

Phase I: Administrative Rule Inventory for Alabama Board of Medical Examiners

540-X-1, Organization and Administration

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-1-.02	Officers of The Board	(1) The Board <u>shall</u> elect from its members a chairman and a vice chairman.	Ala. Code § 34-24-53	0
540-X-1-.02	Officers of The Board	(1) The election of officers <u>shall</u> be held annually.	Ala. Code § 34-24-53	0
540-X-1-.02	Officers of The Board	(2) The duties of the officers <u>shall</u> be as follows: (a) . . . No Board member may be appointed to the Credentials Committee if the member is serving on any board of any malpractice insurance company or health insurance company to which the member owes a fiduciary duty.	Ala. Code § 34-24-53	0
540-X-1-.02	Officers of The Board	(2)(a) The chairman <u>shall</u> preside at meetings of the Board and appoint members to serve on such committees as may be created.	Ala. Code § 34-24-53	0
540-X-1-.02	Officers of The Board	(2)(b) The vice chairman <u>shall</u> preside in the absence of the chairman . . .	Ala. Code § 34-24-53	0
540-X-1-.02	Officers of The Board	(2)(b) . . . and <u>shall</u> assume the duties of the chairman when necessary.	Ala. Code § 34-24-53	0
540-X-1-.03	Meetings of the Board	(1) The Board <u>shall</u> hold regularly scheduled meetings.	Ala. Code § 34-24-53	0
540-X-1-.03	Meetings of the Board	(3) At least six members of the Board <u>shall</u> constitute a quorum and as such shall be competent to act.	Ala. Code 34-24-53	0
540-X-1-.03	Meetings of the Board	(4) The executive director or his designee <u>shall</u> keep a record of all meetings.	Ala. Code §§ 6-5-533, 34-24-53, 34-24-58	0
540-X-1-.03	Meetings of the Board	(4) The place of each meeting of the Board, names of the members present, all official acts of the Board, and the votes <u>shall</u> be recorded in the minutes.	Ala. Code § 34-24-53	0
540-X-1-.03	Meetings of the Board	(4) The minutes <u>shall</u> be presented for approval or amendment at the next regular meeting, which upon approval will be signed and each page initialed by the chairman.	Ala. Code § 34-24-53	0

Phase I: Administrative Rule Inventory for Alabama Board of Medical Examiners

540-X-1, Organization and Administration

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-1-.03	Meetings of the Board	(4) The minutes, not including any section relating to the good name or character of an individual, <u>shall</u> be open to public inspection.	Ala. Code §§ 6-5-533, 34-24-53, 34-24-58; Ala. Act No. 2021-100	0
540-X-1-.03	Meetings of the Board	(5) All meetings of the Board, not including any part relating to the good name or character of an individual, <u>shall</u> be open and public.	Ala. Code §§ 6-5-533, 34-24-53, 34-24-58; Ala. Act No. 2021-100	0
540-X-1-.03	Meetings of the Board	(5) All reports of investigations; documents subpoenaed by the Board; reports of any investigative committee appointed by the Board; memoranda of the Board's counsel relating to investigations; statements of persons interviewed by the Board or any committee of the Board; all information, interviews, reports, statements or memoranda of any kind furnished to the Board or any committee of the Board; and any findings, conclusions or recommendations resulting from proceedings of the board or any committee of the Board, unless presented as evidence at a public hearing, <u>shall</u> be privileged and confidential,	Ala. Code § 34-24-53, 34-24-58, 34-24-60	0
540-X-1-.03	Meetings of the Board	(5) . . . <u>shall</u> be used only in the exercise of the proper functions of the Board,	Ala. Code § 34-24-53, 34-24-58, 34-24-60	0
540-X-1-.03	Meetings of the Board	(5) . . . and <u>shall not</u> be public records nor be available for court subpoena or for discovery proceedings.	Ala. Code § 34-24-53, 34-24-58, 34-24-60	0
540-X-1-.03	Meetings of the Board	(5) Meetings of the Board in which any of the aforementioned items are received, reviewed, deliberated, voted on, or acted on by the Board <u>shall</u> be closed sessions,	Ala. Code § 34-24-53, 34-24-58, 34-24-60	0

Phase I: Administrative Rule Inventory for Alabama Board of Medical Examiners

540-X-1, Organization and Administration

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540-X-1-.03	Meetings of the Board	(5) . . . and any report or recording of the meeting <u>shall</u> be privileged and confidential.	Ala. Code § 34-24-53, 34-24-58, 34-24-60	0
540-X-1-.04	Executive Director	(1) The Board <u>shall</u> employ a qualified individual to serve as Executive Director, whose duties, responsibilities and compensation shall be set by the Board.	Ala. Code § 34-24-53	0
540-X-1-.04	Executive Director	(1) . . . whose duties, responsibilities and compensation <u>shall</u> be set by the Board.	Ala. Code § 34-24-53	0
540-X-1-.05	Executive Director	The Board or the executive director with the concurrence of the Board <u>shall</u> employ qualified individuals to serve as staff and/or administrative personnel, including investigators.	Ala. Code § 34-24-53	0
540-X-1-.05	Executive Director	The duties, responsibilities and compensation for each such employee <u>shall</u> be set by the Board or the executive director with the concurrence of the Board.	Ala. Code § 34-24-53	0
540-X-1-.08	Rules and Regulations	(1) All rules and regulations of the Board <u>shall</u> be adopted, amended or repealed in accordance with the Alabama Administrative Procedure Act.	Ala. Code § 41-22-5	0
540-X-1-.08	Rules and Regulations	(2) Prior to adoption, amendment or repeal of any rule the Board <u>shall</u> : (a) Give at least thirty-five days' notice of its intended action	Ala. Code § 41-22-5	0
540-X-1-.08	Rules and Regulations	(a) --such notice <u>shall</u> include a statement of either the terms of substance of the intended action or a description of the subjects and issues involved, and the time when, the place where, and the manner in which interested persons may present their views thereon	Ala. Code § 41-22-5	0
540-X-1-.08	Rules and Regulations	(a) --and the notice <u>shall</u> be published in the Alabama Administrative Monthly;	Ala. Code § 41-22-5	0

Phase I: Administrative Rule Inventory for Alabama Board of Medical Examiners

540-X-1, Organization and Administration

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-1-.08	Rules and Regulations	(2) Prior to adoption, amendment or repeal of any rule the Board <u>shall</u> : and (b) Afford all interested persons reasonable opportunity to submit data, views, or arguments, orally or in writing.	Ala. Code § 41-22-5	0
540-X-1-.08	Rules and Regulations	(b) The Board <u>shall</u> consider fully all written and oral submissions respecting the proposed rule.	Ala. Code § 41-22-5	0
540-X-1-.08	Rules and Regulations	(4) After adoption by the Board, each rule <u>shall</u> be filed with the Legislative Reference Service becoming effective thirty-five days thereafter.	Ala. Code § 41-22-5	0
540-X-1-.09	Petition for Adoption, Amendment, or Repeal of a Rule	(1) The petition <u>shall</u> : (a) be submitted in writing; (b) Include an exact statement of the proposed rule, amendment or identification of the rule to be repealed; (c) Include the pertinent facts, data, opinions or arguments in support of the petitioner's position.	Ala. Code § 41-22-8	0
540-X-1-.09	Petition for Adoption, Amendment, or Repeal of a Rule	(2) Within sixty days after submission of a petition, the Board <u>shall</u> initiate rule-making proceedings	Ala. Code § 41-22-8	0
540-X-1-.09	Petition for Adoption, Amendment, or Repeal of a Rule	(2) or <u>shall</u> deny the petition in writing on the merits, stating its reasons for the denial.	Ala. Code § 41-22-8	0
540-X-1-.09	Petition for Adoption, Amendment, or Repeal of a Rule	(3) A petition requesting adoption, amendment or repeal of a rule <u>shall not</u> be considered by the Board if the subject of the petition is the same or similar to the subject presented in another petition considered by the Board within the previous twelve months.	Ala. Code § 41-22-8	0
540-X-1-.10	Declaratory Rulings	(2) The petition <u>shall</u> be in writing	Ala. Code § 41-22-11	0
540-X-1-.10	Declaratory Rulings	(2) and <u>shall</u> include: (a) The name and address of the petitioner; (b) A statement of facts sufficient to show that the person seeking relief is substantially affected by the rule; (c) The rule, statute, or order and the reasons for the questions.	Ala. Code § 41-22-11	3

Phase I: Administrative Rule Inventory for Alabama Board of Medical Examiners

540-X-1, Organization and Administration

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-1-.10	Declaratory Rulings	(4) Circumstances in which ruling <u>shall not</u> be issued include but are not necessarily limited to: (a) Lack of jurisdiction, (b) Lack of clarity of the issues presented, (c) No clear answer determinable.	Ala. Code § 41-22-11	0
540-X-1-.10	Declaratory Rulings	(5) In the event the Board declines to issue a ruling, the petitioner <u>shall</u> be notified in writing that the request for a declaratory ruling was denied	Ala. Code § 41-22-11	0
540-X-1-.10	Declaratory Rulings	(5) . . . and the reasons therefor <u>shall</u> be specified.	Ala. Code § 41-22-11	0
540-X-1-.11	Public Inspection of Rules	(1) All rules and other written statements of policy or interpretations formulated, adopted or used by the Board in the discharge of its functions <u>shall</u> be made available for public inspection and copying, at cost.	Ala. Code § 41-22-4	0
540-X-1-.11	Public Inspection of Rules	(2) All final orders, decisions and opinions of the Board <u>shall</u> be available for public inspection and copying, at cost, except those expressly made confidential or privileged by statute or order of the court.	Ala. Code § 41-22-4	0
540-X-1-.12	Consultants	(2) . . . no Board member <u>shall</u> be reimbursed under paragraph (1) of this rule for any day that such Board member receives per diem and mileage reimbursement for attendance at Board functions and travel pursuant to Code of Ala. 1975, § 34-24-54.	Ala. Code § 34-24-313	0
540-X-1-.13	Board Listings of Assistants to Physicians	(1) The Board <u>shall</u> publish, on a periodic basis, a current listing of all assistants to physicians in all categories established pursuant to Code of Ala. 1975, §34-24-293(b), who are certified by the Board.	Ala. Code §§ 34-24-53, 34-24-293	0
540-X-1-.13	Board Listings of Assistants to Physicians	(1) The published listing <u>shall</u> contain the following: the name of each assistant; the name of the physician to whom each assistant is certified; the address of each assistant/physician practice location; each assistant's certification number provided by the Board; the issuance date of each certification; and the renewal history of each certification.	Ala. Code §§ 34-24-53(a), 34-24-293	0

Phase I: Administrative Rule Inventory for Alabama Board of Medical Examiners

540-X-1, Organization and Administration

Due date: September 15, 2023 | Inventory current as of September 1, 2023

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540-X-1-.13	Board Listings of Assistants to Physicians	(2) The cost of the published listing shall be \$50.00.	Ala. Code §§ 34-24-53(a), 34-24-293(a)	1
540-X-1-.16	Fees Associated with Collaborative Practices	(1) Fee for New Collaborative Practice: (a) At the time a physician enters into a collaborative practice agreement with a Certified Registered Nurse Practitioners (CRNP) or a Certified Nurse Midwife (CNM), for the purpose of registering the collaborative practice, an initial commencement fee in the amount of Two Hundred Dollars (\$200.00) and a completed collaborative practice commencement form shall be submitted to the Board.	Ala. Code §§ 34-24-53, 34-24-340	1
540-X-1-.16	Fees Associated with Collaborative Practices	(d) If the physician has not paid the initial fee and submitted a completed commencement form, the Board shall not approve the physician to participate in the collaborative practice.	Ala. Code §§ 34-24-53, 34-24-340(b)	1
540-X-1-.17	Expenses Associated with Official Meetings or Functions	Members of the Alabama Board of Medical Examiners shall receive per diem at the maximum, amount authorized by Code of Ala. 1975, §34-24-54 for attendance at an official meeting or function of the Alabama Board of Medical Examiners or the Medical Licensure Commission of Alabama.	Ala. Code §§ 34-24-53, 34-24-54	0
540-X-1-.17	Expenses Associated with Official Meetings or Functions	In addition, each Board member shall receive reimbursement for subsistence and travel in accordance with state law for each day actively engaged in the duties of office.	Ala. Code §§ 34-24-53, 34-24-54	0
540-X-1-.18	Dishonored Checks	Pursuant to Code of Ala. 1975, §8-8-15, this fee of \$30.00 must accompany any check, or other negotiable instrument drawn on a bank or other depository institution and made payable to the Board, if the instrument is not paid or is dishonored by the institution.	Ala. Code §§ 8-8-15, 34-24-53, 34-24-53.1	0
540-X-1-.18	Dishonored Checks	Unless otherwise provided, the Board shall not process, . . .	Ala. Code §§ 8-8-15, 34-24-53, 34-24-53.1	0

Phase I: Administrative Rule Inventory for Alabama Board of Medical Examiners

540-X-1, Organization and Administration

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		any application, license, certificate, or renewal thereof until such time as this fee, including the amount of the dishonored check, has been received by the Board.		
540-X-1-.18	Dishonored Checks	. . . or shall rescind as incomplete, any application, license, certificate, or renewal thereof until such time as this fee, including the amount of the dishonored check, has been received by the Board.	Ala. Code §§ 8-8-15, 34-24-53, 34-24-53.1	0

Phase I: Administrative Rule Inventory for Alabama Board of Medical Examiners

540-X-2, Definitions

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Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-2-.01	Definitions applicable to Applications for Certificate of Qualification.	(1) The following definitions <u>shall</u> apply to these rules: (a)-(r)	34-24-53, 34-24-70, 34-24-73, 34-24-75	0
540-X-2-.01	Definitions applicable to Applications for Certificate of Qualification.	(1)(g) FLEX Examination: The passing score acceptable to the Board of Medical Examiners <u>shall</u> be a FLEX weighted average of 75.0 or a minimum score of 75.0 on each individual Component of the FLEX examination.	34-24-53, 34-24-70, 34-24-73, 34-24-75	1
540-X-2-.01	Definitions applicable to Applications for Certificate of Qualification.	(1)(h) N.B.M.E. Examination: The passing score acceptable to the Board of Medical Examiners <u>shall</u> be a minimum score of 75 on each Part of the N.B.M.E. examination or that score which is designated as a passing score by the National Board of Medical Examiners.	34-24-53, 34-24-70, 34-24-73, 34-24-75	1
540-X-2-.01	Definitions applicable to Applications for Certificate of Qualification.	(1)(i) NBOME Examination: The passing score acceptable to the Board of Medical Examiners <u>shall</u> be that score which is designated as a passing score by the National Board of Osteopathic Medical Examiners.	34-24-53, 34-24-70, 34-24-73, 34-24-75	1
540-X-2-.01	Definitions applicable to Applications for Certificate of Qualification.	(1)(k) U.S.M.L.E., The United States Medical Licensing Examination: The passing score acceptable to the Board of Medical Examiners <u>shall</u> be a minimum score of 75 on each Step of the U.S.M.L.E.	34-24-53, 34-24-70, 34-24-73, 34-24-75	1
540-X-2-.01	Definitions applicable to Applications for Certificate of Qualification.	(1)(l) L.M.C.C. Examination: The passing score acceptable to the Board of Medical Examiners <u>shall</u> be that score which is designated as a passing score by the Licensing Medical Council of Canada.	34-24-53, 34-24-70, 34-24-73, 34-24-75	1
540-X-2-.01	Definitions applicable to Applications for Certificate of Qualification.	(1)(i) NBOME Examination: The passing score acceptable to the Board of Medical Examiners <u>shall</u> be that score which is designated as a passing score by the National Board of Osteopathic Medical Examiners.	34-24-53, 34-24-70, 34-24-73, 34-24-75	1
540-X-2-.01	Definitions applicable to Applications for Certificate of Qualification.	(1)(m) Visiting Professor: The Dean of the College of Medicine <u>shall</u> set forth the period of appointment in the initial application for certificate of	34-24-53, 34-24-70, 34-24-73, 34-24-75	1

Phase I: Administrative Rule Inventory for Alabama Board of Medical Examiners

540-X-2, Definitions

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		qualification without examination, but which shall normally not exceed a period of twenty-four months.		
540-X-2-.01	Definitions applicable to Applications for Certificate of Qualification.	(1)(m) . . . which shall be subject to the approval of the Board at their discretion, . . .	34-24-53, 34-24-70, 34-24-73, 34-24-75	1
540-X-2-.01	Definitions applicable to Applications for Certificate of Qualification.	(1)(m) but which shall normally not exceed a period of twenty-four months.	34-24-53, 34-24-70, 34-24-73, 34-24-75	1
540-X-2-.01	Definitions applicable to Applications for Certificate of Qualification.	(1)(n) 3. The candidate shall be of the caliber to have been invited to be a lecturer or visiting professor at similar institutions either abroad or within the United States.	34-24-53, 34-24-70, 34-24-73, 34-24-75	1
540-X-2-.01	Definitions applicable to Applications for Certificate of Qualification.	(1)(n) 4. The candidate's curriculum vitae shall show a delivery of scholarly papers before national or international meetings.	34-24-53, 34-24-70, 34-24-73, 34-24-75	1
540-X-2-.01	Definitions applicable to Applications for Certificate of Qualification.	(1)(n) 5. The candidate shall have letters of support from the appropriate department chairman, the Dean of the College of Medicine, and academic colleagues from outside the State of Alabama which reflect and attest to his or her distinguished status.	34-24-53, 34-24-70, 34-24-73, 34-24-75	1
540-X-2-.01	Definitions applicable to Applications for Certificate of Qualification.	(1)(n) 5. Approval of an applicant for designation as a Distinguished Professor shall rest within the sole discretion of the Board based upon its examination and evaluation of the credentials, qualifications and reputation within the medical community of the applicant.	34-24-53, 34-24-70, 34-24-73, 34-24-75	0
540-X-2-.01	Definitions applicable to Applications for Certificate of Qualification.	(1)(n) 5. Applicants designated as Distinguished Professors may be approved by the Board without specification of the duration of such appointment, however, the Board shall retain the sole discretion to grant or deny the annual renewal of such certificate.	34-24-53, 34-24-70, 34-24-73, 34-24-75	0

Phase I: Administrative Rule Inventory for Alabama Board of Medical Examiners

540-X-2, Definitions

Due date: September 15, 2023 | Inventory current as of September 1, 2023

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540-X-2-.01	Definitions applicable to Applications for Certificate of Qualification.	(1)(o) 4. The candidate shall have been invited to be a lecturer or visiting professor at other colleges of medicine and similar institutions either abroad or within the United States.	34-24-53, 34-24-70, 34-24-73, 34-24-75	1
540-X-2-.01	Definitions applicable to Applications for Certificate of Qualification.	(1)(o) 6. The candidate shall have letters of support from the appropriate departmental chairman, the dean of the medical school, the academic colleagues from outside the State of Alabama which reflect and attest to his or her status recognition within the profession.	34-24-53, 34-24-70, 34-24-73, 34-24-75	1
540-X-2-.01	Definitions applicable to Applications for Certificate of Qualification.	(1)(o) 7. The candidate shall provide documentary evidence satisfactory to the Board that he or she will provide a unique resource to the college of medicine and to the people of Alabama a narrow subspecialty of medicine which is not otherwise available in this state.	34-24-53, 34-24-70, 34-24-73, 34-24-75	1
540-X-2-.01	Definitions applicable to Applications for Certificate of Qualification.	(1)(o) 8. The candidate must submit with his or her application an agreement in writing that the medical practice of the candidate will be limited to the confines of those specific programs, institutions or facilities which are approved by the Board and designated on the candidate's certificate of qualification,	34-24-53, 34-24-70, 34-24-73, 34-24-75	2
540-X-2-.01	Definitions applicable to Applications for Certificate of Qualification.	(1)(o) 8. and that the scope of the candidate's medical practice shall be limited to those medical services which are usually and ordinarily associated with the particular subspecialty of medicine in which the candidate proposes to engage.	34-24-53, 34-24-70, 34-24-73, 34-24-75	1
540-X-2-.01	Definitions applicable to Applications for Certificate of Qualification.	(1)(o) 8. The subspecialty shall be designated by the Board on the candidate's certificate of qualification.	34-24-53, 34-24-70, 34-24-73, 34-24-75	0
540-X-2-.01	Definitions applicable to Applications for Certificate of Qualification.	(1)(p) Approval of an applicant for designation as a specialty professor shall rest within the sole discretion of the Board based upon its examination and evaluation of the credentials, qualifications, and information submitted by the applicant	34-24-53, 34-24-70, 34-24-73, 34-24-75	0

