TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control 540  Department or Agency Alabama State Board of Medical Examiners
Rule No. 540-X-7-01
Rule Title: Definitions

____ 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

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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 official

Date: July 16, 2020
ALABAMA STATE BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-7-.01, Definitions

INTENDED ACTION: To amend the rule

SUBSTANCE OF PROPOSED ACTION: Amend rule to add definition for Remote Practice Site

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 September 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: September 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-7-.01 **Definitions.** The following definitions shall apply to these rules:

1. APPROVED PROGRAM: A program for the education and training of assistants to physicians which has been formally approved in writing by the Board.

2. ASSISTANT TO PHYSICIAN. A person who is a graduate of an approved program, is licensed by the Board, and is registered by the Board to perform medical services under the supervision of a physician approved by the Board to supervise the assistant.

3. BOARD. The Board of Medical Examiners of the State of Alabama.

4. CONTINUAL. Repeated regularly and frequently in steady rapid succession.

5. DIRECT MEDICAL INTERVENTION. Physical presence of a physician to attend the patient as defined in the registration agreement protocol.

6. FCVS, Federation Credentials Verification Service. A credentials verification service provided by the Federation of State Medical Boards that assistants to physicians may use to verify core credentials in connection with applications for licensure. The Board of Medical Examiners will accept those verified primary source records of credentials provided by FCVS in lieu of equivalent documentation required to be submitted with an application for licensure where designated in these rules. Applicants are responsible for payment of all fees charged by FCVS. Use of FCVS by an applicant is optional.

7. GUIDELINES. The written guidelines established by the Board pursuant to Act 94-261 in the most current version which concern the prescribing practices of assistants to physicians and which do not require publication in accordance with the Alabama Administrative Procedures Act.

8. LEGEND DRUG. Any drug, medicine, chemical or poison, bearing on the label the words, "Caution, Federal Law prohibits dispensing without prescription" or similar words indicating that the drug, medicine, chemical or poison may be sold or dispensed only upon the prescription of a licensed medical practitioner, except that the term legend drug shall not include any drug, substance or compound which is listed in Schedules I through V of the Alabama Uniform Controlled Substances Act.

9. PHYSICIAN. A person who is licensed to practice medicine in this state and is approved by the Board to supervise assistants to physicians.

10. PHYSICIAN SUPERVISION. A formal relationship between a licensed assistant to a physician and a licensed physician under which the assistant to the physician is authorized to practice as evidenced by a written job description
approved by the Board. Physician supervision requires that there shall be at all times a direct, continuing and close supervisory relationship between the assistant to the physician and the physician to whom that assistant is registered. The term supervision does not require direct on-site supervision of the assistant to the physician; however, supervision does include the professional oversight and direction required by these rules and by the written guidelines established by the Board concerning prescribing practices.

(11) PRESCRIBE OR PRESCRIBING. The act of issuing a written prescription for a legend drug.

(12) PRESCRIPTION. An order for a legend drug which is written and signed by an assistant to a physician authorized to prescribe and administer the drug and which is intended to be filled, compounded, or dispensed by a pharmacist. The term “prescription” does not include an order for medication which is dispensed for immediate administration to the ultimate user. (e.g., an order to dispense a drug to a bed patient for immediate administration in a hospital is not a prescription.)

(13) READILY AVAILABLE. Response by the supervising or covering physician by telephone, telecommunication or radio for consultation, referral or direct medical intervention for a patient as indicated by the needs of the patient and based on usual and customary standards of medical practice.

(14) REMOTE PRACTICE SITE. An approved site for a registration agreement without a supervising or covering physician on-site. The supervising physician’s principal practice site, acute care hospitals, skilled nursing facilities, licensed, special-care assisted living facilities and licensed assisted living facilities are not remote practice sites for the purpose of these rules.

(145) TRAINEE. A person who is currently enrolled in an approved program in this state.

Author: Alabama Board of Medical Examiners
TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control 540

Department or Agency Alabama State Board of Medical Examiners

Rule No. 540-X-7-.21

Rule Title: Interim Approval Physician Assistant (P.A.)

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

X 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 Service Agency.

Signature of certifying official

Date: July 16, 2020

RECD & FILED: JUL 17 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-7-.21, Interim Approval Physician Assistant (P.A.)

