice standards, conducting investigations, holding disciplinary hearings, making final determinations of wrongdoing, and determining penalties. Twenty-eight boards, almost 60%, are responsible for enforcing the Controlled Substances Act, while almost 45%, or 21 boards, are responsible for the Food, Drug &
Cosmetic Act. Slightly more than 91% perform inspections. Almost all the boards and centralized agencies are responsible for such fiscal matters as developing board budgets, setting fines, setting fees, collecting fees, collecting fines, purchasing decisions, and payment processing. Thirty of the state boards’ budgets are fixed by legislative appropriation. The dollar amount of the board’s revenue is derived from examination fees, reciprocity fees, permit or license fees, fines, and others. Approximately 87% of the boards are allowed to impose fines for any infractions of the law. In 2001, fines ranged from $750 to $360,483, and the amounts collected by the boards ranged from $0 to $550,000.

Almost 79% of the boards keep their budgets and financial records on computer. About 98% of the boards store their pharmacist and pharmacy license data on computer, but of those boards that license or register technicians, only 48% maintain such technician data on computer. Other records kept on file via electronic means include demographic data, renewals and reinstatements, and disciplinary actions. Approximately 15% of the boards do not keep disciplinary action records on computer. The Electronic Licensure Transfer Program™ (ELTP™) system is used by 42 of the boards either internally by the boards or centrally with another agency/department for communicating with NABP.

The Resources and Responsibilities Survey results will be provided to the state boards in mid-August, and will be available, for the first time, electronically in a CD-ROM format. This new procedure ensures efficiency and convenience for both the boards and NABP. The boards will then be able to improve their storage and access to the survey results. They will also be able to look up specific sections rather than have to go through the entire survey. For those boards that do not have computer access, NABP will provide printed copies of the survey. Additional copies are also available from the office of NABP’s executive director/secretary at the Association’s headquarters.

NABP and FIP Discuss VIPPS Partnership

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nations will be a primary goal of any enhanced logo.

“I felt it was an excellent meeting and that FIP wanted to cooperate in terms of developing a licensing agreement and cooperative partnership to address international Internet pharmacies,” Anderson explains.

An announcement concerning a possible partnership between NABP and FIP may be made in September in Singapore at FIP’s 61st International Congress, World Congress of Pharmacy and Pharmaceutical Science.
Fundamental to one’s property interest in a professional license is the due process protections afforded by the United States and state constitutions. Due process generally requires that a licensee be afforded certain rights prior to adverse action against the professional license. Such rights include notice of the alleged wrongdoings with sufficiency to allow the licensee to prepare a defense. Such rights also include the right to present evidence, call witnesses, and cross-examine the witnesses of the regulatory board, all before a fair and impartial tribunal. The makeup of the tribunal is sometimes subject to legal scrutiny based upon conflict of interest or other principals that may impact the objectivity of the board.

A physician was disciplined by a hearing committee of the State Board for Professional Medical Conduct in New York. His license to practice medicine in New York was revoked, and such penalty was affirmed by the administrative review board after an assessment of the determination made by the hearing committee. The licensee appealed the matter arguing, among other things, that the three-member hearing committee, which consisted of two physicians and a physician’s assistant, did not include a “layperson” as required by New York law. In response to this argument, the board contended that a layperson is anyone who is not a physician. The board also argued that the statutory interpretation by the board must be given deference by the court.

In addressing the issue of how much deference the court should give to the board’s interpretation of the statute, the court cited previous New York case law whereby questions of strictly statutory reading and analysis, dependent only on accurate interpretation of legislative intent provided little basis to rely on any special competence or expertise of an administrative agency. The court determined that the judiciary need not accord any deference to the agency’s determination and was free to ascertain the proper interpretation from the statutory language and the legislative intent. Therefore, the court found no need to provide special deference to the interpretation of the board.

