TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control 540  
Department or Agency  Alabama State Board of Medical Examiners
Rule No. 540-X-1-.16  
Rule Title: Fees Associated with Collaborative Practices

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Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety?  

NO

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare?  

YES

Is there another, less restrictive method of regulation available that could adequately protect the public?  

NO

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree?  

NO

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule?  

NO

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public?  

YES

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule?  

NO

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Does the proposed rule have an economic impact?  

NO

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

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Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Services Agency.

Signature of certifying officer  

Date: September 18, 2020

RECD & FILED  
SEP 18 2020

LEGISLATIVE SVC AGENCY
ALABAMA STATE BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-1-.16, Fees Associated with Collaborative Practices

INTENDED ACTION: Amend the Rule

SUBSTANCE OF PROPOSED ACTION: Amend rule to specify information that will be elicited on the Collaborative Practice Commencement Form.

TIME, PLACE, MANNER OF PRESENTING VIEWS: All interested persons may submit data, views, or arguments concerning the proposed new rule(s) and regulation(s) in writing to: Carla H. Kruger, Office of the General Counsel, Alabama State Board of Medical Examiners, Post Office Box 946, Montgomery, Alabama 36101-0946, by mail or in person between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday, until and November 4, 2020. Persons wishing to obtain copies of the text of this rule and submit data, views, or comments or arguments orally should contact Carla H. Kruger by telephone (334-242-4116) during said period in order to set up an appointment for a hearing respecting such oral data, views, or arguments. Copies can also be obtained at the Board’s web site, www.albme.org.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: November 4, 2020

CONTACT PERSON AT AGENCY: Carla H. Kruger

(Signature of officer authorized to promulgate and adopt rules or his or her deputy)
540-X-1-.16 Fees Associated with Collaborative Practices.

(1) Fee for New Collaborative Practice:

(a) At the time a physician enters into a collaborative practice agreement with a Certified Registered Nurse Practitioner (CRNP) or a Certified Nurse Midwife (CNM), for the purpose of registering the collaborative practice, an initial commencement fee in the amount of Two Hundred Dollars ($200.00) and a completed collaborative practice commencement form shall be submitted to the Board.

(b) The collaborative practice commencement form will request the following:

1. Physician name, license number, primary practice specialty, primary practice address.

2. CRNP/CNM name, RN license number, national certification specialty, practice address.

3. Number of hours per week to practice in collaborative agreement.

4. Whether the practice is a remote practice, the physician's primary practice, patient homes, hospital, skilled nursing facility, or other.

5. Whether the collaborative practice will be solely by telemedicine. If yes, additional information may be solicited, including but not limited to:

   i. Plan for providing required medical oversight and direction to the CRNP/CNM.

   ii. Plan for completing required quality assurance reviews.
iii. If no covering physician is named on the application, plan for being readily available at all times.

iv. Detailed plan to meet requirement of meeting face to face no less than twice annually.

v. Detailed plan to meet requirement of being physically present no less than 10% of the CRNP/CNM’s scheduled hours if the CRNP/CNM has fewer than two years/4,000 hours of experience since being certified.

6. Whether the practice will be under a limited protocol for comprehensive physical exams or a limited protocol for long term care.

7. Physician’s certification of understanding the responsibilities described in Board Rules Chapter 540-X-8.

8. Physician’s certification that all covering physicians listed in the application have knowledge of their addition to the collaborative agreement, an understanding of Board Rules Chapter 540-X-8, and an awareness of their responsibilities in the collaborative agreement.


(b) Payment of the initial fee and submission of the completed commencement form is established by the Board as a qualification for the physician to participate and engage in the collaborative practice.

(e) If the physician has not paid the initial fee and submitted a completed commencement form, the Board shall not approve the physician to participate in the collaborative practice.

Author: Alabama Board of Medical Examiners
Statutory Authority: §§ 34-24-63 and 34-24-340(b)