INTENDED ACTION: To amend the rule

SUBSTANCE OF PROPOSED ACTION: Amend rule to clarify that a physician assistant granted temporary approval may not obtain interim approval

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 September 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: September 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-7-.21 Interim Approval-Physician Assistant (P.A.). A physician assistant previously approved to practice in a registration agreement under the provisions of Board Rules, Chapter 540-X-7, may obtain interim approval of a supervised practice with an interim supervising physician after confirmed receipt by the Board of Medical Examiners of a registration application and may continue in interim practice until such time as the pending application for registration is approved or denied, provided the interim supervising physician meets the qualifications established in Rule 540-X-7-.17. A physician assistant granted temporary approval of their license may not obtain interim approval.

Author: Alabama Board of Medical Examiners
APA-1
Revised 4/2018

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control No. 540
Department or Agency Alabama State Board of Medical Examiners
Rule No. 540-X-7-23
Rule Title: Requirements For Supervised Practice Physician Assistants (P.A.)

____ 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 Service Agency.

Signature of certifying official

Date: July 16, 2020
ALABAMA STATE BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-7-.23, Requirements For Supervised Practice Physician Assistants (P.A.)

INTENDED ACTION: To amend the rule

SUBSTANCE OF PROPOSED ACTION: Amend rule to clarify remote site and quality assurance

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 September 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: September 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-7-.23 Requirements For Supervised Practice - Physician Assistants (P.A.).

(1) Physician supervision requires, at all times, a direct, continuing and close supervisory relationship between a physician assistant and the physician to whom the assistant is registered.

(2) There shall be no independent, unsupervised practice by physician assistants.

(3) The supervising physician shall be readily available for direct communication or by radio, telephone or telecommunication.

(4) The supervising physician shall be available for consultation or referrals of patients from the physician assistant.

(5) In the event the physician to whom the physician assistant is registered is not readily available, provisions must be made for medical coverage by a physician pursuant to Rule 540-X-7-.24.

(6) In the event of an unanticipated, permanent absence of a supervising physician, a previously approved covering physician may be designated as a temporary supervising physician for a period of up to sixty (60) days. During the sixty (60) day time period, a new registration agreement designating a new supervising physician should be submitted for approval.

(7) If the physician assistant is to perform duties at a remote site away from the supervising physician, the application for registration must clearly specify the circumstances and provide written verification of physician availability for consultation and/or referral, and direct medical intervention in emergencies and after hours, if indicated. The Board, at its discretion, may waive the requirement of written verification upon documentation of exceptional circumstances. Employees of state and county health departments and facilities certified by the Alabama Department of Mental Health are exempt from the requirement of written verification of physician availability.

(8) The supervising physician and the physician assistant shall adhere to any written guidelines established by the Board to govern the prescription practices of physician assistants.

(9) If the physician assistant is to perform duties at a site away from the supervising physician, physician supervision requires the following:
(a) The supervising physician receives a daily status report to be made in person, by telephone, or by telecommunications from the assistant on any complications or unusual problems encountered;

(b) The supervising physician will be present ten percent (10%) of the P. A.'s scheduled work hours in an approved remote practice site if:

1. The P. A. has less than two (2) years (4,000 hours) in a registration agreement.

2. The P. A. has entered into a new registration agreement and the new supervising physician has a dissimilar primary specialty than the previous supervising physician.

(c) If the P. A. has at least two (2) years (4,000 hours) in a registration agreement, the supervising physician shall:

1. Visit the remote site no less than twice a year.

2. Meet with the P. A. no less than quarterly.

(d) A pre-approved covering physician is allowed to be present in lieu of the supervising physician.

(e) The supervising physician, during office visits, if applicable, reviews with the assistant case histories of patients with unusual problems or complications.

(f) An appropriate physician personally diagnoses or treats patients requiring physician follow-up.

(10) The mechanism for quality assurance shall be as follows:

(a) A written plan for review of medical records and patient outcomes shall be submitted with the application for registration, with documentation of the reviews maintained.

(b) Countersignature by supervising physician must be pursuant to established policy and/or applicable legal regulations and accreditation standards.