Phase I: Administrative Rule Inventory for Alabama Board of Medical Examiners

540-X-2, Definitions

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-2-.01	Definitions applicable to Applications for Certificate of Qualification.	(1)(p) Applicants designated as specialty professors may be approved by the Board without specification of the duration of such appointment, however, the Board <u>shall</u> retain the sole discretion to grant or deny the annual renewal of such certificate of qualification.	34-24-53, 34-24-70, 34-24-73, 34-24-75	0
540-X-2-.01	Definitions applicable to Applications for Certificate of Qualification.	(1)(q) SPEX, Special Purpose Examination: The passing score acceptable to the Board of Medical Examiners <u>shall</u> be a minimum scale score of 75 on the SPEX or that score which is designated as a passing score by the Federation of State Medical Boards of the United States, Inc.	34-24-53, 34-24-70, 34-24-73, 34-24-75	1
540-X-2-.02	Definitions Applicable to Contested Cases	For the purposes of these rules the following words and phrases <u>shall</u> have the respective meanings ascribed by this section:	20-2-2, 41-22-3	0
540-X-2-.02	Definitions Applicable to Contested Cases	(a) Applicant <u>shall</u> mean a physician licensed to practice medicine or osteopathy in the State of Alabama who has applied for an Alabama Controlled Substance Registration Certificate.	20-2-2, 41-22-3	0
540-X-2-.02	Definitions Applicable to Contested Cases	(b) Board <u>shall</u> mean the Alabama State Board of Medical Examiners.	20-2-2, 41-22-3	0
540-X-2-.02	Definitions Applicable to Contested Cases	(c) Certificate <u>shall</u> mean an Alabama Uniform Controlled Substances Certificate.	20-2-2, 41-22-3	0
540-X-2-.02	Definitions Applicable to Contested Cases	(d) Certifying Board <u>shall</u> mean the Alabama State Board of Medical Examiners, unless some other certifying board is designated.	20-2-2, 41-22-3	0
540-X-2-.02	Definitions Applicable to Contested Cases	(e) Complainant <u>shall</u> mean that individual designated by the Board to prepare and prosecute complaints in contested cases.	20-2-2, 41-22-3	0
540-X-2-.02	Definitions Applicable to Contested Cases	(f) Hearing Officer <u>shall</u> mean an individual designated as a hearing officer by the Alabama State Board of Medical Examiners and appointed pursuant to these rules.	20-2-2, 41-22-3	0
540-X-2-.02	Definitions Applicable to Contested Cases	(g) Legitimate Medical Purpose <u>shall</u> mean a therapeutic treatment regimen or program generally recognized and accepted in the field of medical science as being safe and effective in the diagnosis, treatment,	20-2-2, 41-22-3	0

Phase I: Administrative Rule Inventory for Alabama Board of Medical Examiners

540-X-2, Definitions

Due date: September 15, 2023 | Inventory current as of September 1, 2023

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		correction or alleviation of the specific medical condition of the patient under all relevant circumstances.		
540-X-2-.02	Definitions Applicable to Contested Cases	(h) Parties shall mean the complainant, the registrant or applicant and any person permitted to intervene in a contested case.	20-2-2, 41-22-3	0
540-X-2-.02	Definitions Applicable to Contested Cases	(i) Proper Medical Management shall mean those procedures and steps as undertaken by a reasonably competent and well-trained physician in the treatment of the medical condition of a patient giving due consideration to the potential risk of harmful side effects, including addiction to the drug or other medication in question.	20-2-2, 41-22-3	0
540-X-2-.02	Definitions Applicable to Contested Cases	(j) Registrant shall mean a physician licensed to practice medicine or osteopathy in the State of Alabama who is duly issued an Alabama Controlled Substance Registration Certificate.	20-2-2, 41-22-3	0
540-X-2-.02	Definitions Applicable to Contested Cases	(k) Registration shall mean an Alabama Uniform Controlled Substances Certificate.	20-2-2, 41-22-3	0
540-X-2-.02	Definitions Applicable to Contested Cases	(l) Licensed Practitioner Specializing in the Treatment of Depression shall mean a psychiatrist licensed to practice medicine in the State of Alabama or a physician or osteopath licensed to practice medicine in the State of Alabama who devotes a substantial portion of his practice to the specialized treatment of mental or emotional illness.	20-2-2, 41-22-3	0
540-X-2-.03	Definitions Generally Acceptable	(j) Registrant shall mean a physician licensed to practice medicine or osteopathy in the State of Alabama who is duly issued an Alabama Controlled Substance Registration Certificate.	20-2-2, 41-22-3	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-3, Certificate of Qualification

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-3-.01	Requirements for all applicants	All applicants for a certificate of qualification shall satisfy the requirements of Rules 540-X-3-.01 to 540-X-3-.10, inclusive, complete the Federation of State Medical Boards (FSMB) on-line Uniform Application, and submit to FSMB the Sixty-Dollar (\$60.00) Uniform Application fee, or the fee in effect at the time of the application published by FSMB.	34-24-70(4)	1
540-X-3-.02	Medical school requirement	All applicants for a certificate of qualification shall present a diploma or evidence of graduation from any of the following institutions . . .	34-24-70(a)(1)	0
540-X-3-.02(2)(d)1.	Non-approved medical schools	A college of medicine which allows graduation from its medical school program, issues diplomas, or confers medical degrees based on course work offered via the Internet or online programs, and which is deemed by the Board to be a college of medicine which engages in practices which are inconsistent with quality medical education, will not be an approved college of medicine for the purpose of fulfilling the medical education requirement	34-24-70 (a)(1)c.4.	0
540-X-3-.02(4)	Diploma based in any part on training completed at hospitals not in same country as school or where training director not directly responsible to administration of medical school	If the diploma of the applicant is based in any part upon clinical rotations, clerkships or training which was completed at hospitals which are not located within the same country where the medical school is principally located or where the director of the clinical rotation, clerkship or training is not directly responsible to the administration of the medical school, the applicant shall have the director of the clinical rotation, clerkship or training at the hospital where the clinical rotation, clerkship or training was undertaken send an original letter to the Board outlining the dates of the training, the exact type of training completed and an evaluation of the applicant's performance in the clinical rotation, clerkship or training undertaken.	34-24-70	1
540-X-3-.02(5)	Board may require certain applicants to provide additional information	In the event that the Alabama Board of Medical Examiners shall , after careful consideration, determine that there exists substantial credible evidence to indicate that a college of medicine or a college of osteopathy	34-24-70	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-3, Certificate of Qualification

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		located outside of the United States may have issued or is issuing diplomas to individuals who have not in fact acquired such diploma by actual attendance at and participation in a residency program of medical instruction and clinical rotations, then in such event the Board may require that an applicant holding a diploma from such college submit the following additional documentation in conjunction with his or her application:		
540-X-3-.02(5)(c)	Requirements in para. (5) apply to certificates of qualification by endorsement, examination, or for limited licensure	The foregoing requirements shall apply to applicants for a certificate of qualification by endorsement under Code of Ala. 1975, §34-24-73, or by examination under Code of Ala. 1975, §34-24-70, or for limited licensure under Code of Ala. 1975, §34-24-75.	34-24-70, -73, and -75	0
540-X-3-.02(5)(d)	Board shall maintain list of colleges determined to be within the scope of para. (5)	The Board shall publish and maintain a list of any colleges of medicine or colleges of osteopathy which it determines to be within the scope of this rule.	34-24-70	0
540-X-3-.02(5)(e)	Additional information from graduates of certain medical schools	The documentation which the Board of Medical Examiners will deem to be acceptable for the purposes of this rule shall include, but is not limited to . . . Failure of the applicant to document actual attendance as specified above will result in a denial of the application for certificate of qualification. The requirements set forth in this rule shall be in addition to all of the other requirements set forth in the rules and regulations of the State Board of Medical Examiners.	34-24-70	1
540-X-3-.02(7)	Additional information from graduates of certain medical schools	Graduates of the following colleges of medicine or schools of medicine are required to submit the additional documentation required by Rule 540-X-3-.02(5)(a) through (d) in conjunction with an application for a certificate of qualification:	34-24-70	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-3, Certificate of Qualification

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-3-.03(1)	Postgraduate education-graduates of accredited schools	Applicants for a certificate of qualification who graduated from a college of medicine accredited by the Liaison Committee on Medical Education or a college of osteopathy accredited by the Commission on Osteopathic College Accreditation shall present evidence satisfactory to the Board that the applicant has completed one (1) year of post-graduate or residency training in any of the following programs:	34-24-70(2)a.	0
540-X-3-.03(2)	Postgraduate education – graduates of non-accredited schools	Applicants for a certificate of qualification who graduated from a college of medicine not accredited by the Liaison Committee on Medical Education or a college of osteopathy not accredited by the Commission on Osteopathic College Accreditation shall present evidence satisfactory to the Board that the applicant has completed three (3) years of post-graduate or residency training in any of the following programs:	34-24-70(2)b.	0
540-X-3-.03(3)	Explanation of “completed __ years of post-graduate or residency training”	The terms “has completed one (1) year of post-graduate or residency training” and “has completed three (3)* years of post-graduate or residency training” shall mean that the applicant has successfully completed or met the program’s established criteria, standards or requirements which are necessary for promotion to the next level of post-graduate training or that the applicant has successfully completed or met the program’s established criteria, standards or requirements which are necessary for completion of the program. *Rule amendment per Ala. Act No. 2023-233 changing three years to two years anticipated to be effective 12/15/2023	34-24-70	0
540-X-3-.03(4)	Explanation of post-graduate education requirement	Merely accumulating twelve (12) months of post-graduate or residency training or thirty-six (36)* months of post-graduate or residency training shall not be evidence satisfactory to the Board that the applicant has fulfilled the post-graduate education requirement necessary for	34-24-70	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-3, Certificate of Qualification

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		qualifying for the issuance of a certificate of qualification for a license to practice medicine in Alabama. *Rule amendment per Ala. Act No. 2023-233 changing 36 months to 24 months anticipated to be effective 12/15/2023		
540-X-3-.04(1)	Examination requirements	Applicants for a certificate of qualification shall achieve a passing score on one of the licensure examinations listed below:	34-24-70(3)	0
540-X-3-.04(1)(a)1.	Time period and number of administrations of examination-not dual degree candidates or board certified	Applicants who are not dual degree candidates as specified in subparagraph (1)(a)3. below, shall have achieved a passing score on Step 3 in not more than three administrations.	34-24-70(3)	1
540-X-3-.04(1)(a)1.	Time period and number of administrations of examination-not dual degree candidates or board certified	These applicants shall have passed Steps 1, 2 and 3 within a seven-year period. The time period for completion of Steps 1, 2 and 3 begins when the applicant initially passes his or her first Step.	34-24-70(3)	1
540-X-3-.04(1)(a)1.	Time period and number of administrations of examination-not dual degree candidates or board certified	These applicants shall not have attempted to pass Steps 1, 2 and 3 a combined total of more than ten (10) times.	34-24-70(3)	1
540-X-3-.04(1)(a)1.	Time period and number of administrations of examination-not dual degree candidates or board certified	The Board shall not accept scores from a re-examination of a previously passed Step of the USMLE.	34-24-70(3)	1
540-X-3-.04(1)(a)2.	Time period and number of attempts-not dual degree candidates and board certified	Applicants who are not dual degree candidates . . . shall not be required to pass Steps 1, 2 and 3 within the seven-year period specified in subparagraph (1)(a)1. above; however, these applicants shall be limited to a combined total of ten (10) attempts to pass Steps 1, 2 and 3 as set forth in subparagraph (1)(a)1.	34-24-70(3)	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-3, Certificate of Qualification

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-3-.04(1)(a)3.	Time period and number of attempts-dual degree candidates	Applicants who are dual degree candidates as defined in these rules <u>shall</u> have achieved a passing score on Step 3 in not more than three administrations	34-24-70(3)	1
540-X-3-.04(1)(a)3.	Time period and number of attempts-dual degree candidates	, and <u>shall</u> have completed Steps 1, 2 and 3 within a ten (10)-year period, <u>except</u> that the Board may approve, within its discretion and at the request of the applicant, a longer period not to exceed 15 years.	34-24-70(3)	1
540-X-3-.04(1)(a)3.	540-X-3-.04(1)(a)3.	The Board <u>shall not</u> accept scores from a re-examination of a previously passed step of the USMLE.	34-24-70(3)	1
540-X-3-.05(1)	Criminal history background check	Beginning October 1, 2008, all applicants for a certificate of qualification <u>shall</u> submit to a criminal history background check to the Board	34-24-70(a)(5)	0
540-X-3-.05(2)	Criminal history background check	Fingerprints provided by each applicant <u>shall</u> be submitted to the Alabama State Bureau of Investigation (SBI), which is responsible for forwarding the fingerprints to the Federal Bureau of Investigation (FBI) for a national criminal history record check.	34-24-70(a)(5)	0
540-X-3-.05(3)	Criminal history background check	Costs associated with conducting a criminal history background check <u>shall</u> be borne by the applicant and are payable directly to the Board, or its designee.	34-24-70(a)(5)	0
540-X-3-.05(4)	Criminal history background check	Information received by the Board pursuant to a criminal history background check <u>shall</u> be confidential and <u>shall</u> not be a public record .	34-24-70(a)(5)	0
540-X-3-.05(5)	Education Council for Foreign Medical Graduates Certification Requirement	All applicants who graduated from a college of medicine not accredited by the Liaison Committee of Medical Education or the American Osteopathic Association <u>shall</u> achieve certification given by the Education Council for Foreign Medical Graduates or <u>shall</u> achieve a Fifth Pathway Certification and pass the examination administered by the Education Council For Foreign Medical Graduates.	34-24-70(a)(6)(b)	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-3, Certificate of Qualification

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-3-.05(5)	Education Council for Foreign Medical Graduates Certification Requirement	Proof of certification or passage of the examination <u>must</u> be sent directly from the Education Council for Foreign Medical Graduates to the Alabama State Board of Medical Examiners.	34-24-70(a)(6)(b)	1
540-X-3-.07(1)*	Additional requirements for examination for certain applicants	Act 2023-233 eliminated the provision requiring passage of SPEX exam if did not pass a licensing exam or was not board certified or re-certified within the past ten years * Rule amendment per Ala. Act No. 2023-233 removing this provision anticipated to be effective 12/15/2023; Act effective 8/1/2023	34-24-70(a)(6)(a)*	0
540-X-3-.07(2)	SPEX administration	The SPEX <u>shall</u> be administered at dates and times to be established by the Examination Board of the Federation of State Medical Boards of the United States, Inc. pursuant to policies and procedures established by the Federation of State Medical Boards of the United States, Inc.	34-24-70(6)(b)(2)	1
540-X-3-.07(3)(b)	SPEX eligibility	All applicants for a certificate of qualification who are required to achieve a passing score on the SPEX <u>shall</u> have achieved a passing score in not more than three (3) administrations.	34-24-70(6)(b)(3)	1
540-X-3-.07(3)(b)	SPEX eligibility	Applicants who have not achieved a passing score within three (3) administrations <u>shall</u> no longer be eligible to take the SPEX.	34-24-70(6)(b)(3)	0
540-X-3-.07(3)(c)	SPEX Eligibility	Individuals required to take the SPEX pursuant to a Board order or directive <u>shall</u> have achieved a passing score in not more than three (3) administrations,	34-24-70(6)(b)(3)	1
540-X-3-.07(3)(c)	SPEX Eligibility	and those individuals who have not achieved a passing score within three (3) administrations <u>shall</u> no longer be eligible to take the SPEX.	34-24-70(6)(b)(3)	0
540-X-3-.09	Fees Payable for Applicants	(1) All applicants for a certificate of qualification . . . <u>shall</u> submit an application fee in the amount of One Hundred and Seventy-five (\$175.00) Dollars.	34-24-70(a)(4)	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-3, Certificate of Qualification

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-3-.09	Fees Payable for Applicants	(2) . . . all applicants for a certificate of qualification for a full license to practice medicine <u>shall</u> pay a criminal history background check fee of Sixty-five Dollars (\$65.00).	34-24-70(a)(4)	0
540-X-3-.09	Fees Payable for Applicants	(3) All applicants for a certificate of qualification for a full license to practice medicine <u>shall</u> submit the Sixty-Dollar (\$60.00) application fee, or the fee in effect at the time of the application published by the Federation of State Medical Boards (FSMB), to FSMB.	34-24-70(a)(4)	0
540-X-3-.09	Fees Payable for Applicants	(4) In addition to the application fee stated above, those applicants for a certificate of qualification by examination (USMLE) and/or those applicants for a certificate of qualification who are required by these rules to take and pass the SPEX examination <u>shall</u> submit examination fees according to the following schedule:	34-24-70(a)(4)	0
540-X-3-.09	Fees Payable for Applicants	(a) Those applicants for a certificate of qualification by USMLE examination <u>shall</u> pay an examination fee which <u>shall</u> include the following . . .	34-24-70(a)(4)	0
540-X-3-.09	Fees Payable for Applicants	(b) Those applicants who are required to take and pass the SPEX examination and who choose to sit for the SPEX in the State of Alabama <u>shall</u> pay that fee which, pursuant to an Official Notice from the Federation of State Medical Boards of the United States, is in effect at the time the application to take the SPEX is filed with the Alabama Board of Medical Examiners.	34-24-70(a)(4)	0
540-X-3-.09	Fees Payable for Applicants	All Official Notices regarding SPEX fees from the	34-24-70(a)(4)	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-3, Certificate of Qualification

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		Federation of State Medical Boards of the United States <u>shall</u> be kept on file in the office of the Executive Director of the Alabama State Board of Medical Examiners.		
540-X-3-.10(1)	Policy for referral of applications to Alabama Physicians Health Program	It is the Board's policy that staff for the Board of Medical Examiners <u>will</u> refer to . . . the PHP the names of any applicants . . . who has disclosed in his or her application a history of addiction to alcohol or drugs and/or treatment, monitoring or aftercare for chemical dependency and substance abuse or psychiatric illness preceding the date of application.	34-24-401 and 406	0
540-X-3-.10(1)	Policy for referral of applications to Alabama Physicians Health Program	Referral <u>will</u> be accomplished under the following steps		0
540-X-3-.10(1)(a)	Policy for referral of applications to Alabama Physicians Health Program	A notice to applicants <u>will</u> be included in the package of application forms sent to a prospective applicant informing them of the Board's policy on referral to the PHP for evaluation.	34-24-401 and 406	0
540-X-3-.10(1)(a)	Policy for referral of applications to Alabama Physicians Health Program	The notice <u>will</u> be in the following form . . .	34-24-401 and 406	0
540-X-3-.10(1)(b)	Policy for referral of applications to Alabama Physicians Health Program	Upon receipt of an application . . . <u>will</u> immediately provide a copy of the application and any accompanying materials submitted by the applicant to the Medical Director of the Physicians Health Program.	34-24-401 and 406	0
	Policy for referral of applications to Alabama Physicians Health Program	Referral to the PHP <u>will not</u> be delayed pending receipt of other elements of the application	34-24-401 and 406	0
540-X-3-.10(1)(c)	Policy for referral of applications to Alabama Physicians Health Program	Upon receipt of a referral for evaluation and recommendation from the Board of Medical Examiners, the Medical Director of the PHP <u>will</u> cause an evaluation and examination to be made . . .	34-24-401 and 406	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-3, Certificate of Qualification

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-3-.10(1)(c)	Policy for referral of applications to Alabama Physicians Health Program	and <u>will</u> determine what, if any, further information and/or evaluations are required . . .	34-24-401 and 406	0
540-X-3-.10(1)(c)	Policy for referral of applications to Alabama Physicians Health Program	In the event that the Medical Director is unable to obtain the necessary information or in the event that the applicant is uncooperative . . . the Medical Director <u>will</u> notify the staff of the Board of Medical Examiners	34-24-401 and 406	0
540-X-3-.10(1)(c)	Policy for referral of applications to Alabama Physicians Health Program	who <u>will</u> in turn notify the applicant in writing that his or her application <u>will not</u> be further considered by the Board unless and until a recommendation is received from the PHP.	34-24-401 and 406	0
540-X-3-.10(1)(d)	Policy for referral of applications to Alabama Physicians Health Program	Upon completion of an evaluation, the Medical Director of the PHP <u>will</u> provide the staff of the Board of Medical Examiners a written recommendation stating whether in the opinion of the Medical Director the applicant can practice medicine with reasonable safety to patients and will specify any restrictions which he recommends should be placed on the applicant's certificate of qualification.	34-24-401 and 406	0
540-X-3-.10(1)(e)	Policy for referral of applications to Alabama Physicians Health Program	The Board of Medical Examiners' staff <u>will</u> provide a copy of the recommendation of the Medical Director to the applicant.	34-24-401 and 406	0
540-X-3-.10(1)(e)	Policy for referral of applications to Alabama Physicians Health Program	If the Medical Director has recommended any restrictions on the certificate of qualification, the Board of Medical Examiners' Legal Department <u>will</u> prepare the necessary voluntary restriction and/or agreement as appropriate.	34-24-401 and 406	0
540-X-3-.10(1)(f)	Policy for referral of applications to Alabama Physicians Health Program	When the other elements of the application have been received and the application is considered complete, the Board of Medical Examiners' staff <u>will</u> have the option to schedule the applicant for an interview with the Credentials Committee in accordance with the Committee's directive.	34-24-401 and 406	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-3, Certificate of Qualification

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-3-.10(1)(f)	Policy for referral of applications to Alabama Physicians Health Program	The application <u>will</u> then be processed in the regular course of business.	34-24-401 and 406	0
540-X-3-.10(1)(g)	Policy for referral of applications to Alabama Physicians Health Program	In any circumstances not specifically outlined by this Policy, the Executive Director and the Board of Medical Examiners' staff <u>shall</u> seek and obtain guidance from the Chairman of the Credentials Committee.	34-24-401 and 406	0
540-X-3-.12(2)	Applicants for COQ by Endorsement*	*The Board no longer offers application by endorsement Endorsement applicants who are required to take the SPEX <u>must</u> submit an endorsement application and a Federation of State Medical Boards of the United States, Inc. application for SPEX	34-24-70(b)(2)	0
540-X-3-.12(3)	Applicants for COQ by Endorsement*	*The Board no longer offers application by endorsement Applicants requesting licensure by the FLEX, NBME, NBOME, USMLE, or LMCC examination <u>shall</u> request and cause the respective agency to furnish the Alabama Board of Medical Examiners an official transcript of the applicant's scores on or before the deadline for application.	34-24-70(a)(3)	0
540-X-3-.12(4)	Applicants for COQ by Endorsement	An applicant holding a limited license who qualifies for certification by the Board within one year from the end of the month when the limited license was issued, <u>shall</u> have the application fee waived	34-24-53; 34-24-53.1; 34-24-70; 34-24-73	0
540-X-3-.12(5)(b)	Applicants for COQ by Endorsement	Applicants by endorsement whose licensing examination was completed after January 1, 2000, <u>shall</u> achieve a passing score, as determined by the Board of Medical Examiners, on the United States Medical Licensing Examination or the National Board of Osteopathic Examiners Examination or its successor examination.	34-24-70(3)(d)	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-3, Certificate of Qualification

