

APA-1
6/93

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control 540 Department or Agency Alabama State Board of Medical Examiners
Rule No. 540-X-1, Appendix A
Rule Title: Commencement of Collaborative Practice
X New Amend X 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

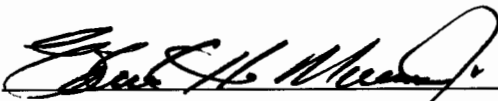
Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? YES

Does the proposed 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 Reference Service.

Signature of certifying officer  **REC'D & FILED**
NOV 17 2017

Date: November 17, 2017 **LEGISLATIVE REF SERVICE**

APA-2
6/93

**ALABAMA STATE BOARD
OF MEDICAL EXAMINERS**

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama State Board of Medical Examiners

RULE NO. & TITLE: 540-X-1, Appendix A, Commencement of Collaborative Practice


INTENDED ACTION: To repeal and replace the Appendix

SUBSTANCE OF PROPOSED ACTION: Modification to the form for online notification

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: Patricia E. Shaner, 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 January 4, 2018. Persons wishing to obtain copies of the text of this rule and submit data, views, or comments or arguments orally should contact Patricia E. Shaner, 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 found at the Board's web site: www.albme.org

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: January 4, 2018

CONTACT PERSON AT AGENCY: Patricia E. Shaner, Esq.



Edward H. Munson, Jr., Acting Executive Director

REPEAL

ALABAMA BOARD OF MEDICAL EXAMINERS
Commencement of Collaborative Practice

Mailing Address: Physical Address:
P.O. Box 946 848 Washington Avenue
Montgomery, AL 36101-0946 Montgomery, AL 36104

Phone: 334-242-4116
Toll Free: 1-800-227-2606
Website: www.albme.org

****Send this signed original document and \$100.00 fee to the Alabama Board of Medical Examiners.****

Alabama Board of Medical Examiners
Attn: Collaborative Practices Department

(Use one form per CRNP/CNM. Make additional copies as needed)

1. Physician's Name: _____ License Number: _____
2. Practice Address: _____
3. CRNP/CNM Name: _____ License Number: _____
4. CRNP/CNM Practice Address: _____
5. Date services to begin under this Collaborative Agreement _____

This is to certify that I, the undersigned physician agree and/or confirm:

1. The nurse practitioner/nurse mid-wife above and I will complete chart reviews for Quality Assurance as per the plan below and agree that 100% of all adverse actions will be reviewed for Quality Assurance.
2. The covering physicians listed in the application have knowledge and understanding of the Collaborative Practice Rules [Chapter 540-X-8] and are aware of their responsibilities.
3. Have an emergency plan/ policy in writing at the practice site.

Quality Assurance Plan:

- A. Who will complete the chart reviews? ___Physician ___Nurse Practitioner ___Other
- B. What is the time frame for your review? ___Weekly___Monthly ___Quarterly
- C. Selection of records for review to include records for patients treated by the CRNP/CNM
- D. Describe criteria for selecting records to be reviewed (give detail):

I the undersigned physician have read and understand the Alabama Board of Medical Examiners Rules, Chapter 540-X-8, Advanced Practice Nursing: Collaborative Practice. It is also understood that my signature attests to these facts. Failure to adhere to these rules may result in an action against my license. It is also understood that I will complete written Termination upon the dissolution of this Collaborative Agreement.

PHYSICIAN'S SIGNATURE: _____ DATE: _____
(Original Signature Only)

Print Physician Name:

****To alleviate a delay in approval of the Collaborative Practice, fill out the form completely and send upon submission of the application to the Board of Nursing. This Commencement Form will be returned if all of the information is not present and a check attached for the required fee.**

NEW

Commencement of Collaborative Practice

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

Physician's Name/License Number
 Physician's primary practice specialty
 Physician's primary practice address

CRNP / CNM Name/ RN License Number
 Certification specialty
 CRNP/CNM Primary practice address

Number of hours **per week** to practice in this Collaborative Agreement

Include note: *Cumulative total hours for CRNPs, CNMs and PAs may not exceed 160 hrs/week for each physician)*

Attestation statement: The physician's signature/electronic signature certifies that I the undersigned physician agree and/or confirm:

1. I have read and understand my responsibilities according to the Alabama Board of Medical Examiners Rules, *Administrative Rules Chapter 540-X-8, Advanced Practice Nursing: Collaborative Practice.*
2. All covering physician(s) listed in the application have knowledge and understanding of the Alabama Board of Medical Examiners Rules, *Administrative Rules Chapter 540-X-8, Advanced Practice Nursing: Collaborative Practice*, and are aware of their responsibilities in this Collaborative Agreement.

Attest to understanding of the Quality Assurance Documentation requirement:

- A. Documented Quality Assurance Reviews are required no less than quarterly and shall be readily retrievable [540-X-8-.08 (7) (g)].
- B. Physician and CRNP or CNM must review Quality Assurance data together [540-X-8-.08 (7) (g)].
- C. My signature on a patient record does not constitute Quality Assurance documentation. [540-X-8-.01 (13)]

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 could result in disciplinary action.

PHYSICIAN'S SIGNATURE

DATE

Author: Alabama Board of Medical Examiners
Statutory Authority: Ala. Code § 34-24-53
History: Repeal/Replace approved: November 16, 2017.