Turning its attention to the argument of the licensee that the three-member hearing committee did not include a layperson, the court agreed with the licensee. In its analysis, the court reviewed the historical perspectives of the legislation and modifications thereto. Historically, and based upon criticisms that the board was not effectively policing the profession, a state board for professional medical conduct was created consisting of physicians and lay members. The board makeup was, at least in part, based upon the fact that the discipline of licensees should be vested in the hands of a lay board of consumer representatives so as to avoid potential criticism of professional self-protection. As a
compromise, the board was created to be comprised of both professionals and laypersons. The purpose of having lay members on the hearing committee was to ensure that those being disciplined were not judged exclusively by members of the same profession. The court further noted that a physician assistant, who the board argued was a layperson, was a licensed professional medical practitioner, whose profession was also subject to the same public health law. Based upon this analysis and conclusion, the court held that the three-member hearing committee that consisted of two physicians and a physician’s assistant (also licensed and subject to the public health law) in the disciplinary process is not the proper board makeup as mandated by law.

The court also rejected arguments by the board that the vote to discipline the licensee was unanimous and there was no prejudice. The court refused to speculate on the impact that the improperly constituted hearing committee may have had on the final determination of the disciplinary matter. Accordingly, the matter was remanded for a new hearing before a properly constituted hearing committee.

Boards of pharmacy are encouraged to examine the practice act, administrative procedures act, and other applicable laws to determine the necessity of involving laypersons in disciplinary matters. This issue can be especially important where a layperson is unable or unwilling to attend the disciplinary hearing. Should this be the only layperson on the board, the impact of non-participation may be significant.


Interestingly, the Court of Appeals of New York has also ruled upon a matter addressing the makeup of the administrative review board (ARB). In this particular opinion, a physician who was disciplined based upon disciplinary actions and findings of misconduct in other states had his license revoked by a hearing committee. Upon review, the administrative review board upheld the licensure revocation in a decision made by the three physician members of the ARB. By statute, the ARB was to consist of five individuals which include three physicians and two laypersons. As referenced, the two laypersons did not participate in this ARB decision.

Upon appeal, the reviewing court agreed with the licensee, annulled the ARB decision, and remanded the matter for review. The department, on behalf of the ARB, appealed the matter to the Court of Appeals of New York.

The court of appeals reviewed the statutory requirements addressing the makeup of the board and determined that the law merely required a majority of the ARB to participate in the decision-making process. The court held that the legislature did not specifically designate the necessity for a physician(s) and a layperson(s) to participate as a reviewing board. Without such a legislative mandate, the court relied upon the common law rule that a majority of a body constituted a quorum which could make any necessary decisions.

Given the absence of any clear indication that the legislature intended otherwise, the existence of a quorum, or a majority of the ARB, was properly constituted and authorized to render the disciplinary action. Thus, the court of appeals reversed the lower court’s ruling and upheld the revocation of the ARB.

Wolkoff v. Chassin, 675 N.E.2d 447 (NY 1996)

Attorney Dale J. Atkinson is a partner in the law firm of Atkinson & Atkinson, counsel for NABP.
It seems as if once every decade the conflict between the pharmacist’s health care role and the pharmacist’s product security role takes center stage. There are few areas of practice with more opportunity for practitioner-regulator friction than in the oversight of controlled substance acquisition. Recent attention to sustained-release oxycodone misuse has once again turned the regulatory spotlight on diversion prevention.

One of the most common ways for drug diverters to illegally access controlled substances is through prescription fraud or forgery. Mindful of the need to insure the availability of necessary medications for legitimate patients, pharmacists are understandably reluctant to adopt overly conservative practices that shut down diversion but also curtail legitimate use. Pharmacists seek to balance their diversion prevention activities with their care provision activities.

Regulators look to pharmacists as guardians of the nation’s drug supply. They ask pharmacists to screen prescriptions for legitimacy and to refuse dispensing of questionable prescriptions. Pharmacists look to regulators for guidance on appropriate ways to screen prescriptions, mindful of their responsibility to dispense medications to those who need them. In the past, some advice from regulators has been at best only minimally useful.

For example, consider some aspects of the advice offered by the Drug Enforcement Administration (DEA) on its Web site, in the section titled “Pharmacist’s Guide to Prescription Fraud.” Among the criteria offered there as indicating that a prescription may not have been issued for a legitimate medical purpose, the DEA suggests:

- The prescriber writes significantly more prescriptions (or in larger quantities) compared to other practitioners in your area.
- The patient appears to be returning too frequently.
- The patient appears presenting prescriptions written in the names of other people.