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-3-.13	Requirements for Applicants for COQ by Examination Administered by the Board	(a) The Board will administer USMLE Step 3 to applicants for a certificate of qualification who are applying for initial licensure in the State of Alabama and who meet all qualifications	34-24-53; 34-24-53.1; 34-24-70; 34-24-73	0
540-X-3-.13	Requirements for Applicants for COQ by Examination Administered by the Board	(b) To be eligible to sit for USMLE Step 3, an applicant must have obtained the M.D. or D.O. degree, as provided in Rule 540-X-3-.02	34-24-53; 34-24-53.1; 34-24-70; 34-24-73	0
540-X-3-.13	Requirements for Applicants for COQ by Examination Administered by the Board	(d) To be eligible to sit for USMLE Step 3, an applicant must : 1. Have successfully completed both USMLE Steps 1 and 2; or 2. Have successfully completed combinations of FLEX components, NBME parts and/or USMLE Steps, as established in Rule 540-X-3-.04(4).	34-24-53; 34-24-53.1; 34-24-70; 34-24-73	0
540-X-3-.13	Requirements for Applicants for COQ by Examination Administered by the Board	(e) To be eligible to sit for USMLE Step 3, an applicant must otherwise possess the qualifications for licensure as a physician in Alabama.	34-24-53; 34-24-53.1; 34-24-70; 34-24-73	0
540-X-3-.13	Requirements for Applicants for COQ by Examination Administered by the Board	(g) A failure of any USMLE Step, regardless of the jurisdiction in which the examination was administered, shall be considered a failure of that step for purposes of Alabama licensure.	34-24-53; 34-24-53.1; 34-24-70; 34-24-73	0
540-X-3-.13	Requirements for Applicants for COQ by Examination Administered by the Board	(h) Examination scores will be reported using a two-digit scaled score. A score of 75 or better on each Step (1, 2 or 3) shall constitute a passing score on that Step. Rounding up of scores shall not be allowed.	34-24-53; 34-24-53.1; 34-24-70; 34-24-73	0
540-X-3-.13	Requirements for Applicants for COQ by Examination Administered by the Board	(i) Each USMLE Step must be passed individually in order to successfully complete the USMLE examination.	34-24-53; 34-24-53.1; 34-24-70; 34-24-73	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-3, Certificate of Qualification

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		Individual Step scores <u>shall</u> not be averaged to complete an overall score.	34-24-53; 34-24-53.1; 34-24-70; 34-24-73	0
540-X-3-.13	Requirements for Applicants for COQ by Examination Administered by the Board	(j) Step 3 of the USMLE <u>will</u> be administered as designated by the USMLE program.	34-24-53; 34-24-53.1; 34-24-70; 34-24-73	0
540-X-3-.14	Administrative requirements for examination by the Board	(1) Each applicant <u>shall</u> pay an examination fee	34-24-53; 34-24-53.1; 34-24-70; 34-24-73	0
540-X-3-.14	Administrative requirements for examination by the Board	(3) Applicants who are required to take the Special Purpose Examination or the United States Medical Licensing Examination administered by the Board <u>shall</u> , in addition to the other requirements of this section, be eligible to sit for and take the examination . . .	34-24-53; 34-24-53.1; 34-24-70; 34-24-73	0
540-X-3-.14	Administrative requirements for examination by the Board	(5) The Board <u>shall</u> keep complete records of all examinations conducted	34-24-53; 34-24-53.1; 34-24-70; 34-24-73	0
540-X-3-.14	Administrative requirements for examination by the Board	(6). . . Any applicant whose conduct is deemed to be unprofessional by a representative of the Alabama Board of Medical Examiners <u>will</u> be dismissed from the examination	34-24-53; 34-24-53.1; 34-24-70; 34-24-73	0
540-X-3-.15	Provisional approval for COQ	(2) Upon receipt by the Board of acceptable documentation from the post graduate or residency training program certifying that the applicant has successfully completed the post graduate training requirement necessary for the issuance of a certificate of qualification, the Board <u>shall</u> issue the certificate of qualification.	34-24-70	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-3, Certificate of Qualification

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-3-.16(2)(a)	COQ issued without examination – LCME/ AOA graduates	Graduates of medical schools accredited by the LCME or schools of osteopathy accredited by the American Osteopathic Association <u>must</u> comply with the following: 1. Applicant <u>must</u> have received a diploma from a college of medicine or osteopathy approved by the Board;	34-24-75	1
540-X-3-.16(2)(a)	COQ issued without examination – LCME/ AOA graduates	2. Applicant <u>must</u> have served or be serving a one-year internship (residency) approved by the American Medical Association or by the Board;	34-24-75	1
540-X-3-.16(2)(a)	COQ issued without examination – LCME/ AOA graduates	3. Applicant <u>must</u> submit a letter from the Dean, Chief Medical Officer, or Program Director certifying applicant's training or employment at that institution;	34-24-75	1
540-X-3-.16(2)(a)	COQ issued without examination – LCME/ AOA graduates	4. Applicant <u>must</u> submit the application fee as set by Rule No. 540-X-3-.09;	34-24-75	0
540-X-3-.16(2)(a)	COQ issued without examination – LCME/ AOA graduates	5. Applicant <u>must</u> submit completed application with required certification and attachments.	34-24-75	0
540-X-3-.16(2)(b)	COQ issued without examination – non-LCME/ AOA graduates	(b) Graduates of medical schools not accredited by the LCME <u>must</u> comply with the following: 1. Applicant <u>must</u> have received a diploma from a college of medicine or osteopathy and be eligible for examination by the Education Commission for Foreign Medical Graduates (ECFMG) for its certificate . . .	34-24-75	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-3, Certificate of Qualification

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-3-.16(2)(b)	COQ issued without examination – non-LCME/AOA graduates	2. Applicant <u>must</u> have served or be serving one year of internship (residency) approved by the American Medical Association or the Board.	34-24-75	0
540-X-3-.16(2)(b)	COQ issued without examination – non-LCME/AOA graduates	3. Applicant <u>must</u> be certified by the ECFMG unless the applicant has received his medical training from a primarily English-speaking medical school	34-24-75	1
540-X-3-.16(2)(b)	COQ issued without examination – non-LCME/AOA graduates	4. Applicant <u>must</u> submit application fee as set by Rule 540-X-3-.07.	34-24-75	0
540-X-3-.16(2)(b)	COQ issued without examination – non-LCME/AOA graduates	5. Applicant <u>must</u> submit completed application with required certification and attachments.	34-24-75	0
540-X-3-.16(4)	COQ issued without examination prior to 12/31/1969	Any physician granted a limited license by this Board prior to December 31, 1969, which license has been renewed each year, <u>shall</u> be entitled to the annual renewal of such limited license, upon proper application, any other rule, regulation or policy notwithstanding	34-24-75	0
540-X-3-.16(6)	COQ issued without examination-employed full time at regional mental health programs	Physicians employed full-time at regional mental health programs and facilities created pursuant to Code of Ala. 1975, §§22-51-1 through 22-51-14 <u>are deemed</u> to be employed full-time at state mental institutions and <u>are subject to</u> the requirements of paragraph (5) of this rule for the purposes of certificates of qualification issued without examination.	34-24-75	1
540-X-3-.17	Training programs approved by the Board	In the initial application for a certificate of qualification without examination, the Dean of the College of Medicine <u>shall</u> certify and present written documentation demonstrating that the training program meets the criteria in this section and <u>shall</u> set forth the duration of the training program, which <u>shall</u> be subject to the approval of the Board at	34-24-75	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-3, Certificate of Qualification

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		their discretion, but which <u>shall</u> normally not exceed a period of twenty-four months.		
540-X-3-.18	Renewal of COQ without examination	Physicians <u>must</u> apply to the Board to renew their limited certificate of qualification by January 1 of each year.	34-24-75	0
540-X-3-.18	Renewal of COQ without examination	The Board <u>shall</u> have full discretion to accept or reject the application for renewal.	34-24-75	0
540-X-3-.18	Renewal of COQ without examination	Physicians <u>must</u> pay a renewal fee of \$15.00, or as is otherwise set by law.	34-24-75	0
540-X-3-.19	Denial of application for COQ-hearing	If, after examination of the application for a certificate of qualification . . . the Board determines that there is probable cause to believe there exist grounds upon which the application for a certificate of qualification may be denied, the Board <u>shall</u> take the following actions:	34-24-70(c)	0
540-X-3-.19	Denial of application for COQ-hearing	If requested by the applicant within the time frame specified by the Board, a hearing <u>shall</u> be set before the Board on the application for a certificate of qualification.	34-24-70(c)	0
540-X-3-.19	Denial of application for COQ-hearing	(3) If the applicant, after being notified of the grounds for denial, fails to request a hearing within the time frame specified by the Board, the applicant <u>will be</u> deemed to have waived his or her right to a hearing, and the certificate of qualification <u>shall</u> be denied.	34-24-70(c)	0
540-X-3-.19	Denial of application for COQ-hearing	(4) All hearings under this rule <u>shall</u> be conducted in accordance with the Alabama Administrative Procedure Act	34-24-70(c)	0
540-X-3-.20	Non-Disciplinary Citation with Administrative Charge	(3) The written request to be submitted by the applicant <u>shall</u> be on a form approved by the Board and signed by the applicant.	34-24-70(d)	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-3, Certificate of Qualification

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-3-.20	Non-Disciplinary Citation with Administrative Charge	(4) Submission of a written request form to the Board shall be accompanied by payment to the Board of the administrative charge in an amount determined by the Board which shall not exceed Ten Thousand Dollars (\$10,000).	34-24-70(d)	0
540-X-3-.20	Non-Disciplinary Citation with Administrative Charge	(5) Payment of the administrative charge shall be made to the Board prior to the issuance of a certificate of qualification.	34-24-70(d)	0
540-X-3-.21	Appeal from denial of application for COQ	An appeal from a denial of an application for an initial certificate of qualification shall be governed by Rule 540-X-5-.08.	34-24-330	0
540-X-3-.21	Appeal from denial of application for COQ	An appeal from a denial of an application for reinstatement of a certificate of qualification or an application for removal of a voluntary restriction on a certificate of qualification shall be governed by Rule 540-X-5-.07	34-24-361(g)	0
540-X-3-.23	Withdrawal of application for COQ	(1) An applicant for a certificate of qualification shall have six (6) months from the date the initial signed application form is received by the Board to complete the application,	34-24-70(e)	0
540-X-3-.23	Withdrawal of application for COQ	except that an applicant for a certificate of qualification who is required to pass an examination as part of the application process shall have twelve (12) months from the date the initial signed application form is received to complete the application.	34-24-70(e)	0
540-X-3-.23	Withdrawal of application for COQ	After the expiration of the deadline for completing an application established in the preceding sentence, an incomplete application shall be withdrawn by the Board.	34-24-70(e)	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-3, Certificate of Qualification

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-3-.23	Withdrawal of application for COQ	(2) A certificate of qualification issued by the Board <u>shall</u> be withdrawn by the Board after a period of six (6) months from the date of issuance unless the applicant has filed an application for a license to practice medicine with the Medical Licensure Commission of Alabama and paid the required fee.	34-24-70(e)	0
540-X-3-.23	Withdrawal of application for COQ	(3) If either an application for a certificate of qualification or a certificate of qualification is withdrawn by the Board, the applicant, to reapply, <u>shall</u> submit a new application form including a new application fee.	34-24-70(e)	0
540-X-3-.24	COQ and license under Retired Senior Volunteer Program	(b) Physicians having certificates issued under this section <u>shall</u> comply with the following requirements:	34-24-75.1	0
540-X-3-.24	COQ and license under Retired Senior Volunteer Program	1. Physicians receiving a certificate of qualification and license during the time period of January 1 through March 30 of any calendar year <u>shall</u> perform no fewer than 100 hours of voluntary service on or before December 31 of that calendar year;	34-24-75.1	1
540-X-3-.24	COQ and license under Retired Senior Volunteer Program	2. Physicians receiving a certificate of qualification and license during the time period of April 1 through June 30 of any calendar year <u>shall</u> perform no fewer than 75 hours of voluntary service on or before December 31 of that calendar year;	34-24-75.1	1
540-X-3-.24	COQ and license under Retired Senior Volunteer Program	3. Physicians receiving a certificate of qualification and license during the time period of July 1 through September 30 of any calendar year <u>shall</u> perform no fewer than 50 hours of voluntary service on or before December 31 of that calendar year;	34-24-75.1	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-3, Certificate of Qualification

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-3-.24	COQ and license under Retired Senior Volunteer Program	4. Physicians receiving a certificate of qualification and license on or after October 1 of any calendar year shall perform no fewer than 25 hours of voluntary service on or before December 31 of that calendar year.	34-24-75.1	1
540-X-3-.24	COQ and license under Retired Senior Volunteer Program	(c) Certificates issued under this section and licenses based thereon shall state on their faces that they are issued under the RSVP and are subject to restrictions.	34-24-75.1	0
540-X-3-.24	COQ and license under Retired Senior Volunteer Program	(d) Any physician in whose behalf a certificate of qualification is issued under this section shall be subject to having his license suspended or revoked by the Medical Licensure Commission for the same causes or reasons and in the same manner as provided by law in the case of other physicians.	34-24-75.1	0
540-X-3-.24	COQ and license under Retired Senior Volunteer Program	(e) Certificates of qualification issued under this section shall expire annually and physicians may apply to the board for renewal of their certificate, but the board shall have full discretion to accept or reject the application for renewal.	34-24-75.1	0
540-X-3-.24	COQ and license under Retired Senior Volunteer Program	(b) A certificate of qualification issued under subsection (a) shall be issued at no cost to the applicant.	34-24-75.1	0
540-X-3-.25	Expedited COQ for military members and spouses	(4) A physician must satisfy the requirements of paragraph (2) by providing the following	34-24-70.1	0
540-X-3-.25	Expedited COQ for military members and spouses	(6) A physician who is issued a temporary certificate of qualification under this rule shall apply for a certificate of qualification pursuant to	34-24-70.1	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-3, Certificate of Qualification

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		540-X-3.12 within 12 months after the issuance of a temporary certificate of qualification.		
540-X-3-.25	Expedited COQ for military members and spouses	(a) A temporary certificate of qualification issued under these rules <u>shall</u> expire 12 months after the date of issuance if an application for a certificate of qualification pursuant to 540-X-3.12 has not been received by the board.	34-24-70.1	0
540-X-3-.25	Expedited COQ for military members and spouses	(c) Applicants for a temporary certificate of qualification under this rule <u>shall not</u> be required to pay the initial application fee.	34-24-70.1	0
540-X-3-.25	Expedited COQ for military members and spouses	(e) The temporary certificate of qualification <u>shall</u> clearly indicate that it is a temporary certificate for military service members or their spouses	34-24-70.1	0

Phase I: Administrative Rule Inventory for Alabama Board of Medical Examiners

540-X-4, Controlled Substances Certificate

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-4-.01	Registration for Alabama Controlled Substances Certificate	(1) Every physician licensed to practice in Alabama who distributes, prescribes, or dispenses any controlled substance within Alabama or who proposes to engage in the distributing, prescribing or dispensing of any controlled substance within Alabama must obtain annually a registration certificate.	20-2-51; 20-2-54.1	0
540-X-4-.01	Registration for Alabama Controlled Substances Certificate	The fee for such certificate is \$150.00, which includes the fee payable to the Alabama Department of Public Health Prescription Drug Monitoring Data Bank required by Code of Ala. 1975, §20-2-217, or as otherwise set by law.	20-2-50; 20-2-54.1	1
540-X-4-.01	Registration for Alabama Controlled Substances Certificate	(2) The requirement stated in paragraph (1) of obtaining a registration certificate is waived for the following physicians: (a) Physicians employed by and working exclusively for the United States Department of Veteran's Affairs;	20-2-51(d) ; 20-2-54.1	1
540-X-4-.01	Registration for Alabama Controlled Substances Certificate	and (b) Medical residents for a period of eighteen months from the start date of the first year of the residency program.	20-2-51(d) ; 20-2-54.1	1
540-X-4-.01	Registration for Alabama Controlled Substances Certificate	1. At the end of the eighteenth month, the requirement stated in paragraph (1) shall apply.	20-2-51(d) ; 20-2-54.1	1
540-X-4-.01	Registration for Alabama Controlled Substances Certificate	2. Medical resident shall mean those medical residents in residency programs who are employed by or who are taking courses of instruction at the University of Alabama School of Medicine, the University of South Alabama College of Medicine, or such other medical schools or colleges, hospitals, or institutions in Alabama which may be approved by the Board of Medical Examiners.	20-2-51(d); 34-24-51; 20-2-54.1	0

Phase I: Administrative Rule Inventory for Alabama Board of Medical Examiners

540-X-4, Controlled Substances Certificate

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-4-.01	Registration for Alabama Controlled Substances Certificate	3. A medical resident for whom the requirement of obtaining a registration certificate is waived shall perform his or her work within the facilities of the University of Alabama School of Medicine, the University of South Alabama College of Medicine, or such other institutions in Alabama which may be approved by the Board of Medical Examiners and as an adjunct to his or her course of study or training.	20-2-51(d) ; 20-2-54.1	0
540-X-4-.01	Registration for Alabama Controlled Substances Certificate	(4) A physician who applies for a waiver for exemption from the mandatory continuing education requirement under Rule 540-X-14-.04 shall , as a condition precedent to the granting of such waiver, surrender his or her controlled substance registration certificate to the Board of Medical Examiners.	34-24-336; 34-24-339; 20-2-54.1	1
540-X-4-.01	Registration for Alabama Controlled Substances Certificate	(6) A physician who applies to the Board of Medical Examiners for termination of a waiver granted due to retirement status and who applies for a registration certificate shall , as a condition precedent to the issuance of the certificate, submit proof that he or she has satisfied the continuing medical education requirement established under Rule 540-X-14-.02.	34-24-336; 34-24-339; 20-2-54.1	1
540-X-4-.01	Registration for Alabama Controlled Substances Certificate	(7) To maintain an active Alabama Controlled Substances Certificate, a physician must maintain an active registration issued by the United States Drug Enforcement Administration ("DEA") and which complies with DEA's rules and regulations.	20-2-50; 20-2-54.1	1
540-X-4-.01	Registration for Alabama Controlled Substances Certificate	(7) A physician who applies for an Alabama Controlled Substances Certificate shall provide the Board with the DEA registration number authorizing his or her prescribing of controlled substances in Alabama at the time of application,	20-2-50; 20-2-54.1	1

Phase I: Administrative Rule Inventory for Alabama Board of Medical Examiners

540-X-4, Controlled Substances Certificate

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-4-.01	Registration for Alabama Controlled Substances Certificate	(7) or, if no such registration has been issued, shall provide the Board with the DEA registration number as soon as it is issued.	20-2-50; 20-2-54.1	1
540-X-4-.01	Registration for Alabama Controlled Substances Certificate	(7) Each physician who is issued an Alabama Controlled Substances Certificate shall provide a copy of the DEA registration certificate to the Board immediately upon renewal of the registration.	20-2-50; 20-2-54.1	1
540-X-4-.01	Registration for Alabama Controlled Substances Certificate	(7) Each physician who obtains additional DEA registrations of multiple dispensing sites shall provide the Board with the additional DEA registration number(s) and a copy of the DEA registration certificate as soon as it is issued and immediately upon renewal.	20-2-50; 20-2-54.1	1
540-X-4-.02	Application for an ACSC	An applicant for an Alabama Controlled Substances Certificate shall disclose whether: (1) Applicant's privilege for dispensing or prescribing controlled substances has ever been suspended, restricted, voluntarily surrendered while under investigation or revoked in any state.	20-2-52(a)(6); 20-2-54.1	1
540-X-4-.02	Application for an ACSC	(2) Applicant has ever been convicted of any state or federal crime relating to any controlled substance.	20-2-52(a)(3); 20-2-54.1	0
540-X-4-.02	Application for an ACSC	(3) Any Federal Drug Enforcement Administration registration ever held by applicant has ever been suspended, restricted, revoked, or voluntarily surrendered while under investigation.	20-2-52(a); 20-2-54.1	1
540-X-4-.02	Application for an ACSC	(4) Applicant's staff privileges at any hospitals have ever been suspended, restricted, or revoked for any reason related to the prescribing or dispensing of controlled substances.	20-2-52(a); 20-2-54.1	1
540-X-4-.02	Application for an ACSC	(5) Applicant is currently engaged in the excessive use of alcohol, controlled substances, or the use of illegal drugs, or receiving any therapy or treatment for alcohol or drug use, sexual boundary issues or mental health issues.	20-2-52(a); 20-2-54.1	1