(a) 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.

(b) ______________ Countersignature by supervising physician must be pursuant to established policy and/or applicable legal regulations and accreditation standards.

Author: Alabama Board of Medical Examiners
TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control 540  Department or Agency Alabama State Board of Medical Examiners
Rule No. 540-X-7-.24  Rule Title: Covering Physicians For Physician Assistants (P.A.)

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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

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 official

Date: July 16, 2020
ALABAMA STATE BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-7-.24, Covering Physicians For Physician Assistants (P.A.)

INTENDED ACTION: To amend the rule

SUBSTANCE OF PROPOSED ACTION: Amend requirements for covering physicians

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 September 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: September 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-7-.24 Covering Physicians For Physician Assistants (P.A.).

(1) When the primary supervising physician is off-duty, out of town, or not on call and not readily available to respond to patients medical needs, the physician assistant is not authorized to perform any act or render any treatments unless another qualified physician in the same partnership, group, medical professional corporation or physician practice foundation or with whom the primary supervising physician shares call is on call and is immediately available to supervise the physician assistant and has previously filed with the Board a letter stating that he or she assumes all responsibility for the actions of the physician assistant during the temporary absence of the primary supervising physician.

(2) The covering physician providing the supervision shall also affirm in the letter that he or she is familiar with the current rules regarding physician assistants and the job description filed by the supervising physician and the physician assistant, that he or she is accountable for adequately supervising the medical care rendered pursuant to the job description, and that he or she approves the drug type, dosage, quantity and number of refills of legend drugs which the physician assistant is authorized to prescribe in the job description. The covering physician must meet the same qualifications as the supervising physician as established Rule 540-X-7-.17.

Author: Alabama Board of Medical Examiners

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control No. 540
Department or Agency Alabama State Board of Medical Examiners
Rule No. 540-X-7.28
Rule Title: Prescriptions And Medication Orders Physician Assistants (P.A.)

_____ 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

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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 Service Agency.

Signature of certifying officer

Date: July 16, 2020

RECD & FILED
JUL 17 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-7-.28, Prescriptions and Medication Orders – Physician Assistants (P.A.)

INTENDED ACTION: To amend the rule

SUBSTANCE OF PROPOSED ACTION: Amend to clarify that a verbal order must be reduced to writing and signed within seven (7) working days of the date of the prescription

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 September 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: September 4, 2020

CONTACT PERSON AT AGENCY: Carla H. Kruger

(Signature of officer authorized to promulgate and adopt rules or his or her deputy)
(1) A physician assistant may prescribe a legend drug to a patient subject to both of the following conditions being met:

(a) The drug type, dosage, quantity prescribed, and number of refills are authorized in the job description which is signed by the supervising physician to whom the physician assistant is currently registered and which is approved by the Board;

(b) The drug is included in the formulary approved under the guidelines established by the Board for governing the prescription practices of physician assistants.

(2) Subject to any limitations stated in protocols and medical regimens adopted by the Board and subject to any limitations by the supervising physician in the approved formulary, a physician assistant may prescribe any drug, substance or compound which is listed in Schedules III through V of the Alabama Uniform Controlled Substances Act upon being granted a Qualified Alabama Controlled Substances Certificate (QACSC) and upon submission of an approved QACSC formulary.

(3) The supervising physician and the physician assistant shall adhere to and follow all requirements and procedures stated in written guidelines established by the Board to govern the prescribing practices of physician assistants.

(4) A physician assistant who is registered to a physician with prescriptive privileges shall not engage in prescribing for:

(a) Self.

(b) Immediate family members.

(5) A physician assistant may not initiate a call-in prescription in the name of the supervising physician for any drug which the assistant is not authorized to prescribe unless the drug is specifically ordered for the patient by the supervising physician either in writing or by a verbal order reduced to writing and signed within seven (7) working days of the date of the prescription by the physician within the time specified in the guidelines established by the Board.

(6) For any drug which the physician assistant is authorized to prescribe, a written prescription signed by the physician assistant and entered into the patient's chart may be called-in to a pharmacy.
(7) Whenever a physician assistant calls in a prescription to a pharmacy, the physician assistant shall identify his or her supervising physician.