These criteria may inappropriately focus suspicions on pain clinics (where physicians write many controlled substance prescriptions), patients whose pain is being undertreated (who appear frequently seeking relief), and critically ill patients who are too sick to come to the pharmacy (and send friends or relatives with different names).

The DEA also suggests these characteristics of a forged prescription:

- Prescription looks “too good,” the prescriber’s handwriting is too legible.
- Quantities, directions, or dosages differ from usual medical usage.

Taken too literally, these factors could create a false alert when a prescriber is trying to improve patient safety by ordering medications more clearly or when innovative approaches to practice are undertaken to meet a patient’s unique needs.

To be sure, there are many other useful suggestions on the DEA Web site. But my own experience with continuing education programs for pharmacists suggests that we still have some serious work to do in providing pharmacists with valuable information about the prevention of diversion through prescription screening.

Pharmacists with whom I have interacted recently seem to feel that a step-wise approach to prescription screening might be useful to them. Within each step there could be factors that would be considered prior to making the next step. Here is how the step-wise approach might look.

**Step 1: Irrelevant Factors**

- Off-label use.
- Aggressive demand.
- Dose/frequency increases.

It is important to realize at the very start that none of the
above three factors has any correlation with prescription forgery.

**Step 2: Suspicion Factors**
- Distracting behaviors.
- Frequent loss.
- Only opioids.
- Same drug, many prescribers.
- Always cash and always brand.

While none of these five factors is conclusive, any of them should raise suspicions and would support continuation to the next step.

**Step 3: Confirmation Factors**
- Refuses prescriber inquiry.
- Refuses partial supply.
- Refuses to permit photocopying of identification.

In the presence of a suspicion factor, a confirmation factor would permit the conclusion that a prescription is forged or fraudulent and should be refused.

**Step 4: Determinative Factors**
- Past forgery.
- Knowledge of street drug use.

Once a pharmacist experiences a forgery with a “patient,” or comes to know that a patient is abusing street drugs, it should be assumed, in the absence of hard evidence to the contrary, that a prescription for a controlled substance subsequently presented by that “patient” is a forgery.

The factors listed here are by no means intended to be inclusive of all that could be of value to pharmacists who, on a day-to-day basis, must make difficult decisions about prescription legitimacy. This step-wise approach is offered only as a suggestion for a process that might be effective in helping pharmacists do their jobs well. Working together, pharmacists and pharmacy regulators may be able to flesh out this process, or develop alternative processes that enable pharmacists to meet patient needs and also prevent controlled substance diversion.

Attorney David Brushwood is a professor at the University of Florida College of Pharmacy. He holds degrees from the University of Kansas, Schools of Pharmacy and Law.

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**May Executive Committee Meeting Highlights**

During its May 4-5, 2001 meeting in Seattle, Wash, NABP’s Executive Committee discussed and acted on the following subjects.

**Community Portal Project**
NABP and the American Pharmaceutical Association (APhA) signed an agreement with a software vendor, the Dakota Group, to develop a joint Internet portal. (See October/November 2000 NABP Newsletter, page one, “NABP, APhA to Create ‘e-home’ for Pharmacy Practice.”)

**FIP MOU**
The Committee was advised that the International Pharmaceutical Federation (FIP) has tentatively approved a Memorandum of Understanding (MOU) that calls for FIP to work with NABP to co-market and co-manage the Verified Internet Pharmacy Practice Sites™ (VIPPS™) program internationally. NABP’s then Chairman Dyke F. Anderson met with FIP officials on May 10, 2001, in Geneva, Switzerland, to discuss a possible licensing agreement that would clarify the roles and responsibilities of NABP and FIP. (See October/November 2000 NABP Newsletter, page one, “Anderson Presents VIPPS at FIP Congress.”)

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Combining late-breaking medical knowledge with hands-on experience and a deep sense of personal commitment, Dr. Holly Atkinson has devoted her life to the health and well-being of the American public. During her keynote address at NABP’s Executive Officers Conference, November 10-13, at the Hyatt Regency Monterey in Monterey, Calif, Dr. Atkinson will discuss the challenges of the Internet and health care. She will shed new light on the latest medical innovations, empowering participants to ask hard questions and demand responsible answers.