Phase I: Administrative Rule Inventory for Alabama Board of Medical Examiners

540-X-4, Controlled Substances Certificate

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-4-.02	Application for an ACSC	(c) Applicant <u>shall</u> initial certifying an understanding of a statement of the duty as a licensee to address any such condition, which states as follows:	20-2-52; 20-2-54.1	1
540-X-4-.03	Renewal of an ACSC	(1) Renewal of an Alabama Controlled Substances Certificate <u>shall</u> be annually on or before December 31 of each year.	20-2-51; 20-2-54.1	1
540-X-4-.03	Renewal of an ACSC	(2) An applicant for renewal of an Alabama Controlled Substances Certificate <u>shall</u> submit to the Board the required certificate fee of \$150.00	20-2-50; 20-2-54.1	1
540-X-4-.03	Renewal of an ACSC	(3) Before renewing an Alabama Controlled Substances Certificate, the applicant <u>shall</u> have a current registration to access the Controlled Substances Prescription Database established and maintained by the Alabama Department of Public Health.	20-2-52; 20-2-54.1	1
540-X-4-.03	Renewal of an ACSC	(4) Before renewing an Alabama Controlled Substances Certificate, an applicant <u>shall</u> have a current and appropriate registration issued by the United States Drug Enforcement Administration.	20-2-52; 20-2-54.1	1
540-X-4-.03	Renewal of an ACSC	(5) The applicant <u>shall</u> disclose whether: (a) Applicant's privilege for dispensing or prescribing controlled substances has ever been suspended, restricted, voluntarily surrendered while under investigation, or revoked in any state.	20-2-52; 20-2-54.1	1
540-X-4-.03	Renewal of an ACSC	(b) Applicant has ever been convicted of any state or federal crime relating to any controlled substance.	20-2-52; 20-2-54.1	0
540-X-4-.03	Renewal of an ACSC	(c) Any Federal Drug Enforcement Administration registration ever held by applicant has ever been suspended, restricted, revoked or voluntarily surrendered while under investigation.	20-2-52; 20-2-54.1	1

Phase I: Administrative Rule Inventory for Alabama Board of Medical Examiners

540-X-4, Controlled Substances Certificate

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-4-.03	Renewal of an ACSC	(d) Applicant's staff privileges at any hospitals have ever been suspended, restricted, or revoked for any reason related to the prescribing or dispensing of controlled substances.	20-2-52; 20-2-54.1	1
540-X-4-.03	Renewal of an ACSC	(e) Applicant is currently engaged in the excessive use of alcohol, controlled substances, or the use of illegal drugs, or receiving any therapy or treatment for alcohol or drug use, sexual boundary issues or mental health issues.	20-2-52; 20-2-54.1	1
540-X-4-.03	Renewal of an ACSC	3. Applicant shall initial certifying an understanding of a statement of the duty as a licensee to address any such condition, which states as follows:	20-2-52; 20-2-54.1	1
540-X-4-.04	Regulation Governing Maintenance of Records and Inventories	(1) Every physician and osteopath certified to order, prescribe, possess, distribute or dispense controlled substances by the Board shall be required to maintain the inventories, logs, and records prescribed in this rule.	20-2-56; 20-2-58; 20-2-54.1	0
540-X-4-.04	Regulation Governing Maintenance of Records and Inventories	(2) Inventory requirement. All controlled substances classified under Schedule II, IIN, III, IIIN, IV, and V of the Alabama Uniform Controlled Substances Act which are purchased and maintained in the office of the physician must be inventoried at least every two (2) years.	20-2-56; 20-2-58; 20-2-54.1	1
540-X-4-.04	Regulation Governing Maintenance of Records and Inventories	(2) This inventory shall account for all controlled substances purchased, maintained and dispensed in the office of the physician.	20-2-56; 20-2-58; 20-2-54.1	1
540-X-4-.04	Regulation Governing Maintenance of Records and Inventories	(2) This inventory requirement shall apply to Schedule II and IIN prepackaged samples and starter packs but does not apply to Schedule III, IIIN, IV, and V prepackaged samples and starter packs.	20-2-56; 20-2-58; 20-2-54.1	1
540-X-4-.04	Regulation Governing Maintenance of Records and Inventories	(3) Dispensing record. Every physician and osteopath who shall dispense Schedule II, IIN, III, IIIN controlled substances shall maintain a	20-2-56; 20-2-58; 20-2-54.1	1

Phase I: Administrative Rule Inventory for Alabama Board of Medical Examiners

540-X-4, Controlled Substances Certificate

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		separate dispensing record of all such substances dispensed or distributed.		
540-X-4-.04	Regulation Governing Maintenance of Records and Inventories	The dispensing record shall contain the following information: (a) The date the controlled substance was dispensed; (b) The name and quantity of the controlled substance dispensed; (c) The method of administration of the controlled substance; (d) The name of the patient to whom the controlled substance was dispensed;	20-2-56; 20-2-58; 20-2-54.1	1
540-X-4-.04	Regulation Governing Maintenance of Records and Inventories	(e) For all Schedule II amphetamines, amphetamine-like anorectic drugs, or sympathomimetic amine drugs dispensed in the treatment of narcolepsy, hyperkinesis, brain dysfunction, epilepsy or depression, dispensing records shall include the diagnosis and the reason for prescribing the Schedule II amphetamine.	20-2-56; 20-2-58; 20-2-54.1	1
540-X-4-.04	Regulation Governing Maintenance of Records and Inventories	(4) Labeling requirement. Every physician and osteopath who shall dispense any controlled substances classified under Schedules II, IIN, III, IIIN, IV and V of the Alabama Uniform Controlled Substances Act shall ensure that all such substances dispensed be labeled containing the following information: (a) The name of the patient to whom the controlled substance was dispensed; (b) The date that the controlled substance was dispensed; (c) The name and quantity of the controlled substance; (d) Instructions for taking or administering the controlled substance; (e) The name of the physician dispensing the controlled substance.	20-2-56; 20-2-58; 20-2-54.1	6
540-X-4-.04	Regulation Governing Maintenance of Records and Inventories	The label required by this subsection shall be written in legible handwriting or typed	20-2-56; 20-2-58; 20-2-54.1	1
540-X-4-.04	Regulation Governing Maintenance of Records and Inventories	and shall be permanently affixed to the package or container in which the controlled substance is dispensed.	20-2-56; 20-2-58; 20-2-54.1	1

Phase I: Administrative Rule Inventory for Alabama Board of Medical Examiners

540-X-4, Controlled Substances Certificate

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-4-.04	Regulation Governing Maintenance of Records and Inventories	This labeling requirement <u>shall not</u> apply to prepackaged sample or starter packs in their original packages or containers.	20-2-56; 20-2-58; 20-2-54.1	1
540-X-4-.04	Regulation Governing Maintenance of Records and Inventories	(5) A physician or osteopath who prescribes a Schedule II amphetamine and/or a Schedule II amphetamine-like anorectic drug and/or a Schedule II sympathomimetic amine drug or compound thereof and/or any salt, compound, isomer, derivative or preparation of the foregoing which are chemically equivalent thereto, and/or other non-narcotic Schedule II stimulant drugs, for the treatment of narcolepsy, hyperkinesis, brain dysfunction, epilepsy or depression as permitted by Code of Ala. 1975, §20-2-54(a) (as amended by Act No. 83-890), <u>shall</u> maintain a complete record of the treatment of the patient which <u>must</u> include documentation of the diagnosis and reason for prescribing the Schedule II amphetamine, the name, dose, strength, and quantity of the controlled substance prescribed and the date that the controlled substance was prescribed.	20-2-56; 20-2-58; 20-2-54.1; 34-24-360(21)	1
540-X-4-.04	Regulation Governing Maintenance of Records and Inventories	(6) The inventory, separate dispensing record, and Schedule II amphetamine prescribing record required by this rule <u>shall</u> be maintained in the office of the physician or osteopath for a period of five (5) years from the date that the inventory is completed or the controlled substances are dispensed	20-2-56; 20-2-58; 20-2-54.1	3
540-X-4-.04	Regulation Governing Maintenance of Records and Inventories	and <u>shall</u> be made available for inspection by representatives of the Board of Medical Examiners.	20-2-56; 20-2-58; 20-2-54.1	1
540-X-4-.04	Regulation Governing Maintenance of Records and Inventories	(7) Failure to maintain and make available for inspection the inventory and dispensing records and failure to adhere to the labeling provisions required by this rule <u>shall</u> be considered a failure to maintain effective controls to prevent the utilization of	20-2-56; 20-2-58; 20-2-54.1	1

Phase I: Administrative Rule Inventory for Alabama Board of Medical Examiners

540-X-4, Controlled Substances Certificate

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		controlled substances for other than legitimate medical purposes and may be considered by the Board of Medical Examiners in determining whether a physician holding an Alabama Uniform Controlled Substance Registration Certificate has excessively dispensed controlled substances.		
540-X-4-.04	Regulation Governing Maintenance of Records and Inventories	(9) Upon an initial determination by the Board that any physician may have violated the rules and regulations of the Board governing maintenance of records and inventories for controlled substances, the attorney for the Board shall serve upon the physician, either in person or by registered mail, an administrative complaint setting forth the specific violation or failure to comply,	20-2-53	0
540-X-4-.04	Regulation Governing Maintenance of Records and Inventories	and shall advise the physician of his right to a hearing before the Board under the provisions of the Alabama Administrative Procedure Act, Code of Ala. 1975, §§41-22-1, et seq.	20-2-53	0
540-X-4-.04	Regulation Governing Maintenance of Records and Inventories	If the physician executes the voluntary waiver and consent, then the Board shall be authorized to immediately assess the established administrative fine.	20-2-53	0
540-X-4-.04	Regulation Governing Maintenance of Records and Inventories	If the physician declines to execute the voluntary waiver and consent or makes no response, then the Board shall set a hearing to be held at least thirty (30) days after the service of the administrative complaint.	20-2-53	0
540-X-4-.04	Regulation Governing Maintenance of Records and Inventories	The hearing shall be considered a contested case and shall be conducted under the provisions of Code of Ala. 1975, §41-22-12.	20-2-53	0
540-X-4-.04	Regulation Governing Maintenance of Records and Inventories	(10) All fines assessed by the Board shall be due and payable to the Board within thirty (30) days from the date the fine is levied or assessed unless a request for judicial review under Code of Ala. 1975, §41-22-20, is filed, in which event the fine is due and payable to the Board thirty (30) days after the final disposition of the judicial review process.	34-24-380	1

Phase I: Administrative Rule Inventory for Alabama Board of Medical Examiners

540-X-4, Controlled Substances Certificate

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-4-.04	Regulation Governing Maintenance of Records and Inventories	The name of any physician more than sixty (60) days delinquent in the payment of a fine which has been assessed by the Board which is not subject to judicial review shall be forwarded to the Medical Licensure Commission with a request that the annual certificate of registration of that physician not be renewed until the fine has been paid and satisfied in full.	34-24-380	0
540-X-4-.04	Regulation Governing Maintenance of Records and Inventories	(11) All administrative fines received by the Board shall be deposited to the general revenues of the Board and may be expended for the general operation of the Board and for the development, administration and presentation of programs of continuing medical education for physicians licensed to practice medicine in Alabama.	34-24-382	0
540-X-4-.05	Registration of Dispensing Physicians	(1) Every dispensing physician, as defined by this rule, is hereby required to register with the State Board of Medical Examiners as a dispensing physician.	20-2-52(c); 20-2-54.1	0
540-X-4-.05	Registration of Dispensing Physicians	Registration shall be accomplished on a form provided by the Board.	20-2-52(c); 20-2-54.1	1
540-X-4-.05	Registration of Dispensing Physicians	After initially registering as a dispensing physician, it shall be the obligation of the registrant to advise the Board of any change in the practice location within the State of Alabama of that dispensing physician.	20-2-52(c); 20-2-54.1	1
540-X-4-.05	Registration of Dispensing Physicians	(5) This registration requirement shall be applicable to all physicians or osteopaths who dispense or cause to be dispensed controlled substances for consumption or administration by patients off the premises of the clinic, hospital or other facility where the physician or osteopath practices, without respect to whether such controlled substances are purchased by an individual physician or osteopath, a professional association or professional corporation, a for-profit or not-for-profit corporation, a hospital, clinic or other medical facility.	20-2-2(2); 20-2-52(c); 20-2-54.1	1

Phase I: Administrative Rule Inventory for Alabama Board of Medical Examiners

540-X-4, Controlled Substances Certificate

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-4-.05	Registration of Dispensing Physicians	(6) This registration requirement <u>shall not</u> apply to the dispensing of controlled substances to patients treated in any hospital emergency room provided that; (a) The patient has registered for treatment in the hospital emergency room and was treated by the emergency room physician on duty; and (b) The controlled substances dispensed are subject to inventory, accounting and security controls and policies of the hospital pharmacy or the emergency room department.	20-2-2(2); 20-2-52(c); 20-2-54.1	1
540-X-4-.05	Registration of Dispensing Physicians	(8) The form for registration of dispensing physicians <u>shall</u> elicit the following information: ((a) - (d))	20-2-52(c); 20-2-54.1	1
540-X-4-.05	Registration of Dispensing Physicians	(10) Every dispensing physician registered with the Board <u>shall</u> report controlled substances information to the Alabama Department of Public Health according to the requirements of Code of Ala. 1975, §20-2-213 and regulations promulgated by the Alabama Department of Public Health pursuant to Code of Ala. 1975, §20-2-210, et. seq., concerning the controlled substances prescription database.	20-2-52(c); 20-2-54.1; 20-2-213	0
540-X-4-.06	Controlled Substances Prescription Guidelines for Physicians	(1) All prescriptions for controlled substances <u>shall</u> meet the following requirements: ((a) - (e))	20-2-51	1
540-X-4-.06	Controlled Substances Prescription Guidelines for Physicians	(2) Where an oral order is not permitted, prescriptions for controlled substances <u>shall</u> be written with ink or indelible pencil or typewriter	20-2-51	1
540-X-4-.06	Controlled Substances Prescription Guidelines for Physicians	and <u>shall</u> be manually signed by the physician issuing the prescription. For purposes of this rule, “manually signed” requires a non-electronic, handwritten signature. Oral orders are not permitted for prescriptions for Schedule II and Schedule IIN controlled substances.	20-2-51	1
540-X-4-.06	Controlled Substances Prescription Guidelines for Physicians	(5) When a physician prescribes a controlled substance, he or she <u>shall</u> not delegate the responsibility of determining the type, dosage form, frequency of application and number of refills of the drug prescribed.	20-2-51	1

Phase I: Administrative Rule Inventory for Alabama Board of Medical Examiners

540-X-4, Controlled Substances Certificate

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-4-.06	Controlled Substances Prescription Guidelines for Physicians	(6) Every written prescription for a controlled substance issued by a physician shall contain two signature lines. Under one signature line shall be printed clearly the words “dispense as written.” Under the other signature line shall be printed clearly the words “product selection permitted.”	20-2-51	1
540-X-4-.06	Controlled Substances Prescription Guidelines for Physicians	The prescribing physician shall communicate instructions to the pharmacist by entering his or her non-electronic, handwritten signature on the appropriate line.	20-2-51	1
540-X-4-.06	Controlled Substances Prescription Guidelines for Physicians	(10)(a) Upon an initial determination by the Board that any physician may have violated these rules and regulations, the attorney for the Board shall serve upon the physician, either in person or by registered mail, an administrative complaint setting forth the specific violation or failure to comply,	20-2-53	0
540-X-4-.06	Controlled Substances Prescription Guidelines for Physicians	and shall advise the physician of his right to a hearing before the Board under the provisions of the Alabama Administrative Procedure Act, Code of Ala. 1975, §§41-22-1, et seq.	20-2-53	0
540-X-4-.06	Controlled Substances Prescription Guidelines for Physicians	If the physician executes the voluntary waiver and consent, then the Board shall be authorized to immediately assess the established administrative fine.	20-2-53	0
540-X-4-.06	Controlled Substances Prescription Guidelines for Physicians	If the physician declines to execute the voluntary waiver and consent or makes no response, then the Board shall set a hearing to be held at least thirty (30) days after the Service of the administrative complaint.	20-2-53	0
540-X-4-.06	Controlled Substances Prescription Guidelines for Physicians	(b) All fines assessed by the Board shall be due and payable to the Board within thirty (30) days from the date the fine is levied or assessed unless a request for judicial review under Code of Ala. 1975, §§41-22-20, is filed, in which event the fine is due and payable to the Board thirty (30) days after the final disposition of the judicial review process.	34-24-380	0

Phase I: Administrative Rule Inventory for Alabama Board of Medical Examiners

540-X-4, Controlled Substances Certificate

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-4-.06	Controlled Substances Prescription Guidelines for Physicians	The name of any physician more than sixty (60) days delinquent in the payment of a fine which has been assessed by the Board which is not subject to judicial review shall be forwarded to the Medical Licensure Commission with a request that the annual certificate of registration of that physician not be renewed until the fine has been paid and satisfied in full.	34-24-380	0
540-X-4-.08	Requirements for the Use of Controlled Substances for the Treatment of Pain	(1)(e) ALL SUCH PRESCRIBING MUST BE BASED ON CLEAR DOCUMENTATION AND IN COMPLIANCE WITH APPLICABLE STATE OR FEDERAL LAW.	34-24-53; 34-24-53.1	0 (REPEALED as of 9/14/2023)
540-X-4-.08	Requirements for the Use of Controlled Substances for the Treatment of Pain	(2) Requirements. The Board requires the following when a physician evaluates the use of controlled substances for pain control: (a) - (c)	34-24-53; 34-24-53.1	1 (REPEALED as of 9/14/2023)
540-X-4-.08	Requirements for the Use of Controlled Substances for the Treatment of Pain	The physician shall discuss the risks and benefits of the use of controlled substances with the patient, persons designated by the patient or with the patient's surrogate or guardian if the patient is incompetent	34-24-53; 34-24-53.1	1 (REPEALED as of 9/14/2023)
540-X-4-.08	Requirements for the Use of Controlled Substances for the Treatment of Pain	(d) Periodic Review. At reasonable intervals based on the individual circumstances of the patient, the physician shall review the course of treatment and any new information about the etiology of the pain.	34-24-53; 34-24-53.1	1 (REPEALED as of 9/14/2023)
540-X-4-.08	Requirements for the Use of Controlled Substances for the Treatment of Pain	The physician shall monitor patient compliance in medication usage and related treatment plans.	34-24-53; 34-24-53.1	1 (REPEALED as of 9/14/2023)
540-X-4-.08	Requirements for the Use of Controlled Substances for the Treatment of Pain	(f) Medical Records. The physician shall keep accurate and complete records to include: (1. - 8.)	34-24-53; 34-24-53.1	1 (REPEALED as of 9/14/2023)
540-X-4-.08	Requirements for the Use of Controlled Substances for the Treatment of Pain	These records shall remain current, be maintained in an accessible manner, and be readily available for review.	34-24-53; 34-24-53.1	1 (REPEALED as of 9/14/2023)

Phase I: Administrative Rule Inventory for Alabama Board of Medical Examiners

540-X-4, Controlled Substances Certificate

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-4-.08	Requirements for the Use of Controlled Substances for the Treatment of Pain	To prescribe, dispense or administer controlled substances, the physician must be licensed in the state and must comply with applicable federal and state regulations.	34-24-53; 34-24-53.1	0 (REPEALED as of 9/14/2023)
540-X-4-.09	Risk education requirement prior to therapy with a controlled substance.	(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.	34-24-53; 34-24-53.1	1
540-X-4-.09	Risk and Abuse Mitigation Strategies	(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:	34-24-53; 34-24-53.1	1
540-X-4-.09	Risk and Abuse Mitigation Strategies	(b) When prescribing to a patient-controlled substances of more than 30 MME or 3 LME per day, physicians shall review that patient's prescribing history through the PDMP at least two (2) times per year, and each physician is responsible for documenting the use of risk and abuse mitigation strategies in the patient's medical record.	34-24-53; 34-24-53.1	1
540-X-4-.09	Risk and Abuse Mitigation Strategies	(c) Physicians 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.	34-24-53; 34-24-53.1	1
540-X-4-.09	Risk and Abuse Mitigation Strategies	(8) Effective January 1, 2018, each holder of an Alabama Controlled Substances Certificate (ACSC) 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.	34-24-53; 34-24-53.1; 34-24-336(c)	1
540-X-4-.09	Risk and Abuse Mitigation Strategies	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.	34-24-53; 34-24-53.1; 34-24-336(c)	0

Phase I: Administrative Rule Inventory for Alabama Board of Medical Examiners

540-X-5, Hearings and Appeals

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-5-.01	Conduct Of Hearings And Appeals	Any hearing conducted by the Board pursuant to the provisions of the Alabama Uniform Controlled Substances Act, Code of Ala. 1975, §§20-2-1, shall be considered a contested case under the Alabama Administrative Procedure Act Code of Ala. 1975, §§41-22-1	20-2-53; 20-2-54; 41-22-20	0
540-X-5-.01	Conduct Of Hearings And Appeals	and shall be conducted in accordance with the requirements of that act, and the rules and regulations set out in Chapter 6, except that any appeal from the decision of the Board shall be governed by the provisions of Code of Ala. 1975, §20-2-53 as amended by Act 2002-140.	20-2-53; 20-2-54; 41-22-20	0
540-X-5-.02	Denial, Suspension, Revocation Or Refusal Of Renewal Of Registration Of An ACSC	(1) Before denying, suspending, or revoking a registration or refusing a renewal of registration, the Board shall serve upon the applicant or registrant an order to show cause why registration should not be denied, revoked or suspended or why the renewal should not be refused.	20-2-53; 20-2-54; 41-22-20	0
540-X-5-.02	Denial, Suspension, Revocation Or Refusal Of	(2) The order to show cause shall contain a statement of the basis therefor	20-2-53; 20-2-54; 41-22-20	0
540-X-5-.02	Renewal Of Registration Of An ACSC	and shall call upon the applicant or registrant to appear before the Board at a time and place not less than thirty days after the date of service of the order,	20-2-53; 20-2-54; 41-22-20	0
540-X-5-.02	Denial, Suspension, Revocation Or Refusal Of	but in the case of a denial of renewal of registration the show cause order shall be served not later than thirty days before the expiration of the registration.	20-2-53; 20-2-54; 41-22-20	0
540-X-5-.02	Renewal Of Registration Of An ACSC	(3) The proceedings shall be conducted in accordance with the procedures established by the Board without regard to any criminal prosecution or other proceeding.	20-2-53; 20-2-54; 41-22-20	0
540-X-5-.02	Denial, Suspension, Revocation Or Refusal Of	Proceedings to refuse renewal of registration shall not abate the existing registration which shall remain in effect pending the outcome of the administrative hearing.	20-2-53; 20-2-54; 41-22-20	0

