

APA-1
Revised 4/2018

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control 540 Department or Agency Alabama State Board of Medical Examiners
Rule No. 540-X-7, Appendix A
Rule Title: Application for Registration of Physician Assistant

New Amend Repeal Adopt by Reference

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

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.

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: August 12, 2020

REC'D & FILED
AUG 12 2020

APA-2

ALABAMA STATE BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-7, Appendix A, Application for Registration of Physician Assistant

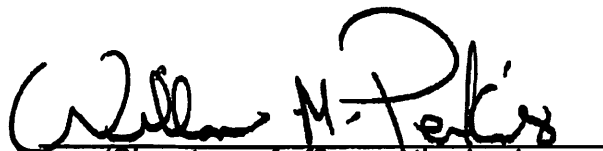
INTENDED ACTION: To amend the rule

SUBSTANCE OF PROPOSED ACTION: Revise core duties and skills; elicit additional information regarding plans for quality assurance reviews

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 including October 5, 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: October 5, 2020

CONTACT PERSON AT AGENCY: Carla H. Kruger

A handwritten signature in black ink, appearing to read "William M. Perkins", written over a horizontal line.

(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

540-X-7, Appendix A
ALABAMA BOARD OF MEDICAL EXAMINERS
P.O. Box 946 / Montgomery, AL 36101-0946 / (334) 242-4116

Application for Registration of Physician Assistant

Under Alabama law, this document is a public record and if requested it will be provided in its entirety.

Physician

Supervising Physician Name in Full
AL Medical License Number
Medical Specialty
Board Certified
Board Eligible

Practice Address

Country
Street
Apt/Suite
City
State
Zip
Telephone Number

Is the physician assistant for whom registration is sought employed by you or by your group, partnership or professional corporation?

You answered No, a Supplemental Certificate must be submitted

Physician Assistant

Physician Assistant Name in Full
AL PA License Number

Covering Physicians

~~Would you like to add covering physicians to this registration agreement?~~

If you would like to add covering physicians to this registration agreement, please submit covering physician agreements.

P. A./Physician Supervisory Agreement Core Duties and Scope of Practice

1. The P. A. may work in any setting consistent with the supervising physician's scope of practice and are customary to the Supervising Physician's scope of practice and are customary to the practice of the Physician. The P. A. scope of practice shall be defined as those functions and procedures for which the P. A. is qualified by formal education, clinical training, area of certification and experience.
2. The following skills and functions are the core duties which may be performed by the P. A.

- a. Arrange inpatient hospital admissions, transfers, and discharges in accordance with established guidelines/standards developed within the practice of the supervising physician and P. A.; perform rounds and record appropriate patient progress notes; compile detailed narrative and case summaries; complete forms pertinent to patients' medical records.
- b. Perform detailed and accurate health histories, review patient records, develop comprehensive medical status reports, and order laboratory, radiological, therapeutic and diagnostic studies or treatment appropriate for the complaint, age, race, sex and physical condition of the patient.
- c. Perform comprehensive physical exams and assessments. Formulate medical diagnoses, including the interpretation and evaluation of patient data to determine patient management and treatment, including the institution of therapy and ordering of medical devices or referral of patients to appropriate care facilities and/or agencies and other resources of the community or other physicians.
- d. Prescribe legend drugs authorized by the supervising physician and included on the formulary approved by the guidelines established by the Alabama Board of Medical Examiners for P. A.s.
- e. Institute emergency measures and emergency treatment or appropriate stabilization measures in situations such as cardiac arrest, shock, hemorrhage, convulsions, poisoning and emergency obstetric delivery where indicated.
- f. Provide instructions, education and guidance regarding healthcare and healthcare promotion to patients, family and caregivers.
- g. Skills and functions that are taught in usual and standard PA academic education and do not require additional training or course documentation. The supervising physician and PA may document and validate that the PA has received education, training and competency to perform the core duty or skill.
- h. The Board of Medical Examiners recognizes the following as examples of usual and customary core duties and skills that a Physician Assistant can perform, including, but not limited to, the following:

(1) Perform the following example procedures/skills:

- ~~(a) Surgical Assisting~~
- ~~(b) Wound debridement, suturing and care of superficial wounds.~~
- ~~(c) Skin biopsies (facial biopsies are to be requested).~~
- ~~(d) Insert and removal of drains (excluding paracentesis, thoracentesis, thoracostomy tube insertion, ventriculostomy insertion, and placement of any percutaneous drain into a body cavity).~~
- ~~(e) Suturing single layer closure of the face.~~
- ~~(f) Vein or artery cut down for access.~~
- ~~(g) Vein harvesting.~~
- ~~(h) Surgical wound closure may close the outermost layer of the fascia, subcutaneous tissue, dermis and epidermis on extremities; over thoracic or abdominal cavities approval to close subcutaneous, dermis and epidermis only.~~
- ~~(i) Removal of superficial foreign body of the eyeball.~~
- ~~(j) Incision and drainage of superficial skin infections or abscesses.~~
- ~~(k) PICC line placement~~
- ~~(l) Tracheostomy tube change~~
- ~~(m) Thoracostomy tube removal~~
- ~~(n) Enteric tube exchange~~
- ~~(o) Groshong catheter removal~~
- ~~(p) Infusaport (portacath) removal~~

~~_____ (q) Post pyloric feeding tube placement~~

~~_____ (r) Removal of pacing wires~~

~~_____ (s) Intubation~~

~~_____ (t) Escharotomy~~

~~_____ (u) Cardiac stress test monitoring.~~

- Administering local anesthetic agents
- Arterial Line Insertion: Radial
- Audiometry/Audiogram, Interpretation of
- Baclofen Intrathecal Pump, Refill
- Bartholin Gland, I & D cyst; placement of Word Catheter
- Bimanual pelvic exam
- Biopsies of skin (Shave or Punch) Allowed to perform shave excisions/biopsies not to exceed 5mm in diameter and not below the level of the full dermis. If on anatomically sensitive areas such as, eyes and ears must be evaluated by a physician prior to treatment. On other areas of the body, limited to a depth which can be closed with a simple single layer closure. Shave biopsy of the ears is approved.
- Bone marrow aspiration/biopsy (Iliac Crest)
- Cardiac Stress Testing
- Cast application and removal
- Chest Tube/Pleural Cath removal
- Cryotherapy of Non-pigmented superficial skin lesions- allowed to perform on the face, only on skin lesions not to exceed 5 mm in diameter and not below the dermis. Cryotherapy on anatomically sensitive areas, such as eyes, must be evaluated by the physician prior to treatment
- Digital Nerve Block proximal and distal phalangeal
- Echocardiography, technical component
- EKG 12 Lead Interpretation with subsequent physician interpretation
- Enteric tube exchange
- Escharotomy
- External Cardiac Pacing
- Femoral Venipuncture for blood sample
- Flexible Sigmoidoscopy
- Foreign Body removal
- Groshong catheter removal
- Hemapheresis, stem cell collection and leukapheresis
- Incision and drainage of superficial skin infections or abscesses.
- Infusaport (portacath) removal
- Initial x-ray interpretation with subsequent physician interpretation
- Insert and removal of drains (excluding paracentesis, thoracentesis, thoracostomy tube insertion, ventriculostomy insertion, and placement of any percutaneous drain into a body cavity).
- Intrathecal admin of chemotherapy via ommaya reservoir
- Intubation
- Laser Protocols for Non-Ablative treatment *Training according to 540-X-11 Guidelines for the Use of Lasers and other Modalities Affecting Living Tissue
- Lumbar Puncture for adult patients only
- Nasal Cautery with Silver Nitrate Applicator for Epistaxis
- Nasal Packing, anterior for control of epistaxis
- Needle Decompression, Tension Pneumothorax
- Pelvic Floor Rehab with Electrical Stimulation and Biofeedback
- PICC line placement
- Post pyloric feeding tube placement
- Pulmonary Spirometry, Interpretation of
- Removal of Benign Lesions after Physician Evaluation

- Removal of pacing wires
- Removal of skin tags
- Removal of superficial foreign body of the eyeball.
- Removal of toenails
- Sclerotherapy and Sclerotherapy of Telangiectasias- Sclerotherapy of Telangiectasias with FDA approval solutions: Sclerotherapy with Sotradecol as foam or liquid, concentration not to exceed 0.5%; cannot be used at a remote site; must have written documentation of adequate training
- Surgical Assisting
- Surgical wound closure-may close the outermost layer of the fascia, subcutaneous tissue, dermis and epidermis on extremities; over thoracic or abdominal cavities approval to close subcutaneous, dermis and epidermis only.
- Suturing of superficial lacerations
- Suturing-single layer closure of the face.
- Thoracostomy tube removal
- Total Parenteral nutrition (TPN) Initial not to include writing the formula
- Tracheostomy tube change
- Tympanogram with Interpretation and Treatment
- Tympanogram with Interpretation and Treatment
- Vagal Nerve Stimulator, Interrogation with and without voltage adjustment
- Vein harvesting.
- Vein or artery cut-down for access.
- Wet mount microscopy and interpretation of vaginal swab and microscopic urinalysis
- Wound debridement, suturing and care of superficial wounds.