The Web is empowering patients today in a way that will lead to significant shifts in how health care is practiced and delivered. In her lectures, Dr. Atkinson explores the world on the Web and explains how it will revolutionize the health care system. She will give the audience an overview of what is available on the Internet, what is “in” and what is not, and how to recognize the good, the bad, and the ugly. In her lectures concerning medicine and the media, she explores the challenges that consumers face today in sorting through the excess of medical information reported by the nation’s press.

A physician and award-winning journalist, Dr. Atkinson is CEO of Healthanswers.com, a site that mirrors her own commitment to developing a well-informed public. As a medical correspondent, Dr. Atkinson makes regular appearances on such programs as the Today show, CBS Morning News, and the PBS health show Bodywatch. She served as vice president of programming and medical affairs for Lifetime Medical Television and is president of allHealth.com, the consumer health channel of ivillage.com. As founder, former president, and CEO of Reuters Health Information, Inc, she created the leading provider of professional and consumer health news.

In the past, she has written health columns for New Woman and Living Fit magazines, as well as for OnHealth.com and AskDrWeil.com. Dr. Atkinson is also the author of the highly praised book Women and Fatigue. She has earned both a doctorate in medicine and a master’s degree in journalism. Dr. Atkinson currently has a faculty appointment as lecturer in the Department of Public Health at Cornell University Medical College, where she teaches second-year medical students.

In 1995, First Lady Hillary Rodham Clinton presented Dr. Atkinson with the Communication’s Achievement Award in Women’s Health, awarded by the Society for Advancement of Women’s Health Research.

May Executives Committee Meeting Highlights (continued from page 115)

Meeting with ACPE Reps

On May 4, 2001, members of the Executive Committee met with American Council on Pharmaceutical Education (ACPE) Executive Director Peter H. Vlasses, Associate Executive Director Jeffrey W. Wadelin, and NABP appointees to the ACPE Board of Directors, Judith S. Christensen, W. Whitaker Moose, and Paul G. Boisseau to discuss such areas of mutual interest as the ACPE Strategic Plan, certification programs, and the accreditation of foreign pharmacy academic programs.
Executive Officers Conference Program

November 10-13, 2001
Hyatt Regency Monterey
Monterey, Calif

Saturday, November 10
6 - 10 PM
Optional Event: Scenic Tour and Dinner

Sunday, November 11
7:30 AM - 7 PM
Registration/Information Desk Open
7:30 - 8:30 AM
Continental Breakfast
8:30 AM - 12:30 PM
Management Training Seminar for Executive Officers
Program # 205-000-01-011-L04
(0.4 CEUs or 4.0 Contact Hours)
Thomas W. McKee, President, Advantage Point Systems, Inc

Law Enforcement Training Seminar for Compliance Officers
Program # 205-000-01-012-L03
(0.4 CEUs or 4.0 Contact Hours)
Jim Hall, Executive Director, Up Front Drug Information Center
Charlie Cichon, President, National Association of Drug Diversion Investigators
Peter Modafferi, President, International Association of Chiefs of Police
10 - 10:30 AM
Refreshment Break

12:30 - 2:00 PM
Lunch Break (lunch on your own)
2 - 3 PM
Keynote Address
Dr Holly Atkinson
3 - 3:30 PM
Refreshment Break
3:30 - 5:30 PM
Preparing for a Biodisaster
Program # 205-000-01-013-L04
(0.2 CEUs or 2.0 Contact Hours)
Debra Dotson, Pharmacist, National Pharmaceutical Stockpile Program
Susan Gorman, Pharmacist, National Pharmaceutical Stockpile Program
Donald H. Williams, Executive Director, Washington State Board of Pharmacy
6:30 - 8:30 PM
Welcoming Reception

Monday, November 12
7 AM - 4 PM
Registration/Information Desk Open
7 - 8 AM
Continental Breakfast

8 - 10 AM
HIPAA Privacy Regulations
Program # 205-000-01-014-L03
(0.2 CEUs or 2.0 Contact Hours)
Brian Gallagher, General Counsel, TechRx, Inc
10 - 10:30 AM
Refreshment Break
10:30 AM - 12:30 PM
Federal and State Regulatory Update
Program # 205-000-01-015-L03
(0.2 CEUs or 2.0 Contact Hours)
John F. Atkinson, NABP Legal Counsel, Atkinson and Atkinson
Andrew McFaul, Program Analyst, Policy Unit, US Drug Enforcement Administration
Elizabeth Hiner, Division of Federal and State Regulation, US Food and Drug Administration
12:45 - 2 PM
Open Discussion Luncheon
2 - 4 PM
Electronic Signatures
Program # 205-000-01-016-L03
(0.2 CEUs or 2.0 Contact Hours)