Phase I: Administrative Rule Inventory for Alabama Board of Medical Examiners

540-X-5, Hearings and Appeals

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
	Renewal Of Registration Of An ACSC			
540-X-5-.03	Revocation Or Suspension Of An ACSC Registration - Grounds And Procedures Generally	1. . . .Drug addiction shall not be considered an illness or condition which would justify continued dispensing of controlled substances, except in gradually decreasing dosages administered to the patient for the purpose of curing the addiction.	20-2-53; 20-2-54; 41-22-20	0
540-X-5-.03	Revocation Or Suspension Of An ACSC Registration - Grounds And Procedures Generally	(v) Differential psychiatric evaluation of clinically significant depression; provided, however, that such treatment shall not extend beyond a period of thirty (30) days unless the patient is referred to a licensed practitioner specializing in the treatment of depression;	20-2-53; 20-2-54; 34-24-360(21);41-22-20	0
540-X-5-.03	Revocation Or Suspension Of An ACSC Registration - Grounds And Procedures Generally	(vi) Clinically significant depression shown to be refractory to other therapeutic modalities; provided, however, that such treatment shall not extend beyond a period of thirty (30) days unless the patient is referred to a licensed practitioner specializing in the treatment of depression; or for the clinical investigation of the effects of such drugs or compounds,	20-2-53; 20-2-54; 34-24-360(21); 41-22-20	0
540-X-5-.03	Revocation Or Suspension Of An ACSC Registration - Grounds And Procedures Generally	in which case an investigative protocol must be submitted to and reviewed and approved by the State Board of Medical Examiners before the investigation has begun.	20-2-53; 20-2-54; 34-24-360(21); 41-22-20	0
540-X-5-.03	Revocation Or Suspension Of An ACSC Registration - Grounds And Procedures Generally	A physician prescribing, ordering or otherwise distributing the controlled substances listed above in the manner permitted by this subsection shall maintain a complete record which must include documentation of the diagnosis and reason for prescribing; the name, dose, strength and quantity of the drug and the date prescribed or distributed.	20-2-53; 20-2-54; 41-22-20	1

Phase I: Administrative Rule Inventory for Alabama Board of Medical Examiners

540-X-5, Hearings and Appeals

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-5-.03	Revocation Or Suspension Of An ACSC Registration - Grounds And Procedures Generally	The records required under this subsection shall be made available for inspection by the certifying board or its authorized representative upon request.	20-2-53; 20-2-54; 41-22-20	0
540-X-5-.03	Revocation Or Suspension Of An ACSC Registration - Grounds And Procedures Generally	Those Schedule II stimulant drugs enumerated above shall not be dispensed or prescribed for the treatment or control of exogenous obesity;	20-2-53; 20-2-54; 34-24-360(21); 41-22-20	0
540-X-5-.03	Revocation Or Suspension Of An ACSC Registration - Grounds And Procedures Generally	(4) All administrative fines assessed by the Board shall be due and payable to the Board within thirty (30) days from the date the fine is levied or assessed unless an appeal is instituted pursuant to Code of Ala. 1975, §20-2-53, pertaining to appeals from decisions of the Board of Medical Examiners as a certifying board under the Alabama Uniform Controlled Substances Act, in which event the fine is due and payable to the Board thirty (30) days after the final disposition of the appeal.	20-2-53; 20-2-54; 34-24-380; 41-22-20	0
540-X-5-.03	Revocation Or Suspension Of An ACSC Registration - Grounds And Procedures Generally	When a fine has been assessed and is not subject to appeal, the name of the physician against whom the fine was assessed shall be forwarded to the Medical Licensure Commission with a request that the annual certificate of registration of that physician not be renewed until the fine has been paid and satisfied in full.	20-2-53; 20-2-54; 34-24-380; 41-22-20	0
540-X-5-.03	Revocation Or Suspension Of An ACSC Registration - Grounds And Procedures Generally	(5) All administrative fines received by the Board shall be deposited to the general revenues of the Board and may be expended for the general operation of the Board and for the development, administration and presentation of programs of continuing medical education for physicians licensed to practice medicine in Alabama.	20-2-53; 20-2-54; 34-24-380; 41-22-20	0
540-X-5-.03	Revocation Or Suspension Of An ACSC Registration -	(c) Claims for administrative costs shall be submitted for review by the Board pursuant to a verified bill of costs on a form approved by the Board.	20-2-53; 20-2-54; 41-22-20	0

Phase I: Administrative Rule Inventory for Alabama Board of Medical Examiners

540-X-5, Hearings and Appeals

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
	Grounds And Procedures Generally			
540-X-5-.03	Revocation Or Suspension Of An ACSC Registration - Grounds And Procedures Generally	The bill of costs shall be filed with the Board Secretary within fourteen (14) days from the date of any order assessing costs against the registrant.	20-2-53; 20-2-54; 41-22-20	0
540-X-5-.03	Revocation Or Suspension Of An ACSC Registration - Grounds And Procedures Generally	Any ruling on administrative costs shall be made by the Board at the scheduled monthly meeting following submission of the bill of costs.	20-2-53; 20-2-54; 41-22-20	0
540-X-5-.03	Revocation Or Suspension Of An ACSC Registration - Grounds And Procedures Generally	(d) Payment of the administrative costs ordered by the Board shall be made and enforced in the same manner as an administrative fine as stated in Rule 540-X-5-.03(4).	20-2-53; 20-2-54; 34-24-380; 41-22-20	1
540-X-5-.03	Revocation Or Suspension Of An ACSC Registration - Grounds And Procedures Generally	(8) The Board shall promptly notify the Drug Enforcement Administration of all orders suspending or revoking registration and all forfeitures of controlled substances.	20-2-53; 20-2-54; 41-22-20	0
540-X-5-.04	Review Of And Appeal From Order Of Board Following Hearing On ACSC Revocation Or Denial	(2) The following procedures shall take precedence over the provisions of the Code of Ala. 1975, §41-22-20(c) relating to the issuance of a stay of any order of the Board of Medical Examiners suspending, revoking or restricting a registration.	20-2-53; 20-2-54; 41-22-20	0
540-X-5-.04	Review Of And Appeal From Order Of Board Following Hearing On ACSC Revocation Or Denial	The suspension or revocation or restriction of a registration shall be given immediate effect	20-2-53; 20-2-54; 41-22-20	0
540-X-5-.04	Review Of And Appeal From Order Of Board	and no stay or supersedeas shall be granted pending judicial review of a decision by the board to suspend, revoke or restrict a registration unless	20-2-53; 20-2-54; 41-22-20	0

Phase I: Administrative Rule Inventory for Alabama Board of Medical Examiners

540-X-5, Hearings and Appeals

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
	Following Hearing On ACSC Revocation Or Denial	the reviewing court, upon proof by the party seeking judicial review, finds in writing that the action of the board was taken without statutory authority, was arbitrary or capricious, or constituted a gross abuse of discretion.		
540-X-5-.05	Reinstatement Of Certificate Of Qualification – Procedure And Hearings	(1) A request for reinstatement of a certificate of qualification shall be made by filing with the Board a completed Application for Reinstatement of Certificate of Qualification on a form approved by the Board.	34-24-361(g); 41-22-20	1
540-X-5-.05	Reinstatement Of Certificate Of Qualification – Procedure And Hearings	(4) A hearing on the request for reinstatement of a certificate of qualification shall be conducted as a contested case under the Alabama Administrative Procedure Act (Code of Ala. 1975, §§41-22-1 through 41-22-27).	34-24-361(g); 41-22-20	0
540-X-5-.05	Reinstatement Of Certificate Of Qualification – Procedure And Hearings	(5) In a hearing on a request for reinstatement of a certificate of qualification, the applicant shall have the burden of establishing to the reasonable satisfaction of the Board that the applicant is entitled to the specific relief requested.	34-24-361(g); 41-22-20	1
540-X-5-.05	Reinstatement Of Certificate Of Qualification – Procedure And Hearings	The Board shall take into consideration in arriving at its decision the following: ((a) – (i))	34-24-361(g); 41-22-20	0
540-X-5-.05	Reinstatement Of Certificate Of Qualification – Procedure And Hearings	(6) If the disposition of a request for reinstatement of a certificate of qualification includes a Board order that the applicant take and pass the Special Purpose Examination (SPEX), the applicant must achieve a passing score in not more than three (3) administrations, and applicants who do not achieve a passing score within three (3) administrations shall no longer be eligible to take the SPEX.	34-24-361(g); 41-22-20	1
540-X-5-.05	Reinstatement Of Certificate Of Qualification – Procedure And Hearings	(7) The Board shall be without jurisdiction to reinstate the certificate of qualification of a physician whose certificate of qualification was voluntarily surrendered while under investigation or during the	34-24-361(g); 41-22-20	0

Phase I: Administrative Rule Inventory for Alabama Board of Medical Examiners

540-X-5, Hearings and Appeals

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		pendency of an administrative hearing if the application for reinstatement of the certificate of qualification is received by the Board more than five (5) years after the effective date of the voluntary surrender of the certificate of qualification.		
540-X-5-.05	Reinstatement Of Certificate Of Qualification – Procedure And Hearings	(8) In the event the Medical Licensure Commission is without jurisdiction to reinstate a license to practice medicine or osteopathy or the Board is without jurisdiction to reinstate the certificate of qualification, any existing, corresponding certificate of qualification of any licensee over whom the Commission or Board has lost jurisdiction shall become null and void.	34-24-361(g); 41-22-20	0
540-X-5-.06	Application for Removal of a Voluntary Restriction on Certificate of Qualification - Hearings	(1) A hearing before the Board on an application for removal of a voluntary restriction attached to a certificate of qualification shall be conducted as a contested case under the Alabama Administrative Procedure Act (Ala. Code §§41-22-1 through 41-22-27).	34-24-361(g); 41-22-20	0
540-X-5-.06	Application for Removal of a Voluntary Restriction on Certificate of Qualification – Hearings	(2) The applicant shall have the burden of establishing to the reasonable satisfaction of the Board that the applicant is entitled to the specific relief requested.	34-24-361(g); 41-22-20	1
540-X-5-.07	Application For Reinstatement Of Certificate Of Qualification And Application For Removal Of Voluntary Restriction On Certificate Of Qualification: The Processing Of Appeals	(1) Time for Appeal. An appeal must be initiated by a notice, in writing, directed to the Medical Licensure Commission and filed with the Commission within thirty (30) days from the date of the final order of the Board of Medical Examiners denying an application for reinstatement of a certification of qualification, or denying an application for removal of a voluntary restriction on a certificate of qualification.	34-24-361(g); 41-22-20	1
540-X-5-.07	Application For Reinstatement Of Certificate Of Qualification And	(2) Scope of Appeal. The appeal to the Medical Licensure Commission shall not be a hearing de novo, but shall be limited to a consideration of the record of the proceedings before the Board.	34-24-361(g); 41-22-20	0

Phase I: Administrative Rule Inventory for Alabama Board of Medical Examiners

540-X-5, Hearings and Appeals

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
	Application For Removal Of Voluntary Restriction On Certificate Of Qualification: The Processing Of Appeals			
540-X-5-.07	Application For Reinstatement Of Certificate Of Qualification And Application For Removal Of Voluntary Restriction On Certificate Of Qualification: The Processing Of Appeals	In the event the appeal grows out of a denial by the Board for removal of a voluntary restriction on a certificate of qualification, the Commission shall have the right to affirm the Board's action, or order the Board to modify its action as the Commission deems appropriate.	34-24-361(g); 41-22-20	0
540-X-5-.07	Application For Reinstatement Of Certificate Of Qualification And Application For Removal Of Voluntary Restriction On Certificate Of Qualification: The Processing Of Appeals	In the event that such application is granted the Board shall be afforded an opportunity to respond to or refute such evidence.	34-24-361(g); 41-22-20	0
540-X-5-.07	Application For Reinstatement Of Certificate Of Qualification And Application For Removal Of Voluntary Restriction On Certificate Of Qualification: The Processing Of Appeals.	(3) Record on Appeal. The record on appeal shall consist of: ((a) - (c))	34-24-361(g); 41-22-20	0
540-X-5-.07	Application For Reinstatement Of Certificate Of Qualification And	It shall be the responsibility of the appellant, at his expense, to insure the complete and accurate preparation of the record on appeal, and to assure that one copy is filed with the Commission in a timely manner.	34-24-361(g); 41-22-20	1

Phase I: Administrative Rule Inventory for Alabama Board of Medical Examiners

540-X-5, Hearings and Appeals

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
	Application For Removal Of Voluntary Restriction On Certificate Of Qualification: The Processing Of Appeals			
540-X-5-.07	Application For Reinstatement Of Certificate Of Qualification And Application For Removal Of Voluntary Restriction On Certificate Of Qualification: The Processing Of Appeals	The Board shall be required to furnish, at a reasonable rate based on the actual costs, copies of all documents in the possession of the Board which constitute a portion of the record.	34-24-361(g); 41-22-20	0
540-X-5-.07	Application For Reinstatement Of Certificate Of Qualification And Application For Removal Of Voluntary Restriction On Certificate Of Qualification: The Processing Of Appeals	(4) Briefs. It shall not be required that the appellant or the Board submit a brief and argument, but each shall be permitted to do so either personally or by counsel.	34-24-361(g); 41-22-20	0
540-X-5-.07	Application For Reinstatement Of Certificate Of Qualification And Application For Removal Of Voluntary Restriction On Certificate Of Qualification: The Processing Of Appeals	The brief and arguments, if submitted, need not take any particular format, but in no event shall it exceed twenty pages in length.	34-24-361(g); 41-22-20	0
540-X-5-.07	Application For Reinstatement Of Certificate Of Qualification And	(5) Oral Argument. Upon request to the Commission, the appellant and a representative of the Board shall be permitted to appear personally or by counsel before the Commission at a regular scheduled monthly	34-24-361(g); 41-22-20	1

Phase I: Administrative Rule Inventory for Alabama Board of Medical Examiners

540-X-5, Hearings and Appeals

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
	Application For Removal Of Voluntary Restriction On Certificate Of Qualification: The Processing Of Appeals	meeting to present such oral arguments as deemed appropriate, provided, however, that the matters to be argued are limited to the record and that the Commission <u>shall</u> be entitled to set reasonable time limits upon such presentation.		
540-X-5-.07	Application For Reinstatement Of Certificate Of Qualification And Application For Removal Of Voluntary Restriction On Certificate Of Qualification: The Processing Of Appeals	(6) Decision of Commission. It <u>shall</u> be the duty of the Commission to render a decision within sixty days from the date of the submission of the record on appeal or the brief and argument of the appellant, which ever comes later.	34-24-361(g); 41-22-20	0
540-X-5-.07	Application For Reinstatement Of Certificate Of Qualification And Application For Removal Of Voluntary Restriction On Certificate Of Qualification: The Processing Of Appeals	(7) Re-hearings. There <u>shall</u> be no applications for rehearing.	34-24-361(g); 41-22-20	0
540-X-5-.07	Application For Reinstatement Of Certificate Of Qualification And Application For Removal Of Voluntary Restriction On Certificate Of Qualification: The Processing Of Appeals	The decision of the Commission, upon the appeal, <u>shall</u> be considered to be a final administrative determination.	34-24-361(g); 41-22-20	0
540-X-5-.07	Application For Reinstatement Of Certificate Of Qualification And	(8) Extensions and Other Orders. The Commissions may, upon application of the appellant or the Board, and for good cause shown,	34-24-361(g); 41-22-20	0

Phase I: Administrative Rule Inventory for Alabama Board of Medical Examiners

540-X-5, Hearings and Appeals

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
	Application For Removal Of Voluntary Restriction On Certificate Of Qualification: The Processing Of Appeals	grant extensions of time and make such other appropriate orders as <u>shall</u> be required to accommodate situations not covered in these rules.		
540-X-5-.08	Denial Of An Application For Initial Certificate Of Qualification: Appeal To The Medical Licensure Commission	(1) An appeal from a denial by the Board of an applicant for an initial certificate of qualification <u>must</u> be initiated by a notice, in writing, directed to the Medical Licensure Commission and filed with the Commission within thirty (30) days from the date of the letter of notice to the applicant that the Board has denied the application for an initial certificate of qualification.	34-24-330; 41-22-20	1
540-X-5-.08	Denial Of An Application For Initial Certificate Of Qualification: Appeal To The Medical Licensure Commission	(2) The appeal to the Medical Licensure Commission <u>shall</u> be a hearing de novo,	34-24-330; 41-22-20	0
540-X-5-.08	Denial Of An Application For Initial Certificate Of Qualification: Appeal To The Medical Licensure Commission	, and <u>shall</u> include the following: (a) Reasonable notice in writing of the time, place and nature of the hearing; (b) The opportunity for all parties to respond and present evidence and argument on all material issues involved; and (c) The opportunity for all parties to be represented by counsel at their own expense.	34-24-330; 41-22-20	0
540-X-5-.08	Denial Of An Application For Initial Certificate Of Qualification: Appeal To The Medical Licensure Commission	(3) The record of information considered by the Board in its decision to deny an application for an initial certificate of qualification <u>shall</u> be prepared by the Board and certified	34-24-330; 41-22-20	0

Phase I: Administrative Rule Inventory for Alabama Board of Medical Examiners

540-X-5, Hearings and Appeals

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-5-.08	Denial Of An Application For Initial Certificate Of Qualification: Appeal To The Medical Licensure Commission	and <u>shall</u> be filed with the Commission as the record on appeal.	34-24-330; 41-22-20	0
540-X-5-.08	Denial Of An Application For Initial Certificate Of Qualification: Appeal To The Medical Licensure Commission	The Commission <u>shall</u> consider the record on appeal in rendering a decision in the matter.	34-24-330; 41-22-20	0
540-X-5-.09	Conduct Of Investigations By The Board Of Medical Examiners	The administrative complaint <u>shall</u> be executed by the chairman of the Board, or the executive director of the Board, or any member designated by the Board	34-24-53; 34-24-53.1; 34-24-302; 34-24-360; 34-24-361; 34-24-363	0
540-X-5-.09	Conduct Of Investigations By The Board Of Medical Examiners	and <u>shall</u> request that the Medical Licensure Commission issue an order directing the respondent to appear and answer the allegations of the administrative complaint.	34-24-53; 34-24-53.1; 34-24-302; 34-24-360; 34-24-361; 34-24-363	0
540-X-5-.09	Conduct Of Investigations By The Board Of Medical Examiners	A letter of concern <u>shall</u> consist of a private, confidential, written communication from the Board of Medical Examiners to the physician or osteopath, the contents of which <u>shall</u> be specified by the Board.	34-24-53; 34-24-53.1; 34-24-302; 34-24-360; 34-24-361; 34-24-363	0
540-X-5-.09	Conduct Of Investigations By The Board Of Medical Examiners	A letter of concern <u>shall not</u> be considered a disciplinary action and is not intended to communicate a finding on the part of the Board that the physician or osteopath to whom the letter of concern is directed will be charged with or has been found guilty of any wrong doing.	34-24-53; 34-24-53.1; 34-24-302; 34-24-360; 34-24-361; 34-24-363	0
540-X-5-.09	Conduct Of Investigations By The Board Of Medical Examiners	The issuance of a letter of concern by the Board of Medical Examiners <u>shall not</u> preclude the Board from taking any other action authorized by law, including the filing of a written complaint with the Medical Licensure Commission in accordance with paragraph (2) of this Rule.	34-24-53; 34-24-53.1; 34-24-302; 34-24-360; 34-24-361; 34-24-363	0

Phase I: Administrative Rule Inventory for Alabama Board of Medical Examiners

540-X-5, Hearings and Appeals

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-5-.09	Conduct Of Investigations By The Board Of Medical Examiners	A letter of concern shall be deemed a non-public record of the Board of Medical Examiners under the provisions of Rule 540-X-1-.03(5).	34-24-53; 34-24-53.1; 34-24-302; 34-24-360; 34-24-361; 34-24-363	0
540-X-5-.09	Conduct Of Investigations By The Board Of Medical Examiners	Every physician licensed to practice medicine or osteopathy in the State of Alabama who accepts the privilege of practicing medicine or osteopathy in the State of Alabama by actually practicing or by the making and filing of an annual registration to practice medicine shall be deemed to have given his consent to submit to a mental, physical or laboratory examination or to any combination of such examinations and to waive all objections to the admissibility of the examining physician's testimony or examination reports on the ground that they constitute privileged doctor-patient communications.	34-24-53; 34-24-53.1; 34-24-302; 34-24-360; 34-24-361; 34-24-363	0
540-X-5-.09	Conduct Of Investigations By The Board Of Medical Examiners	Any and all expenses incurred in the furnishing of the reports, records or documents which are the subject of an order issued by the board shall be borne by the physician or osteopath who is the subject of the order.	34-24-53; 34-24-53.1; 34-24-302; 34-24-360; 34-24-361; 34-24-363	0
540-X-5-.09	Conduct Of Investigations By The Board Of Medical Examiners	(b) Failure or refusal by the physician or osteopath to comply with an order of the board directing the execution and delivery to the board of an authorization and release form as provided in paragraph (5)(a) above shall constitute grounds for the summary suspension of the physician's or osteopath's license to practice medicine by the Medical Licensure Commission,	34-24-53; 34-24-53.1; 34-24-302; 34-24-360; 34-24-361; 34-24-363	0
540-X-5-.09	Conduct Of Investigations By The Board Of Medical Examiners	which suspension shall continue in effect until such time as the physician or osteopath complies with the order of the board or the order is withdrawn by the board or the order is terminated by the Medical Licensure Commission after a hearing.	34-24-53; 34-24-53.1; 34-24-302; 34-24-360; 34-24-361; 34-24-363	0
540-X-5-.09	Conduct Of Investigations By The Board Of Medical	(c) All reports, records, and documents released to the board under the provisions of paragraph (5)(a) above are hereby declared to be	34-24-53; 34-24-60; 34-24-53.1; 34-24-	0