(8) A physician assistant may administer any legend drug or controlled drug which the assistant is authorized to prescribe.

(9) When prescribing legend drugs or controlled drugs a physician assistant shall use a prescription form which includes all of the following:

(a) The name, medical practice site address and telephone number of the physician supervising the physician assistant;

(b) The physician assistant's name printed below or to the side of the physician's name;

(c) The medical practice site address and telephone number of the physician assistant, if different from the address of the supervising physician;

(d) The physician assistant's license number assigned by the Board and the QACSC registration number, when a controlled substance is prescribed;

(e) The words "Product Selection Permitted" printed on one side of the prescription form directly underneath a signature line;

(f) The words "Dispense as written" printed on one side of the prescription form directly underneath a signature line.

(10) For inpatients and nursing home patients, a physician assistant may enter a verbal order from the supervising physician for controlled substances or other medications which the assistant is not authorized to prescribe, provided that the order is co-signed by the supervising physician in accordance with established guidelines and institutional policies.

Author: Alabama Board of Medical Examiners
TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control 540 Department or Agency Alabama State Board of Medical Examiners
Rule No. 540-X-7-.29
Rule Title: Continuing Medical Education Physician Assistant

____ New _____ X 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 Service Agency.

Signature of certifying office: [Signature]

Date: July 16, 2020

RECO & FILED
JUL 17 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-7-.29, Continuing Medical Education - Physician Assistant

INTENDED ACTION: To amend the rule

SUBSTANCE OF PROPOSED ACTION: Remove provision concerning CME documentation when renewing after Dec. 31 as this is provided for in another rule

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 September 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: September 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-7-.29 Continuing Medical Education - Physician Assistant.

(1)(a) Every physician assistant licensed by the Board must earn in each calendar year not less than twenty-five (25) hours of AMA PRA Category 1 Credits™ or the equivalent as defined in this rule of continuing medical education as a condition precedent to receiving his or her annual renewal of license, unless he or she is exempt from the minimum continuing medical education requirement.

(b) For the purpose of compliance with the continuing medical education (CME) basic requirement stated in paragraph (a) for only the 2010 calendar year, credits earned in the 2009 calendar year which are not used to meet the 2009 calendar year CME requirement may be carried forward and used to meet the 2010 calendar year requirement. Carrying forward credits shall not be allowed thereafter.

(2) For the purposes of this chapter, AMA PRA Category 1 Credit™ continuing medical education shall mean those programs of continuing medical education designated as AMA PRA Category 1 Credit™ which are sponsored or conducted by those organizations or entities accredited by the Council on Medical Education of the Medical Association of the State of Alabama or by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor or conduct Category 1 continuing medical education programs.

(3) The following courses and continuing medical education courses shall be deemed, for the purposes of this Chapter, to be the equivalent of AMA PRA Category 1 Credit™ continuing medical education:

(a) Programs of continuing medical education designated as Category 1-A which are sponsored or conducted by organizations or entities accredited by the American Osteopathic Association to sponsor or conduct Category 1-A continuing medical education for osteopathic physicians.

(b) Programs of continuing medical education designated to confer "Prescribed credits" which are sponsored or conducted by organizations or entities accredited by the American Academy of Family Physicians to sponsor or conduct "Prescribed credit" continuing medical education activities.

(c) Programs of continuing medical education designated as such by the Alabama Board of Medical Examiners.

(d) Programs of continuing medical education designated to confer "ACOG Cognate Credits" which are sponsored or conducted by organizations or entities which are accredited by the American College of Obstetrics and Gynecology to sponsor or conduct approved ACOG Cognate Credit activities on obstetrical and gynecologic related subjects.
(e) Programs of continuing medical education designated as AAPA Category I CME Credits which are sponsored or conducted by those organizations or entities accredited by the Education Council of the American Academy of Physician Assistants to sponsor or conduct AAPA Category I continuing medical education programs.

(f) Effective January 1, 2014, nationally recognized advanced life support/resuscitation certification courses, not otherwise accredited for AMA PRA Category 1 Credit™, for a maximum of two (2) Category 1 credits for each course. Basic life support courses are excluded and are not deemed to be the equivalent of Category 1 continuing medical education.