Tuesday, November 13
7:30 - 9:30 AM
Breakfast Dialogue - Internet Portals

Participants may earn up to 12 hours of ACPE-approved continuing education credit from NABP. Participants in continuing pharmaceutical education programs will receive credit by completing a “Certificate of Continuing Pharmaceutical Education Participation” and submitting it to the NABP office. A validated Certificate will be sent as proof of participation within approximately six weeks. Full attendance and completion of a program evaluation form for each session are required to receive continuing pharmaceutical education credit and a Certificate of Participation.

NABP and the NABP Foundation are approved by the American Council on Pharmaceutical Education (ACPE) as providers of continuing pharmaceutical education. ACPE Provider Number: 205
Texas Board Reviews Theft/Loss Reports, Makes Recommendations

In the Spring 2001 edition of the *Texas State Board of Pharmacy Newsletter*, Allison Benz, RPh, MS, assistant director of enforcement, reported that after reviewing 118 theft/loss reports involving employee pilferage received by the Texas State Board of Pharmacy (TSBP) during Fiscal Year 2000, the Board determined approximately 305,000 dosage units of prescription drugs were reported missing. The laws and rules governing the practice of pharmacy in Texas require that the theft or significant loss of controlled substance and/or dangerous drugs by a pharmacy be reported in writing to the TSBP immediately on discovery of theft or loss.

“Approximately 10% of the 118 reports alleged diversion by a pharmacist while the remaining 90% were taken by someone else either working in the pharmacy or having access to the pharmacy’s substances,” adds Benz.

According to Benz, the Texas Pharmacy Act and Board Rules hold both the pharmacy’s owner and the pharmacist-in-charge responsible for establishing and maintaining effective controls against the diversion or loss of prescription drugs and the loss of prescription records. Based on the review of pharmacy theft/loss reports, the Board of Pharmacy recommends pharmacies implement the following procedures:

- Closely control purchase, receipt, and distribution of controlled substances Nubain and Soma, and
- Periodically conduct audits, particularly Schedule II drugs, hydrocodone products (including liquids), and codeine products (including liquids); and
- Perform pre-employment background checks/screening of pharmacists, pharmacy technicians, and pharmacy clerks.

“It is imperative that pharmacists be diligent in observing pharmacy employees in order to prevent prescription drugs from being diverted for personal use or other acts that may result in the distribution of prescription drugs from legitimate pharmaceutical or medical channels,” states Benz.

Vermont Board Investigative Division Highlights Web Sites

In the July 2001 issue of the *Vermont Board of Pharmacy News*, the Board identified two organizations with Web sites of interest to pharmacists. The first site is the National Association of Drug Diversion Investigators, Inc at [www.naddi.org](http://www.naddi.org). The second site is the National Association of State Controlled Substance Authorities at [www.nascsa.org](http://www.nascsa.org).

“Both of these sites are quite informative and help keep us abreast of what is happening in other parts of the country,” states Vermont Office of Professional Regulation Staff Secretary Carla Preston.
NABP Establishes Privacy Regulations Task Force, Advisory Committee

Due to the Health Insurance Portability and Accountability Act and many new state privacy laws, NABP formed the NABP Privacy Task Force and in turn, its Industry Advisory Committee.

Co-chairs of the Task Force are Jean Paul Gagnon of Aventis, NABP President Richard K. “Mick” Markuson, and H. Stephen Brown of Bogatin Law Firm, PLC.

Markuson stated that the goal of the Privacy Task Force is to develop from the state point-of-view, an integrated federal and state system to ensure the privacy and security of health information (drug and medical).

According to Gagnon, the Task Force will be composed of a representative from each state board of pharmacy, board of medicine, and state attorney general office, along with representatives of certain federal agencies, including the Food and Drug Administration, the Federal Trade Commission, the Department of Justice, the Department of Health and Human Services, the American Medical Association, and professional associations including the American Pharmaceutical Association.