Phase I: Administrative Rule Inventory for Alabama Board of Medical Examiners

540-X-5, Hearings and Appeals

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
	Examiners	privileged and confidential and shall not be public records nor available for court subpoena or for discovery proceedings but may be used by the board in the course of its investigations and may be introduced as evidence in administrative hearings conducted by the board or the Medical Licensure Commission.	302; 34-24-360; 34-24-361; 34-24-363	
540-X-5-.09	Conduct Of Investigations By The Board Of Medical Examiners	Nothing contained herein shall apply to records made in the regular course of business of an individual; documents or records otherwise available from original sources are not to be construed as immune from discovery or use in any civil proceedings merely because they were presented or considered during the proceedings of the Board of Medical Examiners or the Medical Licensure Commission.	34-24-53; 34-24-53.1; 34-24-302; 34-24-360; 34-24-361; 34-24-363	0
540-X-5-.09	Conduct Of Investigations By The Board Of Medical Examiners	The expense of such examinations and evaluations shall be borne by the physician or osteopath who is examined or evaluated.	34-24-53; 34-24-53.1; 34-24-302; 34-24-360; 34-24-361; 34-24-363	0
540-X-5-.09	Conduct Of Investigations By The Board Of Medical Examiners	(b) Failure or refusal by a physician or osteopath to comply with an order of the board issued pursuant to this rule shall constitute grounds for the summary suspension of the physician's or osteopath's license to practice medicine by the Medical Licensure Commission,	34-24-53; 34-24-53.1; 34-24-302; 34-24-360; 34-24-361; 34-24-363	0
540-X-5-.09	Conduct Of Investigations By The Board Of Medical Examiners	which suspension shall continue in effect until such time as the physician or osteopath complies with the order of the board or the order is withdrawn by the board or the order is terminated by the Medical Licensure Commission after a hearing. The provisions of this subsection supersede any provisions of Section 41-22-19(d) of the Alabama Administrative Procedure Act that are in conflict.	34-24-53; 34-24-53.1; 34-24-302; 34-24-360; 34-24-361; 34-24-363	0
540-X-5-.09	Conduct Of Investigations By The Board Of Medical Examiners	(e) The expense of any of the examinations, evaluations, and educational or training courses which are the subject of a restriction imposed by the board on the certificate of qualification and license to practice medicine shall be borne by the physician or osteopath in question.	34-24-53; 34-24-53.1; 34-24-302; 34-24-360; 34-24-361; 34-24-363	0

Phase I: Administrative Rule Inventory for Alabama Board of Medical Examiners

540-X-5, Hearings and Appeals

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-5-.09	Conduct Of Investigations By The Board Of Medical Examiners	At such hearing it <u>shall</u> be the burden of the board to demonstrate to the reasonable satisfaction of the commission that the restriction or restrictions are consistent with the findings of the examination or evaluation ordered by the board.	34-24-53; 34-24-53.1; 34-24-302; 34-24-360; 34-24-361; 34-24-363	0
540-X-5-.09	Conduct Of Investigations By The Board Of Medical Examiners	All hearings before the Medical Licensure Commission <u>shall</u> be conducted on an expedited basis	34-24-53; 34-24-53.1; 34-24-302; 34-24-360; 34-24-361; 34-24-363	0
540-X-5-.09	Conduct Of Investigations By The Board Of Medical Examiners	and any restriction or restrictions <u>shall not</u> be stayed by the commission during the pendency of the hearing.	34-24-53; 34-24-53.1; 34-24-302; 34-24-360; 34-24-361; 34-24-363	0
540-X-5-.09	Conduct Of Investigations By The Board Of Medical Examiners	Failure or refusal to comply with an order or directive of the board entered pursuant to this section <u>shall</u> constitute grounds, after notice and hearing, for the suspension of the controlled substance registration certificate of the physician or osteopath in question	34-24-53; 34-24-53.1; 34-24-302; 34-24-360; 34-24-361; 34-24-363	0
540-X-5-.09	Conduct Of Investigations By The Board Of Medical Examiners	which <u>shall</u> continue in effect until such time as the physician or osteopath has complied with the order of the board or the board has rescinded or withdrawn the order.	34-24-53; 34-24-53.1; 34-24-302; 34-24-360; 34-24-361; 34-24-363	0
540-X-5-.09	Conduct Of Investigations By The Board Of Medical Examiners	(b) The fingerprints <u>shall</u> be submitted to the Alabama Bureau of Investigation (ABI), which is responsible for forwarding the fingerprints to the Federal Bureau of Investigation (FBI) for a national criminal history record check.	34-24-53; 34-24-53.1; 34-24-302; 34-24-360; 34-24-361; 34-24-363	0
540-X-5-.09	Conduct Of Investigations By The Board Of Medical Examiners	(c) Information received by the Board pursuant to a criminal history background check <u>shall</u> be confidential and <u>shall</u> not be a public record, except that such information received and relied upon in an investigation by the Board may be disclosed to the physician.	34-24-53; 34-24-53.1; 34-24-302; 34-24-360; 34-24-361; 34-24-363	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-6, Conduct of Hearings in Contested Cases

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-6-.01	Application and Scope	These rules shall apply to all hearings conducted by the Alabama State Board of Medical Examiners in its capacity as a certifying board under the Alabama Uniform Controlled Substances Act, Code of Ala. 1975, §§20-2-1, et seq., which are conducted under the requirements of Code of Ala. 1975, §20-2-53.	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.01	Application and Scope	These rules shall not apply to the conduct of investigative hearings conducted pursuant to Rule 540-X-5-.09 of the rules of the Board of Medical Examiners or to any interview, investigation, examination of witnesses or documents under subpoena, or other proceeding which is not classified as a contested case under the Alabama Administrative Procedure Act, Code of Ala. 1975, §41-22-1.	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.01	Application and Scope	Nothing contained herein shall preclude the informal disposition of contested cases as permitted by Code of Ala. 1975, §41-22-12(e), and other pertinent provisions of these rules.	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.02	Categories of Hearings	Applications filed more than 24 months following the effective date of the revocation, suspension, restriction or surrender shall either be granted by the board or set for a hearing before the board which shall be conducted as a contested case under the Alabama Administrative Procedure Act.	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.02	Categories of Hearings	(2) In a revocation hearing the complainant shall have the burden to establish by competent evidence that the registrant has committed one or more of the offenses or conditions specified in Code of Ala. 1975, §20-2-54(a)...	20-2-53 20-2-54 20-2-54.1 41-22-12	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-6, Conduct of Hearings in Contested Cases

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-6-.02	Categories of Hearings	In determining whether the registrant is guilty of any of the offenses or conditions set forth in the complaint, the Board <u>shall not</u> receive evidence of or consider any previous action of the Board concerning the registrant's certificate.	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.02	Categories of Hearings	The fact that a member of the Board has previously participated in a hearing, interview or investigation concerning the registrant, <u>shall not</u> disqualify that board member from participation in a subsequent revocation hearing.	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.02	Categories of Hearings	(3) In a reinstatement hearing (including any application for reconsideration, application for removal of prior restrictions, application for reinstatement, or removal of probationary conditions or any similar requests based upon a prior action of the Board), the registrant <u>shall</u> have the burden of establishing to the reasonable satisfaction of the Board that the registrant is entitled to the specific relief requested.	20-2-53 20-2-54 20-2-54.1 41-22-12	1
540-X-6-.02	Categories of Hearings	In a reinstatement hearing the Board <u>shall</u> take into consideration in arriving at its decision the following: ((a) – (i))	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.02	Categories of Hearings	Except as specifically modified by these rules, revocation hearings and reinstatement hearings <u>will be</u> governed by and conducted in accordance with the requirements of the Alabama Uniform Controlled Substances Act, and the Alabama Administrative Procedure Act.	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.03	Hearing Officer	The hearing officer <u>shall</u> be compensated at a rate to be prescribed by the Board for services actually performed pursuant to a contractual agreement entered into between the Board and the hearing officer.	20-2-53 20-2-54 20-2-54.1 41-22-12	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-6, Conduct of Hearings in Contested Cases

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-6-.03	Hearing Officer	(2) The general duties of the hearing officer <u>shall</u> be to guide and direct the course of contested cases before the Board, to advise the Board on matters of law and evidence pertaining to those contested cases and to assist the Board in the preparation of orders and decrees resulting from hearings on contested cases. Specifically, the hearing officer <u>shall</u> be empowered to: ((a) – (h))	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.03	Hearing Officer	The ruling of the hearing officer <u>shall</u> be deemed to be the official ruling of the Board unless that ruling is challenged by a member of the Board....	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.03	Hearing Officer	(4) The hearing officer <u>shall</u> advise the Board on matters of evidence and law during its deliberations and <u>shall</u> , if requested, prepare and present for consideration by the Board proposed findings of fact and proposed conclusions of law;	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.03	Hearing Officer	(5) When directed by the Board, the hearing officer <u>shall</u> prepare the final order reflecting the decision of the Board in each contested case. The final order <u>shall</u> be executed and authenticated in the manner prescribed by the Board.	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.03	Hearing Officer	(6) When directed by the Board, the hearing officer <u>shall</u> notify all parties to the hearing of the final order of the Board and of all appellate remedies available to any party that is adversely affected by a decision of the Board.	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.03	Hearing Officer	(7) In addition, the hearing officer <u>shall</u> be authorized to perform such duties and functions in each specific case as may be prescribed by the Board,	20-2-53 20-2-54 20-2-54.1 41-22-12	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-6, Conduct of Hearings in Contested Cases

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-6-.03	Hearing Officer	it being the intent of this rule that the hearing officer shall be the chief legal advisor to the Board in the conduct and disposition of all contested cases;	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.03	Hearing Officer	however, the Board shall retain the authority in all cases to hear all evidence and argument and be the sole judge of the facts.	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.03	Hearing Officer	The Board shall fix the penalty or restriction, if any, to be imposed at the conclusion of a contested case.	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.03	Hearing Officer	The Board shall appoint a hearing officer in each contested case unless the case is subject to informal disposition as otherwise provided in these rules.	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.03	Hearing Officer	(8) The person appointed by the Board to act as a hearing officer in the contested case shall not have participated in the investigation or prosecution of the registrant in the matters pertaining to the contested case.	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.03	Hearing Officer	The hearing officer shall not have a manifest conflict of interest with any party in a contested case	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.04	Conduct of Hearings in Contested Cases	The notice and complaint shall conform to the requirements of Code of Ala._1975, §41-22-12(b), and shall set a date for a hearing before the Board not less than thirty (30) days after the date of service of the notice,	20-2-53 20-2-54 20-2-54.1	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners
540-X-6, Conduct of Hearings in Contested Cases
 Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		or in the case of a renewal of registration, not later than thirty (30) days after the expiration of such registration.	41-22-12	
540-X-6-.04	Conduct of Hearings in Contested Cases	When the Board has made a reasonably diligent inquiry and cannot establish a valid mailing address for the registrant, then notification to the Board by the U.S. Post Office of attempted service by certified mail, return receipt requested, to the last known mailing address of the registrant, shall authorize the Board to proceed in the absence of the registrant.	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.04	Conduct of Hearings in Contested Cases	(2) In a revocation hearing the registrant shall file with the Board and shall serve upon each party to the contested case or their attorney an answer and response to the allegations set forth in the complaint.	20-2-53 20-2-54 20-2-54.1 41-22-12	1
540-X-6-.04	Conduct of Hearings in Contested Cases	The answer shall be filed with the Board not later than twenty (20) days after service of the notice of hearing.	20-2-53 20-2-54 20-2-54.1 41-22-12	1
540-X-6-.04	Conduct of Hearings in Contested Cases	(3) In all contested cases the registrant shall be entitled to personally appear before the Board, to be represented by counsel of his own choice at his own expense, to cross-examine witnesses offering testimony to the Board and to examine documents offered into evidence, to call witnesses on his own behalf, to compel the attendance of witnesses and the production of documents and other evidence by subpoena at his own expense and to present evidence and arguments on all material issues arising in the contested case.	20-2-53 20-2-54 20-2-54.1 41-22-12	1
540-X-6-.04	Conduct of Hearings in Contested Cases	(4) The Chairman of the Board shall preside during hearings with the assistance and advice of a hearing officer.	20-2-53 20-2-54 20-2-54.1	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-6, Conduct of Hearings in Contested Cases

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
			41-22-12	
540-X-6-.04	Conduct of Hearings in Contested Cases	A quorum of the Board necessary to hear and decide contested cases is set at six (6) members of the Board.	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.04	Conduct of Hearings in Contested Cases	The hearing shall be open to the public, provided, that the Chairman may direct that the testimony of minors or the testimony of a patient relating to his or her confidential medical history be taken in executive session	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.04	Conduct of Hearings in Contested Cases	and provided that the Chairman shall direct that any information deemed confidential by state or federal statutes be taken in executive session.	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.04	Conduct of Hearings in Contested Cases	All evidence and argument shall be presented before the Board	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.04	Conduct of Hearings in Contested Cases	and no member of the Board shall participate in the final decision unless he has been present during all of the hearing or unless he has considered a complete record of those proceeding which took place in his absence.	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.04	Conduct of Hearings in Contested Cases	At the conclusion of the presentation of evidence, the public portion of the hearing will be closed	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.04	Conduct of Hearings in Contested Cases	and the Board will deliberate in executive session.	20-2-53 20-2-54	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-6, Conduct of Hearings in Contested Cases

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
			20-2-54.1 41-22-12	
540-X-6-.04	Conduct of Hearings in Contested Cases	(5) The chairman <u>shall</u> be responsible for the conduct of the hearing	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.04	Conduct of Hearings in Contested Cases	and all rulings of the chairman on procedural matters and rulings of the hearing officer on legal matters <u>shall</u> be final and <u>shall</u> be deemed to be the action of the Board unless such rulings are challenged by a member of the Board.	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.04	Conduct of Hearings in Contested Cases	All challenges <u>are to be</u> considered and decided by the Board outside the presence of the parties, attorneys and witnesses to the contested case,	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.04	Conduct of Hearings in Contested Cases	and only the decision of the Board <u>shall</u> be entered into the record.	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.04	Conduct of Hearings in Contested Cases	(6) During the conduct of any contested case the chairman <u>shall</u> permit the members of the Board to direct questions to witnesses offering testimony to the Board but <u>shall</u> ensure that such questions are material and relevant to the issues under inquiry.	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.04	Conduct of Hearings in Contested Cases	(7) The hearing <u>shall</u> be conducted insofar as is practicable in the same manner as a civil action at law.	20-2-53 20-2-54 20-2-54.1 41-22-12	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-6, Conduct of Hearings in Contested Cases

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-6-.04	Conduct of Hearings in Contested Cases	In a revocation hearing the complainant <u>shall</u> have the obligation to proceed first and to present such evidence touching upon the specific allegations of the complaint as will establish at least a prima facie violation of the offenses and conditions as stated in the complaint.	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.04	Conduct of Hearings in Contested Cases	In reinstatement hearings the Board <u>shall</u> initially receive into evidence the notice of hearing and a record of all the prior transactions of the Board concerning the registrant	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.04	Conduct of Hearings in Contested Cases	and it <u>shall</u> then be the obligation of the registrant to proceed and to present evidence and argument to the Board establishing the right of the registrant to the relief requested.	20-2-53 20-2-54 20-2-54.1 41-22-12	1
540-X-6-.04	Conduct of Hearings in Contested Cases	The registrant <u>shall</u> have the burden in a reinstatement hearing of establishing the reasonable satisfaction of the Board that the applicant is entitled to the registration certificate or other relief that is requested under the criteria outlined in Rule 540-X-6-.02(3) and that the public safety and welfare and the safety and welfare of the patients of the registrant would not thereby be jeopardized.	20-2-53 20-2-54 20-2-54.1 41-22-12	1
540-X-6-.04	Conduct of Hearings in Contested Cases	(8) At the conclusion of the hearing the Board <u>shall</u> conduct its deliberations and render its decision outside the presence of the parties ...	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.04	Conduct of Hearings in Contested Cases	The final order of the Board <u>shall</u> be rendered in conformity with §41-22-16 of the Administrative Procedure Act.	20-2-53 20-2-54 20-2-54.1	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-6, Conduct of Hearings in Contested Cases

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
			41-22-12	
540-X-6-.05	Miscellaneous Provisions	(1) Record. The record in a contested case shall consist of all of those items enumerated in Code of Ala. 1975, §41-22-12(f).	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.05	Miscellaneous Provisions	A verbatim record of all proceedings before the Board shall be made either by stenographic notes or electronic recording or both.	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.05	Miscellaneous Provisions	Any party requesting a transcription of the proceedings shall be required to reimburse the Board for the actual expense of the production of the transcript.	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.05	Miscellaneous Provisions	The entire record of a contested case, including the record of oral proceedings, shall be maintained by the Board for a period of five (5) years from the date of the decision of the Board in accordance with the requirements of Code of Ala. 1975, §41-22-12(g).	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.05	Miscellaneous Provisions	(3)(a)...The expense of the subpoena, including mileage and per diem as specified by law, shall be borne by the party requesting the subpoena.	20-2-53 20-2-54 20-2-54.1 41-22-12	1
540-X-6-.05	Miscellaneous Provisions	(b)...The party at whose request the deposition is held shall be responsible for all administrative costs of the deposition.	20-2-53 20-2-54 20-2-54.1 41-22-12	1
540-X-6-.05	Miscellaneous Provisions	(c)...This section governing the issuance of subpoenas and production of documents shall not be interpreted to require that any member	20-2-53 20-2-54	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-6, Conduct of Hearings in Contested Cases

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		of the Board of Medical Examiners, or any investigator, attorney or employee of the Board of Medical Examiners, submit to a deposition upon oral examination or produce documents for inspection unless the individual is designated by the complainant to testify as a witness in the contested case.	20-2-54.1 41-22-12	
540-X-6-.05	Miscellaneous Provisions	(4) Emergency suspension or revocation. If the Board shall determine that there exists an immediate and clear danger to the public health or safety, the Board may immediately suspend any registration simultaneous with the institution of a revocation proceeding	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.05	Miscellaneous Provisions	(5)(a) The rules of evidence in contested cases shall be in accordance with §41-22-13 of the Administrative Procedure Act.	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.05	Miscellaneous Provisions	In any final order resulting from a contested case where the Board does not receive expert testimony, the Board shall set out as findings and conclusions the basis for the medical judgments and opinions relied upon by the Board in rendering the decision.	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.05	Miscellaneous Provisions	(b) Documentary evidence and testimony which is otherwise admissible in a contested case shall not be rendered inadmissible because of any claim of privilege between physician and patient.	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.05	Miscellaneous Provisions	All testimony regarding the medical condition of individuals and all medical records produced during the course of the contested case shall be considered confidential and shall not be released to persons who are not parties or participants in the contested case.	20-2-53 20-2-54 20-2-54.1 41-22-12	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-6, Conduct of Hearings in Contested Cases

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-6-.05	Miscellaneous Provisions	(7) Representation before the Board. A registrant in a contested case may represent himself or may be represented by an attorney. No other person, unless specifically permitted by statute or by these rules, <u>will be</u> permitted to represent a registrant as an advocate before a contested hearing conducted pursuant to these rules.	20-2-53 20-2-54 20-2-54.1 41-22-12	1
540-X-6-.05	Miscellaneous Provisions	(8) Intervention. Intervention <u>is permitted</u> only to the extent provided by Code of Ala. 1975, §41-22-14. An application for intervention <u>must be</u> submitted at least ten (10) days before any scheduled hearing.	20-2-53 20-2-54 20-2-54.1 41-22-12	0
540-X-6-.05	Miscellaneous Provisions	(1) Application for rehearing ... If the Board enters no order on the application for rehearing within thirty (30) days from the date of filing, the application <u>shall</u> be deemed to have been denied as of the expiration of the thirty (30) day period.	20-2-53 20-2-54 20-2-54.1 41-22-12	1
540-X-6-.05	Miscellaneous Provisions	(11) Appeals. Appeals from decisions of the Board of Medical Examiners in contested cases conducted pursuant to its authority as a certifying Board under the Uniform Controlled Substances Act are governed by §20-2-53, Code of Ala. 1975(2006), except that judicial review <u>shall</u> be commenced by the filing of a petition for review with the Alabama Court of Civil Appeals, in accordance with §34-24-380, Code of Ala.1975, as amended by Act No. 2008-397.	20-2-53 20-2-54 20-2-54.1 41-22-12	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-7, Assistants to Physicians