(4) Every physician assistant subject to the minimum continuing medical education requirement established in these rules shall maintain records of attendance or certificates of completion demonstrating compliance with the minimum continuing medical education requirement. Documentation adequate to demonstrate compliance with the minimum continuing medical education requirements of these rules shall consist of certificates of attendance, completion certificates, proof of registration, or similar documentation issued by the organization or entity sponsoring or conducting the continuing medical education program. The records shall be maintained by the physician assistant for a period of three (3) years following the year in which the continuing medical education credits were earned and shall be subject to examination by representatives of the State Board of Medical Examiners upon request. Every physician assistant subject to the continuing medical education requirements of these rules must, upon request, submit a copy of such records to the State Board of Medical Examiners for verification. Failure to maintain records documenting that a physician assistant has met the minimum continuing medical education requirement, and/or failure to provide such records upon request to the Board is hereby declared to be unprofessional conduct and may constitute grounds for discipline of the physician assistant’s license to practice as a physician assistant, in accordance with the statutes and regulations governing the disciplining of a physician assistant’s license.

(5) Every physician assistant shall certify annually that he or she has met the minimum annual continuing medical education requirement established pursuant to these rules or that he or she is exempt. This certification will be made on a form provided on the annual renewal of license application required to be submitted by every physician assistant on or before December 31st of each year. The Board shall not issue a renewed license to any physician assistant who has not certified that he or she has met the minimum continuing medical education requirement unless the physician assistant is exempt from the requirement.

(6) A physician assistant who is unable to meet the minimum continuing medical education requirement by reason of illness, disability or other circumstances beyond his or her control may apply to the Board for a waiver of the requirement for the calendar year in which such illness, disability or other hardship condition existed. A waiver may be granted or denied within the sole discretion of the
Board, and the decision of the Board shall not be considered a contested case and shall not be subject to judicial review under the Alabama Administrative Procedure Act. If a waiver is granted, the physician assistant shall be exempt from the continuing medical education requirement for the calendar year in which the illness, disability or other hardship condition existed.

(7) A physician assistant receiving his or her initial license to practice medicine in Alabama is exempt from the minimum continuing medical education requirement for the calendar year in which he or she receives his or her initial license.

(8) A physician assistant who is a member of any branch of the armed forces of the United States and who is deployed for military service is exempt from the continuing medical education requirement for the calendar year in which he or she is deployed.

(9) If a physician assistant fails to renew his or her license before January 1 and, subsequently, applies to renew the license, then the applicant must submit proof of completion of not less than twenty-five (25) AMA PRA Category I Credits™ or the equivalent as defined in this rule of continuing medical education within the preceding twelve (12) months as a condition precedent to the renewal of such license.

Author: Alabama Board of Medical Examiners
TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control No. 540
Department or Agency: Alabama State Board of Medical Examiners
Rule No. 540-X-7-.54
Rule Title: Interim Approval Anesthesiologist Assistant (A.A.)

____ 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 Service Agency.

Signature of certifying official

Date: July 16, 2020
ALABAMA STATE BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME:  Alabama Board of Medical Examiners

RULE NO. & TITLE:  540-X-7-.54, Interim Approval Anesthesiologist Assistant (A.A.)

INTENDED ACTION:  To amend the rule

SUBSTANCE OF PROPOSED ACTION:  Amend to clarify that an anesthesiologist assistant who has been granted a temporary license does not qualify for interim approval

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 September 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:  September 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-7-.54 Interim Approval - Anesthesiologist Assistant (A.A.). An anesthesiologist assistant may obtain interim approval if the registration of an anesthesiologist assistant is terminated pursuant to Rule 540-X-7-.53, an anesthesiologist assistant previously approved to practice under the provisions of these rules may continue in a supervised practice with an interim supervising anesthesiologist after confirmed receipt by the Board of Medical Examiners of a registration application re-application for approval and may continue in interim practice until such time as the new pending application for registration is approved or denied, provided the interim supervising anesthesiologist meets the qualifications established in Rule 540-X-7-.50. An anesthesiologist assistant who has been granted a temporary license does not qualify for interim approval.