The goals of the Privacy Task Force are to:

1) Develop a uniform state privacy and security statute for the NABP Model State Pharmacy Act.

2) Develop a privacy and security seal for health information sites that will be either related to, or a subset of, Verified Internet Pharmacy Practice Sites™ (VIPPS™).

3) Assist in the integrated enforcement of state and federal privacy laws and regulations.

Draft regulations created by the Task Force will be reviewed by the Industry Advisory Committee.

The Industry Advisory Committee will be composed of 20 members representing interested industry members including pharmaceutical manufacturers, pharmacy benefits managers, drug stores, hospitals, and/or doctors.

The Privacy Task Force will meet several times before releasing its recommendations.

Expanded Computer Training Offered to Boards of Pharmacy Staff

An expanded Electronic Licensure Transfer Program™ (ELTP™) training session for both new and established board of pharmacy staff members will be held early this fall at the NABP headquarters in Park Ridge, Ill. This year’s expanded computer training is a result of positive feedback from those board members who attended training sessions in prior years.

The training session will serve as a refresher course on how to use Lotus Notes software as part of NABP’s testing, database, and licensure transfer programs. In addition, this year’s training session will include instruction on the new Clearinghouse/Healthcare Integrity and Protection Databank program and other areas.

In an effort to improve the quality and helpfulness of the session, NABP’s IT staff and department managers will be present during each session. The managers will assist with the training and will be available to answer any questions related to their specific program.

Besides showcasing the quick and effective methods to obtain necessary information, the training session has other positive elements. “Training offers the opportunity for the boards to find out what NABP specifically has to offer them,” says NABP President Richard K. “Mick” Markuson. “Past participants felt it was beneficial to gain an overview of NABP and how the data they submit is used to benefit the boards.”

The Licensure Transfer department will issue invitations and registration forms to the boards once training dates are finalized. Board members interested in attending should fill out the registration form and return it to NABP.
made at the California Board July 25, 2001 Board meeting. However, legislation must be enacted before California can use the NABP exam. And even if legislation is quickly enacted, the earliest California could convert to the NAPLEX is June 2002, although the transition may occur even after this date. The decision to use the NAPLEX as part of its licensure examination process makes the NAPLEX the sole entry-level licensure examination recognized in the United States.

The audit team’s evaluation of the NAPLEX was based on the following five criteria, all of which the NAPLEX satisfied:

- Job Analysis
- Test Development
- Cut Scores
- Test Administration
- Score Reporting

**Job Analysis**
During its audit, the team examined the NAPLEX to ascertain if it accurately evaluated the candidates’ skills and knowledge. According to the audit, if the “right” questions were being asked, then the examinees’ knowledge and skills were properly and accurately judged. In turn, the examination would ensure that those candidates who passed the NAPLEX had the skills and knowledge that matched the level necessary for a credential-worthy performance in the practice of pharmacy. The job analysis published by NABP proved to be satisfactory because it complied with the standards set in the audit report.

**The decision to use the NAPLEX as part of its licensure examination process makes the NAPLEX the sole entry-level licensure examination recognized in the United States.**

**Test Development**
Test development includes many layers within an examination program, from the development and analysis of the content and test questions to scoring and studying items following the supervision of an examination. One of the more relevant standards in this phase is that the type of items, the response format, the scoring processes, and any relevant information about the judges, such as qualifications and experience, should be documented.

**Cut Scores**
One of the main standards for cut scores, or minimum established passing scores, is that the level of performance required for an examinee to pass the test should depend on the knowledge and skills necessary for an acceptable performance in the practice of pharmacy. Another standard requires that the judges always use their knowledge reasonably in cutting scores, especially when defining “pass/fail” or when proficiency categories are judged on the adequacy of test items, test performances, or level. The process used to determine cut scores for all tests should be clearly documented. The focus of credentialing standards is on the “level of knowledge and performance necessary for safe and appropriate practice.” The standards must be high enough to protect the public and practitioner, but not so high that they become unrealistic.

**Test Administration**
Test administrators should follow the standardized procedures for administration and scoring specified by the developer, unless the situation calls for an exception. There should be clear instructions so the candidates may select accurate responses. According to the audit standards, candidates should not be able to obtain the scores through false means and when appropriate, candidates should be given relevant information about the examination.