Physician should indicate, by providing initials, the skills permitted or not allowed at practice site. Physician should indicate the education and competency validation of applicable skills which may include, basic PA education, previous validation or instruction to be scheduled in the form of a check mark (✓), date, or N/A.

- i. Signature Authority Delegation Standard Delegation, which includes:
- (1) Certification of patient disability for disabled parking tags/placards.
 - (2) Physicals for bus drivers using State of Alabama forms.
 - (3) Authorizations for durable medical equipment.
 - (4) Authorizations for diabetic testing supplies.
 - (5) Authorization for diabetic shoes.
 - (6) Within the State Medicaid system, forms for:
 - (a) ordering medications, nutritional supplements, infant formulas,
 - (b) referrals to medical specialist,
 - (c) referrals for home health services,
 - (d) referrals for physical or occupation therapy.
 - (7) Within the Department of Mental Health, forms for:
 - (a) physical examination,
 - (b) certifications in residential or inpatient dwellings.

Signature Authority Delegation Optional Delegations

Please uncheck any optional delegations NOT to approve.

Absenteeism forms for employment or school purposes, including documents associated with the Federal Family and Medical Leave Act.

Home health care recertification orders.

Physicals to verify eligibility for students to participate in the Special Olympics.

Employment and pre-employment physicals for Transportation Security Agency (TSA) employees at an airport or for governmental employees such as firefighters and law enforcement officers.

Adoptive parent applications.

College or trade school physicals.

Boy Scout or Girl Scout physicals or physical required by similar organizations.

Forms excusing a potential jury member due to an illness.

Death certificates.

Forms for ambulance transport.

Forms for donor breast milk.

Required documentation allowing a diabetic to renew or obtain a driver's license.

- j. For additional skills requested outside the core duties of the P. A. by the supervising physician (i.e. diagnostic or surgical procedures requiring additional training), the supervising physician must provide documentation of the training and / or certification which qualifies the P. A. The training for the additional duty/skill shall have been previously approved by the Board.

~~Do you want to request approval to train for additional skills at this time?~~

~~See attached "Additional Skills Request Protocol" from the supervising physician.~~

If you want to request approval to train for additional skills, submit a skill request protocol.

- k. Provide emergency medical services in the event of declared national emergency or natural disaster in accordance with the requirements of Board Rules.

3. List each practice site where this Job Description will be utilized and the number of hours this P. A. will be working weekly in each site

Practice Site Address

Name (Practice/Site Name)

Country

Street

Apt/Suite

City

State

Zip

County

Phone Number

4. Is there a request for the P. A. to practice in a remote site?

~~You answered Yes, Please complete the following information from the physician requesting approval to utilize the PA at a remote site.~~

If yes, provide a plan describing the practice location, facilities, and arrangements for appropriate communication, consultation, and review.

Remote Site Address

Name (Practice/Site Name)

Country

Street

Apt/Suite

City

State

Zip

Country

Phone Number

~~Number of hours and at what frequency will the supervising physician will visit the remote site.~~

~~Number of hours the PA will spend in the remote site weekly~~

~~Number of hours both will be present together~~

~~Provide a plan describing the facilities and arrangements for appropriate communication, consultation and review.~~

~~5. Provide a written plan for review of medical records and patient outcomes. (Example: what percentage of charts will be reviewed, who will perform the review, and how often the review will take place). The review should be documented and maintained at the practice location.~~

~~Who will perform the review~~

~~What percentage of charts will be reviewed~~

~~How often will the review take place~~

~~Additional Comments~~

5. Specify a plan for quality assurance management with defined quality outcome measures for evaluation of the clinical practice of the physician assistant and include review of a meaningful sample of medical records plus all adverse outcomes. The term "medical records" includes, but is not limited to, electronic medical records.

Documentation of quality assurance review shall be readily retrievable, identify records that were selected for review, include a summary of findings conclusions, and, if indicated, recommendations for change.

Supervising Physician Initials Physician Assistant Initials

Supervising Physician Initials

Physician Assistant Initials

6. Will this P. A. be authorized to have prescriptive privileges?

You answered Yes, complete the Formulary which is a list of the legend drugs which are authorized by the Physician to be prescribed by the P. A.. The formulary approved under the rules of the Board of Medical Examiners should be utilized and attached as the authorized legend drugs to be prescribed. The medication categories chosen should reflect the needs of the supervising physician's medical practice.