Author: Alabama Board of Medical Examiners

Ed. Note: Previous Rule 540-X-7-.51 was renumbered to .54 as per certification filed September 11, 2008; effective October 16, 2008
TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control 540 Department or Agency Alabama State Board of Medical Examiners
Rule No. 540-X-7-.62
Rule Title: Continuing Medical Education - Anesthesiologist Assistant (A.A.)

_____ 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: July 16, 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-7-.62, Continuing Medical Education - Anesthesiologist Assistant

INTENDED ACTION: To amend the rule

SUBSTANCE OF PROPOSED ACTION: Approve CME courses accredited by FAACT for A.A.s; remove provision concerning CME documentation when renewing after Dec. 31 as this is provided for in another rule

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 September 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: September 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-7-.62  Continuing Medical Education - Anesthesiologist Assistant (A.A.).

(1)(a) Every anesthesiologist assistant licensed by the Board must earn or accrue in each calendar year not less than twenty-five (25) hours of AMA PRA Category 1 Credits™ or the equivalent as defined in this rule of continuing medical education as a condition precedent to receiving his or her annual renewal of license, unless he or she is exempt from the minimum continuing medical education requirement.

(b) For the purpose of compliance with the continuing medical education (CME) basic requirement stated in paragraph (a) for only the 2010 calendar year, credits earned in the 2009 calendar year which are not used to meet the 2009 calendar year CME requirement may be carried forward and used to meet the 2010 calendar year requirement. Carrying forward credits shall not be allowed thereafter.

(2) For the purposes of this chapter, AMA PRA Category 1 Credit™ continuing medical education shall mean those programs of continuing medical education designated as AMA PRA Category 1 Credit™ which are sponsored or conducted by those organizations or entities accredited by the Council on Medical Education of the Medical Association of the State of Alabama or by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor or conduct Category 1 continuing medical education programs.

(3) The following courses and continuing medical education courses shall be deemed, for the purposes of this Chapter, to be the equivalent of AMA PRA Category 1 Credit™ continuing medical education:

(a) Programs of continuing medical education designated as Category 1-A which are sponsored or conducted by organizations or entities accredited by the American Osteopathic Association to sponsor or conduct Category 1-A continuing medical education for osteopathic physicians.

(b) Programs of continuing medical education designated to confer "Prescribed credits" which are sponsored or conducted by organizations or entities accredited by the American Academy of Family Physicians to sponsor or conduct "Prescribed credit" continuing medical education activities.

(c) Programs of continuing medical education designated as such by the Alabama Board of Medical Examiners.

(d) Programs of continuing medical education designated to confer "ACOG Cognate Credits" which are sponsored or conducted by organizations or entities which are accredited by the American College of Obstetrics and Gynecology to sponsor or conduct approved ACOG Cognate Credit activities on obstetrical and gynecologic related subjects.
(e) Effective January 1, 2014, nationally recognized advanced life support/resuscitation certification courses, not otherwise accredited for AMA PRA Category 1 Credit™, for a maximum of two (2) Category 1 credits for each course. Basic life support courses are excluded and are not deemed to be the equivalent of Category 1 continuing medical education.

(f) Programs accredited by the Federation for Advancement of Anesthesia Care Team (FAACT) are deemed to be equivalent of Category 1 credits only for Anesthesiologist Assistants.

(4) Every anesthesiologist assistant subject to the minimum continuing medical education requirement established in these rules shall maintain records of attendance or certificates of completion demonstrating compliance with the minimum continuing medical education requirement. Documentation adequate to demonstrate compliance with the minimum continuing medical education requirements of these rules shall consist of certificates of attendance, completion certificates, proof of registration, or similar documentation issued by the organization or entity sponsoring or conducting the continuing medical education program. The records shall be maintained by the anesthesiologist assistant for a period of three (3) years following the year in which the continuing medical education credits were earned and shall be subject to examination by representatives of the State Board of Medical Examiners upon request. Every anesthesiologist assistant subject to the continuing medical education requirements of these rules must, upon request, submit a copy of such records to the State Board of Medical Examiners for verification. Failure to maintain records documenting that an anesthesiologist assistant has met the minimum continuing medical education requirement, and/or failure to provide such records upon request to the Board is hereby declared to be unprofessional conduct and may constitute grounds for discipline of the anesthesiologist assistant’s license to practice as an anesthesiologist assistant, in accordance with the statutes and regulations governing the disciplining of an anesthesiologist assistant’s license.