Candidates may obtain all of this information about the test (for example, answering the questions clearly, getting familiar with the computer-adaptive method, and reviewing sample questions) through the NAPLEX Registration Bulletin.
which outlines the structure and elements of the test.

Proof of identity and thumbprinting are required of the candidates; candidates without proper verification of identity are denied access to the examination. Test questions and reports are transmitted in an encrypted format to maintain the security of the examination content and candidate records.

Score Reporting

The test documentation should give candidates a thorough understanding and interpretation of derived scale scores. The construction of scales used for score reporting should be clearly described. The Bulletin explains how the passing standards were established. Examinees who fail, immediately receive a diagnostic report showing their performance.

HCFA Implements Name and Culture Changes

The Health Care Financing Administration (HCFA) has changed its name and its mission in an effort to become a more responsive and effective agency. As a first step in this reform process, HCFA has changed its name to the Centers for Medicare and Medicaid Services (CMS). The agency feels this new identity more accurately reflects its objective to better serve Medicare and Medicaid beneficiaries.

An integral part of the CMS mission is to improve beneficiary and caregiver participation so that the beneficiaries become more active in their health care decisions. The Department of Health and Human Services states that because of the detailed complexity of health care plans, there have been many beneficiaries who do not understand the coverage options and costs associated with Medicare. According to the 1999 Medicare Current Beneficiary survey, only about one quarter of respondents believe they know everything or most of what they need to know (US Department of Health and Human Services Fact Sheet, June 14, 2001).

CMS’s new structure is being reorganized around three centers to clearly reflect the agency’s objectives: the Center for Medicare Management will concentrate on management of the traditional fee-for-service Medicare program; the Center for Beneficiary Choices will focus on providing consumers with details on Medicare, Medicare Select, Medicare + Choice, and Medigap options; and the Center for Medicaid and State Operations will concentrate on state-administered programs.

To successfully reach the new goals, the three centers will:

- launch a national media campaign giving Medicare beneficiaries more information so they can make better decisions on how to obtain their health care;
- create a better consumer-oriented culture and improve service and responsiveness;
- convert the toll-free service number, 1-800/ MEDICARE, to a 24-hours and seven-days-a-week service;
- develop a Web-based decision tool that will support the beneficiaries in their decisions regarding their health care plans; and
- reform the contractor process to improve the quality and efficiency of the claims process.

With a new name and structure, CMS hopes to better educate and serve its constituents so they will know where to find important information and assistance about the Medicare and Medicaid programs.
Meet NABP’s New Executive Committee Members

Three new NABP Executive Committee members were elected during NABP’s 97th Annual Meeting, May 5-9, 2001, in Seattle, Wash. Howard C. Anderson, Jr, RPh, executive director of the North Dakota State Board of Pharmacy and Dennis K. McAllister, RPh, member of the Arizona State Board of Pharmacy, were elected to three-year terms; and William T. Winsley, RPh, executive director of the Ohio State Board of Pharmacy, was elected to a one-year term.

Howard C. Anderson, Jr

Since 1997, Howard C. Anderson, Jr, has served as executive director of the North Dakota State Board of Pharmacy and has also been NABP/AACP District V Secretary/Treasurer. In addition, Anderson served on several committees and task forces, including NABP’s Task Force to Examine the Quality and Standards of Internship Requirements.

As a member of the North Dakota Pharmaceutical Association, Anderson has served as president, executive vice president, and chairman of the board.

He is the recipient of several awards including the Wyeth-Ayerst Bowl of Hygeia award in 1981, the North Dakota Pharmaceutical Association Al Doerr Service Award in 1995, and North Dakota Society of Health-System Pharmacists Pharmacist of the Year award in 1988.

A graduate of North Dakota State University, Anderson is the co-owner of Reynolds Drug in Helena, and the owner of Turtle Lake Rexall Drug in Turtle Lake, ND.

Dennis K. McAllister

Dennis K. McAllister has been a member of the Arizona State Board of Pharmacy since 1995 and served as board president in 1999-2000.

He has also been actively involved in NABP’s committees and task forces including the Task Force to Examine the Quality and Standards of Internship and the Committee on Law Enforcement/Legislation.