7. Will this P. A. be authorized to have prescriptive privileges to prescribe controlled substances as allowed under Alabama Code Section 20-2-60, et. seq.? (Prerequisites for controlled substances prescribing by P.A.s are stated in Board Rules, Chapter 540-X-12) If yes, the application for a Qualified Alabama Control Substance Certificate can be found at our web site, www.albme.org.

We hereby certify under penalty of law of the State of Alabama that the foregoing information in this Physician Assistant Job Description is correct to the best of our knowledge and belief. We certify that we have reviewed the current rules of the Alabama Board of Medical Examiners pertaining to assistants to physicians and understand our responsibilities. We understand that we are equally responsible for the actions of the Assistant to the Physician.

Under Alabama law, this document is a public record and will be provided upon request

I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information and belief.

Knowingly providing false information to the Alabama Board of Medical Examiners or Medical Licensure Commission of Alabama could result in disciplinary action.

**SUPPLEMENTAL CERTIFICATE TO APPLICATION
FOR REGISTRATION AS A PHYSICIAN ASSISTANT**

To: (Name and Address of Hospital or Corporate Employer)

The State Board of Medical Examiners has been presented with an application from _____, P. A., for certification as a physician assistant to _____, M.D. Information available to the Board indicates that _____, M.D., is an employee of _____ (legal entity), and that _____, Physician Assistant, is an employee of _____ (legal entity).

To assist the Board in evaluating this application, it is requested that this questionnaire be filled out and executed by the President, Chairman, Chief Executive Officer or Chief Administrative Officer of the corporation or other legal entity that employs the physician and/or the physician assistant. These questions relate directly to the supervisory relationship contemplated by Board Rules, Chapter 540-X-7. When an additional explanation is to be provided, please attach additional information on separate pages.

1. Is the physician whose name appears above, employed by you to engage in the full-time practice of medicine? If the answer to this question is no, please provide the Board with details of the employment agreement between your corporation and the physician.
2. Does the physician whose name is stated above have the unqualified authority to terminate the employment of the physician assistant registered to him/her? If the answer to this question is no, please set out in detail the steps required to terminate the employment of the physician assistant and identify the officer or officers of the corporation authorized to make that decision.
3. Does the physician whose name is stated above, have the unqualified authority to determine the levels of compensation to be paid to the physician assistant registered to him/her? If the answer to this question is no, please set forth in detail the manner in which the compensation of the physician assistant is established and the identification of the officer or officers of the corporation who are authorized to establish, increase or reduce the compensation of the physician assistant.
4. Does the physician whose name appears above have the unqualified authority in matters relating to patient care to enforce compliance with orders and directives issued to the physician assistant? Please describe in detail the manner in which such orders and directives may be enforced.
5. Is the physician assistant whose name appears above subject to the supervision, direction or control of any officer, director, supervisor or employee of the corporation other than the physician to whom he/she is registered? If the answer to this question is yes, please explain in detail, identifying the individual exercising the supervision, direction or control and the circumstances in which such supervision, direction and control would be exercised.

6. In matters relating to patient care, is the physician assistant whose name appears above subject to the immediate supervision, direction or control of any non-physician?
If yes, explain the relationship.

7. Will the physician assistant whose name appears above be expected or required to perform any part of his/her duties at any time when the physician to whom he/she is registered is not on duty and physically present on the premises of the hospital, clinic, or facility where the physician's assistant services will be rendered?
If the answer to this question is yes, please explain in detail all such circumstances.

I understand that the information submitted herein is to be used by the Board of Medical Examiners as the basis for registration of a physician assistant and that the furnishing of false or misleading information or the future occurrence of substantial departures from or violations of the standards and procedures outlined in this response may be considered by the Board as grounds for termination of the registration of the physician assistant.

The undersigned hereby certifies that the foregoing information is true and correct to the best of my knowledge, information and belief.

Name of the Corporation	Title of Officer Signing Certificate
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Printed Name of the Officer Signing Certificate	Signature
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This form may be sent to the Board via facsimile or email (see instructions)

Author: Alabama Board of Medical Examiners
 Authority: Ala. Code §§ 34-24-293, 34-24-298
 History: Amended/Approved: November 16, 2017. Amended filed: February 27, 2018.
 Effective Date: April 13, 2018. Amended/Approved: June 20, 2018. Certified Filed:
 August 22, 2018. Effective Date: October 7, 2018.