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-7-.01	Definitions	The following definitions shall apply to these rules:	34-24-290	0
540-X-7-.01(6)	Definition of FCVS	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.	34-24-290	0
540-X-7-.01(6)	Definition of FCVS	Applicants are responsible for payment of all fees charged by FCVS. Use of FCVS by an applicant is optional .	34-24-290	0
540-X-7-.01(10)	Definition of Physician Supervision	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.	34-24-290(6)	0
540-X-7-.03(1)	Requirements to Practice as a P.A. – License/Registration Required	(1) To practice or offer to practice as a physician assistant, each person shall be licensed by and registered by the Board in accordance with Chapter 7 of these rules.	34-24-295	0
540-X-7-.03(2)	Continuing Medical Education Required	(2) Effective January 1, 2024, physician assistants shall obtain continuing education prescribed by the Board of Medical Examiners regarding the rules and statutes governing supervised practice in Alabama, not more than forty-eight (48) months prior to or within twelve (12) months of registration to a physician.	34-24-291(c)	1
540-X-7-.04	Requirements for the Issuance of a License to Practice as a P.A.	(1) To qualify for a license to practice as a physician assistant an individual must meet the following requirements: [(a) – (e) all statutory]	34-24-293(f)(1) 34-24-297	0
540-X-7-.05	Issuance of a License to Practice as a P.A.	(1) The Board shall issue a license to practice as a physician assistant when all requirements for licensure have been met.	34-24-293(f)(1) 34-24-297	0
540-X-7-.05	Issuance of a License to Practice as a P.A.	(2) Every license issued shall be dated, shall be numbered in the order of issuance, and shall be signed by the chair of the Board or the chair's designee.	34-24-293(f)(1) 34-24-297	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-7, Assistants to Physicians

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-7-.06	License Fee (P.A.)	(1) All applicants for a license to practice as a physician assistant <u>shall</u> submit to the Board an application fee in the amount of \$200.00.	34-24-293(k) 34-24-297	0
540-X-7-.07	License Renewal-P.A.	(1) A license to practice as a physician assistant <u>shall</u> be renewed annually on or before January 1st of each year.	34-24-299	0
540-X-7-.07	License Renewal-P.A.	Application for annual renewal <u>shall</u> be received by the Board on or before December 31st	34-24-299	0
540-X-7-.07	License Renewal-P.A.	and <u>shall</u> be accompanied by a renewal fee in the amount of \$100.00.	34-24-299	0
540-X-7-.07	License Renewal-P.A.	(2) The Board <u>shall not</u> renew the license to practice of any physician assistant against whom an administrative fine has been assessed by the Board until such fine is paid in full.	34-24-305	0
540-X-7-.07	License Renewal-P.A.	In the event that the fine is subsequently reduced or set aside on judicial review as provided in the Alabama Administrative Procedure Act, the physician assistant <u>shall</u> be entitled to a prompt refund of the amount of the fine, but <u>shall not</u> be entitled to interest thereon.	34-24-305	0
540-X-7-.08	Grandfather Clause-P.A.	(1) Any person who was certified by the board as a physician assistant or surgeon assistant to a licensed physician on December 21, 1994, <u>shall</u> be eligible for the issuance of a license and a registration to practice as a physician assistant.	34-24-300	0
540-X-7-.08	Grandfather Clause-P.A.	(2) To qualify for a license under this section, an applicant <u>must</u> submit an application for licensure and the <u>required</u> fee on or before May 7, 1999. After May 7, 1999, an applicant <u>must</u> meet all of the requirements of Rule 540-X-7-.04 concerning licensure.	34-24-300	0
540-X-7-.08	Grandfather Clause-P.A.	(3) A person who holds a degree of doctor of medicine but who is not licensed to practice medicine in the State of Alabama <u>shall not</u> be	--	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-7, Assistants to Physicians

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		eligible for a license and a registration as a physician assistant except as provided in paragraph (1) of this Rule.		
540-X-7-.09	Temporary License-P.A.	(3) Physician assistants granted a temporary license will not be granted prescriptive privileges, be allowed to practice without direct, on-site physician supervision, be allowed to practice in a remote practice site, or be approved for additional duties in the Job Description.	34-24-301(b)	0
540-X-7-.09	Temporary License-P.A.	(5) A physician assistant who is granted a temporary license shall not practice or offer to practice unless he or she is registered by the Board to a licensed physician in accordance with these rules and applicable statutes.	34-24-301(d)	0
540-X-7-.09	Temporary License-P.A.	(6) There shall be no independent unsupervised practice by a physician assistant who is granted a temporary license.	34-24-301(e)	0
540-X-7-.10	Grounds for Denial of License-P.A.	The commission by a physician assistant of any act, offense or condition set forth in Rule 540-X-7-.12 shall be grounds, within the discretion of the board, to deny an application for a license to practice as a physician assistant.	34-24-302	0
540-X-7-.11	Denial of Application – P.A.-Hearing	If, after examination of the application for a license to practice as a physician assistant . . . the Board determines that there is probable cause to believe there exist grounds upon which the application for licensure may be denied, the Board shall take the following actions:	34-24-302	0
540-X-7-.11	Denial of Application – P.A.-Hearing	(3) If requested by the physician assistant, a hearing shall be set before the full Board of Medical Examiners on the application for licensure.	34-24-302	0
540-X-7-.11	Denial of Application – P.A.-Hearing	(4) In the event that a hearing is not requested, the Board shall take action to approve or deny the application for licensure.	34-24-302	0
540-X-7-.11	Denial of Application – P.A.-Hearing	(5) All hearings under this rule shall be conducted in accordance with the Alabama Administrative Procedure Act, §§41-22-1 et seq., Code of	34-24-302 41-22-1 et seq	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-7, Assistants to Physicians

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		Ala. 1975 and Chapter 6 of the Rules and Regulations of the Board of Medical Examiners.		
540-X-7-.11	Denial of Application – P.A.-Hearing	A decision rendered by the Board at the conclusion of the hearing shall constitute final administrative action of the Board of Medical Examiners for the purposes of judicial review under §§41-22-20.	34-24-302 41-22-1 et seq	0
540-X-7-.11	Denial of Application – P.A.-Hearing	The physician assistant applicant shall have the burden of demonstrating to the reasonable satisfaction of the Board that he or she meets all qualifications and requirements for licensure as a physician assistant.	34-24-302 41-22-1 et seq	0
540-X-7-.12	Discipline of License-P.A.	After notice and hearing, the Board, within its discretion, shall suspend, revoke, restrict, place on probation or otherwise discipline the license of a physician assistant who is found guilty on the basis of substantial evidence of any of the following acts or offenses:	34-24-293(h) 34-24-302	0
540-X-7-.14	Discipline of License-P.A.-Hearings	Before revoking, suspending, restricting, placing on probation, assessing administrative fines against, or otherwise disciplining the license of a physician assistant on any of the grounds specified in Rule 540-X-7-.12, the Board shall conduct a hearing . . .	34-24-293(h) 34-24-302	0
540-X-7-.15	Registration-P.A.	Registration of a physician assistant by the Board to perform medical services under the supervision of a physician approved by the Board to supervise the assistant shall be accomplished in the following manner:	34-24-293(g) 34-24-303	0
540-X-7-.15	Registration-P.A.	(1) A completed application for registration in the form specified in Appendix A to Chapter 7 shall be submitted to the Board	34-24-293(g) 34-24-303	0
540-X-7-.15	Registration-P.A.	and shall include a list of each practice site, including the address and phone number where the registration and core duties shall be utilized,	34-24-293(g) 34-24-303	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-7, Assistants to Physicians

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-7-.15	Registration-P.A.	and shall list the name and designated working hours of the physician assistant at each practice site	34-24-293(g) 34-24-303	1
540-X-7-.15	Registration-P.A.	(2) A non-refundable, non-transferable registration fee in the amount of \$100.00 shall accompany the application;	34-24-293(g) 34-24-303	0
540-X-7-.15	Registration-P.A.	(3) A detailed job description signed by the physician and physician assistant shall accompany the application.	34-24-293(g) 34-24-303	1
540-X-7-.15	Registration-P.A.	The job description shall set forth those functions and procedures for which the physician assistant is qualified . . . and which sets forth the anticipated functions and activities of the physician assistant.	34-24-293(g) 34-24-303	1
540-X-7-.15	Registration-P.A.	The job description shall include the formulary for prescribing non-controlled drugs that are authorized by the supervising physician to be prescribed by the physician assistant	34-24-293(g) 34-24-303	1
540-X-7-.15	Registration-P.A.	and shall include the authorized dosages, quantities, and number of refills for each drug type to be prescribed.	34-24-293(g) 34-24-303	1
540-X-7-.16	Qualifications for Registration-P.A.	To qualify for registration as a physician assistant an individual must meet the following requirements: (1) Be employed by: (2) A physician qualified under these rules or by a partnership, medical professional corporation, medical professional association or physician practice foundation that also employs a supervising physician qualified under these rules; or (a) An entity approved by the Board under Rule 540-X-7-.22;	34-24-293(g) 34-24-303	1
540-X-7-.16	Qualifications for Registration-P.A.	(b)[mis-lettered] Be of good moral character;	34-24-293(g) 34-24-303	1
540-X-7-.16	Qualifications for Registration-P.A.	(6) Effective January 1, 2024, obtain continuing education prescribed by the Board of Medical Examiners regarding the rules and statutes	34-24-293(g) 34-24-303	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-7, Assistants to Physicians

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		governing supervised practice in Alabama, not more than forty-eight (48) months prior to or within twelve (12) months of registration to a physician.		
540-X-7-.17	Qualifications of the Supervising Physician-P.A.	The physician to whom a physician assistant is registered shall : (1) Possess a current, unrestricted license to practice medicine in the State of Alabama;	34-24-293(f) 34-24-303	1
540-X-7-.17	Qualifications of the Supervising Physician-P.A.	(a) Have satisfied one of the following experience requirements: 1. Practiced medicine for at least three years; or 2. Practiced medicine for at least one year and certified by one or more of the specialty boards recognized by the American Board of Medical Specialties or the American Osteopathic Association; or 3. Practiced medicine for at least one year and the registration's practice site is limited solely to a general acute care hospital, a critical access hospital, or a specialized hospital licensed as such by the Alabama Department of Public Health.	34-24-293(f) 34-24-303	1
540-X-7-.17	Qualifications of the Supervising Physician-P.A.	Effective January 1, 2024, have obtained continuing medical education prescribed by the Board of Medical Examiners regarding the rules and statutes governing supervised practice in Alabama, not more than forty-eight (48) months prior to or within twelve (12) months of registration to a physician assistant.	34-24-293(f) 34-24-303	1
540-X-7-.17	Qualifications of the Supervising Physician-P.A.	(5) Effective January 1, 2024, all supervising physicians shall obtain continuing medical education prescribed by the Board of Medical Examiners regarding the rules and statutes governing supervised practice in Alabama every forty-eight months (48) following registration to a physician assistant.	34-24-293(f) 34-24-303	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-7, Assistants to Physicians

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-7-.18	Grounds for Denial of Registration-P.A. and Supervising Physician	Grounds, within the discretion of the Board, to deny an application for registration as a physician assistant shall be the following (11 grounds)	34-24-293(g) 34-24-303	0
540-X-7-.19	Denial of Registration-Hearing	If after examination of the application for registration . . . the Board determines that there is probable cause to believe there exist grounds upon which the application for registration may be denied, the Board shall take the following actions	34-24-293(f) 34-24-303	0
540-X-7-.19	Denial of Registration-Hearing	(2) The failure to request a hearing within the time specified in the notice shall be deemed a waiver of such hearing	34-24-293(f) 34-24-303	1
540-X-7-.19	Denial of Registration-Hearing	(3) If requested by the physician or the physician assistant, a hearing shall be set before the full Board of Medical Examiners on the application for registration	34-24-293(f) 34-24-303	0
540-X-7-.19	Denial of Registration-Hearing	(4) In the event that a hearing is not requested, the Board shall take action to approve or deny the application for registration	34-24-293(f) 34-24-303	0
540-X-7-.20	Termination of Registration	When for any reason a physician assistant shall discontinue his or her employment with the employer designated in the application for registration, then registration of such physician assistant to the supervising physician designated in the application is automatically terminated.	34-24-303	0
540-X-7-.20	Termination of Registration	The physician assistant or the physician shall inform the Board in writing of the effective date of the termination of employment and the reasons for such termination.	34-24-303	1
540-X-7-.21	Interim Approval	A physician assistant who has been granted a temporary license may not obtain interim approval.	34-24-303	0
540-X-7-.21	Interim Approval	The interim approval shall remain in force until the application for registration has been approved, denied, or withdrawn.	34-24-303	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-7, Assistants to Physicians

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-7-.21	PAs Not Employed by Supervising Physician	. . . the applicant shall have the burden of satisfying the Board that there exists the supervisory relationship between the physician and the physician assistant contemplated by these rules.	34-24-292(b) 34-24-303	1
540-X-7-.23	Requirements for Supervised Practice	(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	34-24-290(6)	0
540-X-7-.23	Requirements for Supervised Practice	(2) There shall be no independent, unsupervised practice by physician assistants.	34-24-293(f) 34-24-295	0
540-X-7-.23	Requirements for Supervised Practice	(3) The supervising physician shall be readily available for direct communication or by telephone or telecommunication	34-24-293(f) 34-24-303	1
540-X-7-.23	Requirements for Supervised Practice	(4) The supervising physician shall be available for consultation or referrals of patients from the physician assistant.	34-24-293(f) 34-24-303	1
540-X-7-.23	Requirements for Supervised Practice	(5) In the event the physician to whom the physician assistant is registered is not readily available, provisions must be made for professional medical oversight and direction by a covering physician	34-24-293(f) 34-24-303	1
540-X-7-.23	Requirements for Supervised Practice	(7) If the physician assistant is to perform duties at a remote site, 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	34-24-293(f) 34-24-303	1
540-X-7-.23	Requirements for Supervised Practice	(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.	34-24-293(f) 34-24-303	1
540-X-7-.23	Requirements for Supervised Practice	(9) If the physician assistant is to perform duties at a remote site physician supervision requires the following ((a) – (f))	34-24-293(f) 34-24-303	1
540-X-7-.23	Requirements for Supervised Practice	(10) The supervising physician must complete quarterly quality assurance with each physician assistant.	34-24-293(f) 34-24-303	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-7, Assistants to Physicians

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-7-.23	Requirements for Supervised Practice	Documentation of any quality assurance review required by this chapter shall be maintained by the supervising physician for the duration of the registration agreement and for three years following the termination of the supervised practice agreement	34-24-293(f) 34-24-303	1
540-X-7-.23	Requirements for Supervised Practice	(11) The supervising physician must maintain documentation of the physician assistant's two (2) years (4,000 hours) of supervised practice experience for the duration of the supervised practice and for three (3) years following the termination of the registration agreement	34-24-293(f) 34-24-303	1
540-X-7-.23	Requirements for Supervised Practice	(12) The physician shall at all times maintain independent medical judgment related to the practice of medicine, irrespective of employment structure or business model.	34-24-293(f) 34-24-303	1
540-X-7-.23	Requirements for Supervised Practice	(13) Irrespective of the location of the principal practice site and any remote site(s) of the supervised practice, all services provided to patients and actions incident to services provided to patients of the supervised practice shall be deemed to have occurred in the state where the patient is located at the time of service or action incident to the service.	34-24-293(f) 34-24-303	1
540-X-7-.23	Requirements for Supervised Practice	The supervising physician, covering physician, and physician assistant shall comply with all applicable Alabama laws, rules, and regulations pertaining to services and actions incident to services provided to Alabama patients of the supervised practice.	34-24-293(f) 34-24-303	1
540-X-7-.23	Requirements for Supervised Practice	The supervising physician shall maintain all documentation required pursuant to this chapter for the duration of the supervised practice and for three years following the termination of the supervised practice agreement.	34-24-293(f) 34-24-303	1
540-X-7-.24	Covering Physicians for PAs	(1) When the primary supervising physician is not readily available to respond to patients' medical needs, the physician assistant is not	34-24-293(m) 34-24-303	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-7, Assistants to Physicians

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		authorized to perform any act or render any treatments unless another qualified physician in the same medical practice, practice group, or multidisciplinary medical team, or of the same or similar specialty as the supervising physician is immediately available to supervise the physician assistant		
540-X-7-.24	Covering Physicians for PAs	(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.	34-24-293(m) 34-24-303	1
540-X-7-.24	Covering Physicians for PAs	The covering physician must meet the same qualifications as the supervising physician as established in Rule 540-X-7-.17	34-24-293(m) 34-24-303	1
540-X-7-.24	Covering Physicians for PAs	(3) The supervising physician shall certify to the Board of Medical Examiners at least annually that any approved covering physician continues to agree to serve in that capacity	34-24-293(m) 34-24-303	1
540-X-7-.24	Covering Physicians for PAs	and shall inform the Board of Medical Examiners of the termination of a covering physician within ten (10) days of the termination	34-24-293(m) 34-24-303	1
540-X-7-.25	Functions and Activities of a PA	(1) There shall be at all times a direct continuing and close supervisory relationship between the physician assistant and the physician to whom that assistant is registered.	34-24-290(6)	1
540-X-7-.25	Functions and Activities of a PA	The supervising physician shall at all times be responsible for the activities of the physician assistant.	34-24-292(b)	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-7, Assistants to Physicians

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-7-.25	Functions and Activities of a PA	(2) The physician assistant shall provide medical services within the education, training, and experience of the physician assistant that are delegated by the supervising physician.	34-24-290(2) 34-24-292(a)	1
540-X-7-.25	Functions and Activities of a PA	(3) The job description in the form specified in Appendix B to Chapter 7 is approved by the Board as a model job description which shall be acceptable to the Board if submitted by a qualified applicant for registration in compliance with these Rules	34-24-290(6)	0
540-X-7-.25	Functions and Activities of a PA	(4) Requests for changes in the job description of the assistant, including addition of specialized duties and tasks, shall be submitted, in writing, by the supervising physician to the Board for prior approval	34-24-290(6)	1
540-X-7-.25	Functions and Activities of a PA	(5) Should the supervising physician contemplate a request for additional duties for the assistant for addition to the assistant's Job Description, a written request shall be submitted to and approved by the Board prior to any additional duty or procedure being performed by the assistant	34-24-290(6)	1
540-X-7-.25	Functions and Activities of a PA	(6) When any addition of a duty or procedure to the assistant's Job Description is contemplated, a written request for training of the assistant in the duty or procedure shall be submitted to and approved by the Board prior to the assistant actually receiving any training in the duty or procedure.	34-24-290(6)	1
540-X-7-.25	Functions and Activities of a PA	The physician assistant in such circumstance shall make reasonable efforts to inform his supervising physician of the location and type of emergency medical services being provided	34-24-293(m)	1
540-X-7-.25	Functions and Activities of a PA	and shall act in conformance with the direction of local medical supervisors.	34-24-293(m)	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-7, Assistants to Physicians

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-7-.25	Functions and Activities of a PA	The authority granted under this paragraph shall extend only for the duration of the declared national emergency or state emergency or natural disaster.	34-24-293(m)	1
540-X-7-.26	Limitations Upon Utilization of PAs	(1) A supervising physician must be present in the operating room or be immediately available to that operating room whenever a physician assistant is involved in the care of a patient in the operating room.	34-24-292	1
540-X-7-.26	Limitations Upon Utilization of PAs	Whenever a physician assistant performs or assists in performing invasive procedures with involvement deeper than the complete dermis, the supervising physician must be present in the operating room, unless otherwise specifically approved by the Board	34-24-292	1
540-X-7-.26	Limitations Upon Utilization of PAs	(2) The cumulative work time for all physician assistants being supervised by an individual primary supervising physician shall not exceed three hundred and sixty (360) hours (nine FTEs) per week.	34-24-292	1
540-X-7-.26	Limitations Upon Utilization of PAs	The physician shall not supervise or collaborate with any combination of assistants to physicians, certified registered nurse practitioners, and/or certified nurse midwives exceeding three hundred and sixty (360) hours per week (nine full-time equivalent positions).	34-24-292	1
540-X-7-.26	Limitations Upon Utilization of PAs	(3) A physician collaborating with or supervising more than four FTEs per week shall engage in documented quality assurance review with each physician assistant every month for six (6) months following registration with a new physician assistant.	34-24-292	1
540-X-7-.26	Limitations Upon Utilization of PAs	(4) A physician shall disclose to the Board of Medical Examiners the existence of all collaborative and supervisory agreements to which the physician is party, including collaborative and supervisory agreements in other states,	34-24-292	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-7, Assistants to Physicians

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-7-.26	Limitations Upon Utilization of PAs	and <u>shall not</u> be eligible to collaborate with or supervise any combination of certified registered nurse practitioners, certified nurse midwives and/or assistants to physicians exceeding three hundred and sixty (360) hours per week (nine full-time equivalent positions), inclusive of collaborative and supervisory agreements existing in other states.	34-24-292	1
540-X-7-.26	Limitations Upon Utilization of PAs	Agreements with an individual certified registered nurse practitioner, certified nurse midwife, and/or assistant to physician in multiple states <u>shall</u> only be counted once for purposes of calculating the total number of full-time equivalent positions.	34-24-292	0
540-X-7-.26	Limitations Upon Utilization of PAs	(5) ...The number of supervising physicians to whom a physician assistant may be registered <u>shall</u> be restricted by the Board if the Board, in its discretion, determines that such restriction is appropriate to maintain the quality of medical services being provided or to otherwise protect the public health, safety and welfare	34-24-292	1
540-X-7-.26	Limitations Upon Utilization of PAs	(6) ...The transitional allowance <u>shall not</u> exceed forty-five (45) days.	34-24-292	0
540-X-7-.26	Limitations Upon Utilization of PAs	The physician <u>shall</u> request the transitional allowance in writing and specify the starting date of this FTE allowance.	34-24-292	1
540-X-7-.27	Prohibited Activities and Functions-PA	(1) ... <u>no medical services may be performed</u> except under the supervision of an ophthalmologist in the office in which such physician normally actually practices his profession and nowhere else in any of the following areas ((a) – (c))	34-24-292(a)	0
540-X-7-.27	Prohibited Activities and Functions-PA	(2) There <u>shall</u> be no practice by a Physician Assistant who is not licensed and registered by the Board	34-24-295	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-7, Assistants to Physicians