(5) Every anesthesiologist assistant shall certify annually that he or she has met the minimum annual continuing medical education requirement established pursuant to these rules or that he or she is exempt. This certification will be made on a form provided on the annual renewal of license application required to be submitted by every anesthesiologist assistant-on or before December 31st of each year. The Board shall not issue a renewed license to any anesthesiologist assistant who has not certified that he or she has met the minimum continuing medical education requirement unless the anesthesiologist assistant is exempt from the requirement.

(6) An anesthesiologist assistant who is unable to meet the minimum continuing medical education requirement by reason of illness, disability or other circumstances beyond his control may apply to the Board for a waiver of the requirement for the calendar year in which such illness, disability or other hardship condition existed. A waiver may be granted or denied within the sole discretion of the
Board, and the decision of the Board shall not be considered a contested case and shall not be subject to judicial review under the Alabama Administrative Procedure Act. If a waiver is granted, the anesthesiologist assistant shall be exempt from the continuing medical education requirement for the calendar year in which the illness, disability or other hardship condition existed.

(7) An anesthesiologist assistant receiving his or her initial license to practice medicine in Alabama is exempt from the minimum continuing medical education requirement for the calendar year in which he or she receives his initial license.

(8) A anesthesiologist assistant who is a member of any branch of the armed forces of the United States and who is deployed for military service is exempt from the continuing medical education requirement for the calendar year in which he or she is deployed.

(9) If an anesthesiologist assistant fails to renew his or her license before January 1 and, subsequently, applies to renew the license, then the applicant must submit proof of completion of not less than twenty-five (25) AMA-PRA Category 1 Credits™ or the equivalent as defined in this rule of continuing medical education within the preceding twelve (12) months as a condition precedent to the renewal of such license.

Author: Alabama Board of Medical Examiners

Ed. Note: Previous Rule 540-X-7-.59 was renumbered to .62 as per certification filed September 11, 2008; effective October 16, 2008.
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 Service Agency.

Signature of certifying official

Date: July 16, 2020
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 September 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: September 4, 2020

CONTACT PERSON AT AGENCY: Carla H. Kruger

(Signature of officer authorized to promulgate and adopt rules or his or her deputy)
Medical Examiners Chapter 7/Appendix A
Supp. 12/31/18 A-43

ALABAMA BOARD OF MEDICAL EXAMINERS

APPENDIX A

ALABAMA BOARD OF MEDICAL EXAMINERS

P.O. Box 946/Montgomery, AL 36101-0946/(334) 242-4116

APPLICATION FOR REGISTRATION OF PHYSICIAN ASSISTANT

PHYSICIAN:

Supervising Physician Name in Full

AL Medical License Number

Medical Specialty

Board Certified

Board Eligible

Practice Address

County

Street

Apt/Suite

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 P. A. 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.
(v) Cryotherapy of non-pigmented superficial skin lesions – allowed to perform on the face, only on skin lesions not to exceed 5mm in diameter and not below the dermis. Cryotherapy on anatomically sensitive areas, such as eyes, must be evaluated by the physician prior to treatment.
(w) Lumbar Puncture
(x) GXT-stress echocardiogram graded exercise testing with/without treadmill/dobutamine/persantin
(v) Sclerotherapy – 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.

(z) Radial Arterial Line Insertion

(aa) 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 ear is approved.

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.


(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.

Absenteism 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.

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?

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

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

Remote Site Address
Name, (Practice/Site Name)
Country
Street
Apt/Suite
City
State
Zip
County
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
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

Additional Comments

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 website, 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.
TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control 540
Department or Agency Alabama State Board of Medical Examiners
Rule No. 540-X-18-.16
Rule Title: Risk and Abuse Mitigation Strategies (QACSC)

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<th>New</th>
<th>Amend</th>
<th>Repeal</th>
<th>Adopt by Reference</th>
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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

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 official

Date: July 16, 2020
ALABAMA STATE BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-18-.16, Risk and Abuse Mitigation Strategies (QACSC)

INTENDED ACTION: To amend the rule

SUBSTANCE OF PROPOSED ACTION: Amend rule to correct a typographical error (add “Qualified” to “Alabama Controlled Substances Certificate”).