McAllister is active in the Arizona Society of Health-System Pharmacists and has served as the society’s president, secretary, and regional director. He has also received several honors including the Arizona Pharmacy Association Faculty Excellence in Pharmacy Administration Award and the Preceptor of the Year from the University of Arizona College of Pharmacy in 1997.

A graduate from the University of Minnesota, McAllister is currently an assistant dean for pre-doctoral affairs at Midwestern University in Glendale, Ariz.

William T. Winsley

William T. Winsley joined the Ohio State Board of Pharmacy in 1988 as a compliance specialist. From 1991 to 1998, Winsley served as assistant executive director and director of internship. He then was appointed executive director in 1998, a position he still holds today.

In addition to serving as chairman on both NABP’s Task Force on Licensing of Pharmacy Benefits Managers and the Task Force on Model Guidelines for Formulary Development, Winsley has also been involved in the Task Force on Workload Systems, the Committee on Law Enforcement/Legislation, and the Nominating Committee.

(continued on next page)
NABP to Reengineer Database, Web Site

Last November, NABP staff embarked on a journey to infinity. “Project Infinity,” as it has been dubbed by staff, represents a complete reengineering of the Association’s database with the ultimate goal of unifying all programs and services into a simple, centralized, Web-enabled database. The Web component of this database will provide users with the ability to register for examinations and meetings online and order publications. The site will also have a “member’s only” section that will offer varying levels of access to information including the membership roster and committee and task force reports.

After preliminary research, the Project Infinity team invited three vendors to address the Association’s business requirements for this Web-enabled software system. The team is now evaluating the functionality of each software package to see which software best meets the needs of the Association. For additional information about Project Infinity, please contact NABP at 847/698-6227.

Pennsylvania Board Appoints New Board Members

The Pennsylvania State Board of Pharmacy appointed two new members to its board.

Edward J. Bechtel, RPh, president of Bechtel’s Pharmacy Inc in Slatington, Penn, was appointed to a six-year term that expires in April 2007. Bechtel is also a member of the American Pharmaceutical Association, National Community Pharmacists Association, and Pennsylvania Pharmacists Association. He graduated from the Philadelphia College of Pharmacy and Science with a bachelor of science.

Francis “Duke” A. Rubino, RPh, was appointed to a five-year term as a member of the Pennsylvania Board. His term will expire in April 2006. Rubino is president of Friendship Pharmacy Inc, in Philadelphia, Penn. He is also a member of Pennsylvania Pharmacist Association, Philadelphia-Association Retail Druggist, and Keystone Pharmacy Purchasing Alliance. He has a bachelor of science degree from Temple University.

Meet New Executive Committee Members

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Winsley is also a registered lobbyist on the Ohio State Legislature, where he represents the Board with various legislative committees, the public, the news media, licensees, and other health care professionals.

Winsley received both his BS in pharmacy and MS in hospital pharmacy administration from Ohio State University. In 1999, he received the Distinguished Alumni Award from Ohio State University.
**NABP Meeting Dates**

**Friday-Sunday, September 7-9, 2001**
Multistate Pharmacy Jurisprudence Examination™ (MPJE™) Item Review Meeting,
Marriott Suites Hotel, Rosemont, Ill

**Wednesday-Thursday, September 12-13, 2001**
Advisory Committee on Examinations Meeting,
Marriott Suites Hotel, Rosemont, Ill

**Thursday-Sunday, October 4-7, 2001**
NABP/AACP District VI Meeting,
Marriott Spring Hill Suites, Lawrence, Kan

**Thursday-Sunday, October 11-14, 2001**
NABP/AACP District VII & VIII Joint Meeting,
Sheraton Old Town Hotel, Albuquerque, NM

**Thursday-Saturday, November 1-3, 2001**
NABP/AACP District I & II Meeting,
Otesaga Hotel & Resort, Cooperstown, NY

**Friday-Sunday, November 9-11, 2001**
NABP/AACP District IV Meeting, Concourse Hotel, Madison, Wis

**Saturday-Tuesday, November 10-13, 2001**
Executive Officers Conference, Monterey Hyatt Regency, Monterey, Calif

**Tuesday, November 13, 2001**
NABP Executive Committee Meeting, Monterey Hyatt Regency, Monterey, Calif

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**newsletter**
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