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 September 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: September 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-18-.16 Risk and Abuse Mitigation Strategies

(1) The Board recognizes that all controlled substances, including but not limited to, opiates, benzodiazepines, stimulants, anticonvulsants, and sedative hypnotics, have a risk of addiction, misuse, and diversion. It is the opinion of the Board that the best practice when prescribing controlled substances shall include medically appropriate risk and abuse mitigation strategies, which will vary from patient to patient. Additional care should be used by practitioners when prescribing medication to a patient from multiple controlled substance drug classes.

(2) Every practitioner shall provide his or her patient with risk education prior to initiating controlled substances therapy and prior to continuing the controlled substances therapy initiated by another practitioner.

(3) Every practitioner shall utilize medically appropriate risk and abuse mitigation strategies when prescribing controlled substances. Examples of risk and abuse mitigation strategies include, but are not limited to:

(a) Pill counts;
(b) Urine drug screening;
(c) PDMP checks;
(d) Consideration of abuse-deterrent medications;
(e) Monitoring the patient for aberrant behavior;
(f) Using validated risk-assessment tools, examples of which shall be maintained by the Board; and
(g) Co-prescribing naloxone to patients receiving opioid prescriptions when determined to be appropriate in the clinical judgment of the treating practitioner.
(4) The Board recognizes that the best available research demonstrates that the risk of adverse events occurring in patients who use controlled substances to treat pain increases as dosage increases. The Board adopts the "Morphine Milligram Equivalency" ("MME") daily standard as set out by the Centers for Disease Control and Prevention ("CDC") for calculating the morphine equivalence of opioid dosages. The Board further adopts the "Lorazepam Milligram Equivalency" ("LME") daily standard for calculating sedative dosing when using the Alabama Prescription Drug Monitoring Program.

(5) For the purpose of preventing controlled substance diversion, abuse, misuse, addiction, and doctor-shopping, the Board sets forth the following requirements for the use of Alabama's Prescription Drug Monitoring Program (PDMP):

(a) For controlled substance prescriptions totaling less than 30 MME or 3 LME per day, practitioners are expected to use the PDMP in a manner consistent with good clinical practice.

(b) When prescribing to a patient controlled substances of more than 30 MME or 3 LME per day, practitioners shall review that patient's prescribing history through the PDMP at least two (2) times per year, and each practitioner is responsible for documenting the use of risk and abuse mitigation strategies in the patient's medical record.

(c) Practitioners shall query the PDMP to review a patient's prescribing history every time a prescription for more than 90 MME or 5 LME per day is written, on the same day the prescription is written.
(6) Exemptions: The Board’s PDMP requirements do not apply to practitioners writing controlled substance prescriptions for:

(a) Nursing home patients;

(b) Hospice patients, where the prescription indicates hospice on the physical prescription;

(c) When treating a patient for active, malignant pain; or

(d) Intra-operative patient care.

(7) Due to the heightened risk of adverse events associated with the concurrent use of opioids and benzodiazepines, practitioners should reconsider a patient’s existing benzodiazepine prescriptions or decline to add one when prescribing an opioid and consider alternative forms of treatment.

(8) Effective January 1, 2018, each holder of a Qualified Alabama Controlled Substances Certificate (QACSC) shall acquire two (2) credits of AMA PRA Category 1™ continuing medical education (CME) in controlled substance prescribing every two (2) years as part of the licensee’s yearly CME requirement. The controlled substance prescribing education shall include instruction on controlled substance prescribing practices, recognizing signs of the abuse or misuse of controlled substances, or controlled substance prescribing for chronic pain management.

(9) A violation of this rule is grounds for the assessment of a fine and for the suspension, restriction, or revocation of a practitioner’s Alabama Controlled Substances Certificate or license to practice medicine.

**Author:** Alabama Board of Medical Examiners  
**Statutory Authority:** Ala. Code § 20-2-250, et. seq.  
**History:** New Rule Approved for Publication: April 11, 2019. Certified Rule Filed June 24, 2019. Effective Date: August 8, 2019. *Amended/Approved: July*