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-7-.27	Prohibited Activities and Functions-PA	(3) There <u>shall</u> be no independent practice by a physician assistant who is licensed and/or registered by the Board.	34-24-295	0
540-X-7-.28	Prescriptions and Medication Orders-PAs	(3) The supervising physician and the physician assistant <u>shall</u> adhere to and follow all requirements and procedures stated in written guidelines established by the Board to govern the prescribing practices of physician assistants.	34-24-292(c) 34-24-293(l)	0
540-X-7-.28	Prescriptions and Medication Orders-PAs	(4) A physician assistant who is registered to a physician with prescriptive privileges <u>shall not</u> engage in prescribing for: (a) Self. (b) Immediate family members	34-24-293(m)	1
540-X-7-.28	Prescriptions and Medication Orders-PAs	(5) A physician assistant <u>may not</u> 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	34-24-292(d) 34-24-293(l)	0
540-X-7-.28	Prescriptions and Medication Orders-PAs	(7) Whenever a physician assistant calls in a prescription to a pharmacy, the physician assistant <u>shall</u> identify his or her supervising physician	34-24-292(d) 34-24-293(l)	1
540-X-7-.28	Prescriptions and Medication Orders-PAs	(9) When prescribing legend drugs or controlled drugs a physician assistant <u>shall</u> use a prescription form which includes all of the following ((a) – (e))	34-24-292(d) 34-24-293(l)	1
540-X-7-.28	Prescriptions and Medication Orders-PAs	(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 <u>is</u> co-signed by the supervising	34-24-292(d) 34-24-293(l)	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-7, Assistants to Physicians

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		physician in accordance with established guidelines and institutional policies.		
540-X-7-.29	Continuing Medical Education-PA	(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	34-24-293(m)	1
540-X-7-.29	Continuing Medical Education-PA	(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™	34-24-293(m)	0
540-X-7-.29	Continuing Medical Education-PA	(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™ ((a) – (f))	34-24-293(m)	0
540-X-7-.29	Continuing Medical Education-PA	(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 . . .	34-24-293(m)	1
540-X-7-.29	Continuing Medical Education-PA	Documentation adequate to demonstrate compliance with the minimum continuing medical education requirements of these rules shall consist of . . .	34-24-293(m)	0
540-X-7-.29	Continuing Medical Education-PA	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	34-24-293(m)	1
540-X-7-.29	Continuing Medical Education-PA	and shall be subject to examination by representatives of the State Board of Medical Examiners upon request.	34-24-293(m)	0
540-X-7-.29	Continuing Medical Education-PA	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.	34-24-293(m)	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-7, Assistants to Physicians

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-7-.29	Continuing Medical Education-PA	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	34-24-293(m)	0
540-X-7-.29	Continuing Medical Education-PA	(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.	34-24-293(m)	1
540-X-7-.29	Continuing Medical Education-PA	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.	34-24-293(m)	1
540-X-7-.29	Continuing Medical Education-PA	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.	34-24-293(m)	0
540-X-7-.29	Continuing Medical Education-PA	(6) . . . 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.	34-24-293(m)	0
540-X-7-.30	Physician Assistants' Advisory Committee	(2) The Physician Assistants' Advisory Committee shall consist of the following ((a) – (b))	34-24-293(m)	0
540-X-7-.30	Physician Assistants' Advisory Committee	(3) The members of the Physician Assistants' Advisory Committee shall serve for a term of three years and shall be eligible for reappointment	34-24-293(m)	0
540-X-7-.30	Physician Assistants' Advisory Committee	(5) The Physician Assistant Advisory Committee shall meet on a quarterly basis at the discretion and call of the Chairman of the Board of Medical Examiners.	34-24-293(m)	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-7, Assistants to Physicians

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-7-.32	Grounds for Termination of Registration-PA	The commission by a physician assistant or physician of any act, offense or condition set forth in Rule 540-X-7-.12 or Rule 540-X-7-.18 shall be grounds, within the discretion of the Board, to terminate the registration of a physician assistant to perform medical services under the supervision of a physician.	34-24-293(h) 34-24-302	0
540-X-7-.33	Termination of Registration-Involuntary-PA-Hearings	Before terminating the registration of a physician assistant on any of the grounds specified in Rule 540-X-7-.32, the Board shall conduct a hearing under the provisions of the Alabama Administrative Procedure Act	34-24-302	0
540-X-7-.34	Investigations-PA	(2) The fingerprints shall be submitted to the Alabama Bureau of Investigation (ABI)	34-24-302(15)(b)	0
540-X-7-.34	Investigations-PA	(3) Information received by the Board pursuant to a criminal history background check shall be confidential and shall not be a public record. . . .	34-24-302(15)(b)	0
540-X-7-.35	Examinations/Evaluations-PA	The expense of such examination shall be borne by the physician assistant who is so examined	34-24-302(15)(c)	0
540-X-7-.35	Examinations/Evaluations-PA	(2) Every physician assistant licensed to practice as a physician assistant in the state of Alabama who accepts the privilege of practicing by actually practicing or by the making and filing of an annual registration to practice shall be deemed to have given consent to submit to a mental, physical, or laboratory examination	34-24-302(15)(d)	0
540-X-7-.35	Examinations/Evaluations-PA	(3) ... Any and all expenses incurred in the furnishing of the reports, records, or documents which are the subject of an order issued by the Board shall be borne by the physician assistant who is the subject of the order.	34-24-302(15)(e)	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-7, Assistants to Physicians

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-7-.35	Examinations/Evaluations-PA	(4) Failure or refusal by the physician assistant to comply with an order of the Board directing the execution and delivery to the Board of an authorization and release form as provided in paragraph (3) herein <u>shall</u> constitute grounds for the summary suspension of the physician assistant's license to practice.	34-24-302(15)(f)	0
540-X-7-.35	Examinations/Evaluations-PA	The suspension <u>shall</u> continue in effect until such time as the physician assistant complies with the order of the Board or the order is withdrawn by the Board.	34-24-302(15)(f)	0
540-X-7-.35	Examinations/Evaluations-PA	(5) All reports, records, and documents released to the Board under the provisions of paragraph (3) herein <u>are</u> privileged and confidential and shall not be public records nor available for court subpoena or for discovery proceedings. . . .	34-24-302(15)(g)	0
540-X-7-.36	Voluntary Surrender, Voluntary Restrictions, Reinstatements - PA	(2) Removal of a voluntary restriction on the license <u>shall</u> be done only by order of the Board.	34-24-306(a)	0
540-X-7-.36	Voluntary Surrender, Voluntary Restrictions, Reinstatements - PA	(3) If the Board accepts the surrender of a license, any current registration of the physician assistant <u>shall</u> be automatically terminated, and the physician assistant <u>shall not</u> be authorized to practice within the state of Alabama.	34-24-306(a)	0
540-X-7-.36	Voluntary Surrender, Voluntary Restrictions, Reinstatements - PA	(5) The Board <u>shall</u> be without jurisdiction to reinstate a revoked or voluntarily surrendered license if the request for reinstatement is received by the Board more than five years after the effective date of the revocation or surrender	34-24-306(c)	0
540-X-7-.37	Requirements to Practice as an Anesthesiologist Assistant	(1) To practice or offer to practice as an anesthesiologist assistant, each person <u>shall</u> be licensed by and registered by the Board in accordance with Chapter 7 of these rules.	34-24-295	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-7, Assistants to Physicians

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-7-.37	Requirements to Practice as an Anesthesiologist Assistant	(2) Effective January 1, 2024, anesthesiologist assistants shall obtain continuing education prescribed by the Board of Medical Examiners regarding the rules and statutes governing supervised practice in Alabama not more than forty-eight (48) months prior to or within twelve (12) months of registration to a physician	34-24-291(c)	1
540-X-7-.38	Requirements to Practice as an Anesthesiologist Assistant	To qualify for a license to practice as an anesthesiologist assistant an individual shall meet the following requirements: ((1) – (5))	34-24-293(f)(1) 34-24-297	0
540-X-7-.38	Requirements to Practice as an Anesthesiologist Assistant	Fingerprints provided by an applicant shall be submitted to the Alabama State Bureau of Investigation (ASBI), which is responsible for forwarding the fingerprints to the Federal Bureau of Investigation (FBI) for a national criminal history record check.	34-24-302(15)(b)	0
540-X-7-.38	Requirements to Practice as an Anesthesiologist Assistant	Information received by the Board pursuant to a criminal history background check shall be confidential and shall not be a public record . . .	34-24-302(15)(b)	0
540-X-7-.39	Issuance of license to Practice as an Anesthesiologist Assistant	(1) The Board shall issue a license to practice as an anesthesiologist assistant when all requirements for licensure have been met.	34-24-293(f)(1) 34-24-297	0
540-X-7-.39	Issuance of license to Practice as an Anesthesiologist Assistant	(2) Every license issued shall be dated, shall be numbered in the order of issuance, and shall be signed by the chair of the Board or the chair’s designee.	34-24-293(f)(1) 34-24-297	0
540-X-7-.39	Issuance of license to Practice as an Anesthesiologist Assistant	(3) The size and design of the license shall be determined by the Board.	34-24-293(f)(1) 34-24-297	0
540-X-7-.40	License Fee – AA	(1) All applicants for a license to practice as an anesthesiologist assistant shall submit to the Board an application fee in the amount of \$200.00.	34-24-293(k) 34-24-297	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-7, Assistants to Physicians

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-7-.40	License Fee - AA	(2) The initial license fee in paragraph (1) shall be waived for any person who was certified as an anesthesiologist assistant on the effective date of these rules.	34-24-300	0
540-X-.41	License Renewal - AA	(1) A license to practice as an anesthesiologist assistant shall be renewed annually on or before January 1st of each year.	34-24-299	0
540-X-.41	License Renewal - AA	Application for annual renewal shall be received by the Board on or before December 31st	34-24-299	0
540-X-.41	License Renewal - AA	and shall be accompanied by a renewal fee in the amount of \$100.00	34-24-299	0
540-X-.41	License Renewal - AA	(2) The Board shall not renew the license to practice of any anesthesiologist assistant against whom an administrative fine has been assessed by the Board until such fine is paid in full.	34-24-305	0
540-X-.41	License Renewal - AA	In the event that the fine is subsequently reduced or set aside on judicial review as provided in the Alabama Administrative Procedure Act, the anesthesiologist assistant shall be entitled to a prompt refund of the amount of the fine, but shall not be entitled to interest thereon.	34-24-305	0
540-X-7-.42	Temporary License - AA	(3) Anesthesiologist assistants granted a temporary license will not be allowed to practice without direct, on-site physician supervision	34-24-301(b)	0
540-X-7-.42	Temporary License - AA	and will not be approved for additional duties in the Job Description	34-24-301(b)	0
540-X-7-.42	Temporary License - AA	(4) An anesthesiologist assistant who is granted a temporary license shall not practice or offer to practice unless he or she is registered by the Board to a licensed physician in accordance with these rules and applicable statutes.	34-24-301(d)	0
540-X-7-.42	Temporary License - AA	(5) There shall be no independent unsupervised practice by an anesthesiologist assistant who is granted a temporary license.	34-24-301(e)	0
540-X-7-.43	Grounds for Denial of License - AA	The commission by an anesthesiologist assistant of any act, offense or condition set forth in Rule 540-X-7-.44 shall be grounds, within the	34-24-302	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-7, Assistants to Physicians

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		discretion of the board, to deny an application for a license to practice as an anesthesiologist assistant		
540-X-7-.44	Denial of Application for License to Practice as an Anesthesiologist Assistant	(1) If, after examination of the application for a license to practice as an anesthesiologist assistant . . . the Board determines that there is probable cause to believe there exist grounds upon which the application for licensure may be denied, the Board shall take the following actions ((a) – (b))	34-24-302	0
540-X-7-.44	Denial of Application for License to Practice as an Anesthesiologist Assistant	(2) The failure to request a hearing within the time specified in the notice shall be deemed a waiver of such hearing.	34-24-302	0
540-X-7-.44	Denial of Application for License to Practice as an Anesthesiologist Assistant	(3) If requested by the anesthesiologist assistant, a hearing shall be set before the full Board of Medical Examiners on the application for licensure.	34-24-302	0
540-X-7-.44	Denial of Application for License to Practice as an Anesthesiologist Assistant	(4) In the event that a hearing is not requested, the Board shall take action to approve or deny the application for licensure.	34-24-302	0
540-X-7-.44	Denial of Application for License to Practice as an Anesthesiologist Assistant	(5) All hearings under this rule shall be conducted in accordance with the Alabama Administrative Procedure Act, §§41-22-1, et. seq., Code of Ala. 1975, and Chapter 6 of the Rules and Regulations of the Board of Medical Examiners.	34-24-302	0
540-X-7-.44	Denial of Application for License to Practice as an Anesthesiologist Assistant	A decision rendered by the Board at the conclusion of the hearing shall constitute final administrative action of the Board of Medical Examiners for the purposes of judicial review under §§41-22-20.	34-24-302	0
540-X-7-.44	Denial of Application for License to Practice as an Anesthesiologist Assistant	The anesthesiologist assistant applicant shall have the burden of demonstrating to the reasonable satisfaction of the Board that he or she	34-24-302	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-7, Assistants to Physicians

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		meets all qualifications and requirements for licensure as an anesthesiologist assistant.		
540-X-7-.45	Discipline of License – Anesthesiologist Assistant - Grounds	After notice and hearing, the Board, within its discretion, shall suspend, revoke, place on probation or otherwise discipline the license of an anesthesiologist assistant who is found guilty on the basis of substantial evidence of any of the following acts or offenses ((1) – (16))	34-24-293(h) 34-24-302	0
540-X-7-.47	Discipline of License – Anesthesiologist Assistant - Hearings	Before revoking, suspending, placing on probation, assessing administrative fines against, or otherwise disciplining the license of an anesthesiologist assistant on any of the grounds specified in Rule 540-X-7-.45, the Board shall conduct a hearing pursuant to the provisions of the Alabama Administrative Procedure Act, §§41-22-1, et seq., Code of Ala. 1975, and Chapter 6 of the Rules of the Board.	34-24-293(h) 34-24-302	0
540-X-7-.48	Registration – Anesthesiologist Assistant	Registration of an anesthesiologist assistant by the Board to perform medical services under the supervision of an anesthesiologist approved by the Board to supervise the assistant shall be accomplished in the following manner:	34-24-293(g) 34-24-303	0
540-X-7-.48	Registration – Anesthesiologist Assistant	(1) A completed application for registration in the form specified in Appendix E to Chapter 7 shall be submitted to the Board;	34-24-293(g) 34-24-303	0
540-X-7-.48	Registration – Anesthesiologist Assistant	(2) A registration fee in the amount of \$100.00 shall accompany the application;	34-24-293(g) 34-24-303	0
540-X-7-.48	Registration – Anesthesiologist Assistant	(3) A detailed job description in the form specified in Appendix F which sets forth the anticipated functions and activities of the anesthesiologist assistant and is signed by the anesthesiologist and the anesthesiologist assistant shall accompany the application.	34-24-293(g) 34-24-303	1
540-X-7-.48	Registration – Anesthesiologist Assistant	The job description shall list each practice site, including address and phone number, where the job description shall be utilized.	34-24-293(g) 34-24-303	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-7, Assistants to Physicians

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-7-.49	Qualification for Registration – Anesthesiologist Assistant	To qualify for registration as an anesthesiologist assistant an individual <u>must</u> meet the following requirements ((1) – (6))	34-24-293(g) 34-24-303	1
540-X-7-.50	Qualifications of the Supervising anesthesiologist – Anesthesiologist Assistants	The anesthesiologist to whom an anesthesiologist assistant is registered <u>shall</u> (1) Possess a current, unrestricted license to practice medicine in the State of Alabama and practice in the medical specialty of anesthesiology;	34-24-293(f) 34-24-303	1
		(2) On the date of the application, <u>have satisfied</u> one of the following experience requirements: (a) Practice medicine for at least three years, including any practice as a licensed physician while enrolled in an internship, residency, or fellowship; (b) Practice medicine as a licensed physician for at least one year, including any practice while enrolled in an internship, residency, or fellowship, and certified by the American Board of Anesthesiology (ABA) or by the American Osteopathic Board of Anesthesiology; or (c) Practice medicine as a licensed physician for at least one year, including any practice while enrolled in an internship, residency, or fellowship, and the registration’s practice site is limited solely to a general acute care hospital, a critical access hospital, or a specialized hospital licensed as such by the Alabama Department of Public Health.	34-24-293(f) 34-24-303	1
540-X-7-.51	Grounds for Denial of Registration – Anesthesiologist Assistant and Supervising Anesthesiologist	Grounds, within the discretion of the Board, to deny an application for registration as an anesthesiologist assistant <u>shall</u> be the following ((1) – (10))	34-24-293(g) 34-24-303	0
540-X-7-.52	Denial of Registration – Anesthesiologist Assistant	(1) If after examination of the application for registration . . . the Board determines that there is probable cause to believe there exist grounds	34-24-293(f) 34-24-303	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-7, Assistants to Physicians

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		upon which the application for registration may be denied, the Board shall take the following actions . . .		
540-X-7-.52	Denial of Registration – Anesthesiologist Assistant	(2) The failure to request a hearing within the time specified in the notice shall be deemed a waiver of such hearing.	34-24-293(f) 34-24-303	1
540-X-7-.52	Denial of Registration – Anesthesiologist Assistant	(3) If requested by the anesthesiologist or the anesthesiologist assistant, a hearing shall be set before the full Board of Medical Examiners on the application for registration.	34-24-293(f) 34-24-303	0
540-X-7-.52	Denial of Registration – Anesthesiologist Assistant	(4) In the event that a hearing is not requested, the Board shall take action to approve or deny the application for registration.	34-24-293(f) 34-24-303	0
540-X-7-.52	Denial of Registration – Anesthesiologist Assistant	(5) All hearings under this rule shall be conducted in accordance with the Alabama Administrative Procedure Act, §§41-22-1, et. seq., Code of Ala. 1975 and Chapter 6 of the Rules and Regulations of the Board of Medical Examiners.	34-24-293(f) 34-24-303	0
540-X-7-.52	Denial of Registration – Anesthesiologist Assistant	A decision rendered by the Board at the conclusion of the hearing shall constitute final administrative action of the Board of Medical Examiners for the purposes of judicial review under §§41-22-20.	34-24-293(f) 34-24-303	0
540-X-7-.52	Denial of Registration – Anesthesiologist Assistant	The anesthesiologist assistant applicant shall have the burden of demonstrating to the reasonable satisfaction of the Board that he or she meets all qualifications and requirements for registration as an anesthesiologist assistant.	34-24-293(f) 34-24-303	0
540-X-7-.52	Denial of Registration – Anesthesiologist Assistant	The anesthesiologist applying for registration of an anesthesiologist assistant shall have the burden of demonstrating to the reasonable satisfaction of the Board that he or she meets all the requirements of these regulations.	34-24-293(f) 34-24-303	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-7, Assistants to Physicians

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-7-.53	Termination of Registration – Voluntary- AA	When for any reason an anesthesiologist assistant <u>shall</u> discontinue his or her employment with the employer designated in the application for registration, then registration of such anesthesiologist assistant to the supervising anesthesiologist designated in the application <u>is</u> automatically terminated.	34-24-303	0
540-X-7-.53	Termination of Registration – Voluntary- AA	The anesthesiologist assistant or the anesthesiologist <u>shall</u> inform the Board in writing of the effective date of the termination of employment and the reasons for such termination.	34-24-303	1
540-X-7-.54	Interim Approval – Anesthesiologist Assistant	The interim approval <u>shall</u> remain in force until the application for registration has been approved, denied, or withdrawn.	34-24-303	0
540-X-7-.55	Anesthesiologist Assistants Not employed by Supervising Anesthesiologist/ Anesthesiologist Not in Full Time Practice	(1) Under the [following] circumstances . . . the applicant <u>shall</u> have the burden of satisfying the Board that there exists the supervisory relationship between the anesthesiologist and the anesthesiologist assistant contemplated by these rules	34-24-292(b) 34-24-303	1
540-X-7-.55	Anesthesiologist Assistants Not employed by Supervising Anesthesiologist/ Anesthesiologist Not in Full Time Practice	(2) Factors to be used by the Board in determining the nature of the relationship <u>shall</u> include but are not limited to the following: ((a) – (e))	34-24-292(b) 34-24-303	0
540-X-7-.56	Requirements for Supervised Practice – AA	(1) Anesthesiologist supervision <u>requires</u> , at all times, a direct, continuing and close supervisory relationship between an anesthesiologist assistant and the supervising anesthesiologist to whom the assistant is registered or an anesthesiologist who is acting in a Board-approved supervisory role to the anesthesiologist assistant.	34-24-290(6)	0
540-X-7-.56	Requirements for Supervised Practice – AA	(2) Supervision <u>does not</u> , necessarily, <u>require</u> the constant physical presence of the supervising anesthesiologist or an anesthesiologist who is acting in a Board-approved supervisory role to the anesthesiologist	34-24-290(6)	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-7, Assistants to Physicians

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		assistant; however, the anesthesiologist <u>must</u> remain readily available in the facility.		
540-X-7-.56	Requirements for Supervised Practice – AA	(3) Except in life-threatening situations, the supervising anesthesiologist <u>shall</u> be readily available for personal supervision	34-24-293(f) 34-24-303	1
540-X-7-.56	Requirements for Supervised Practice – AA	and <u>shall</u> be responsible for pre-operative, intra-operative and post-operative care.	34-24-293(f) 34-24-303	1
540-X-7-.56	Requirements for Supervised Practice – AA	(4) The supervising anesthesiologist <u>shall</u> insure that, with respect to each patient, all activities, functions, services and treatment measures are immediately and properly documented in written form by the anesthesiologist assistant.	34-24-293(f) 34-24-303	1
540-X-7-.56	Requirements for Supervised Practice – AA	All written entries <u>shall</u> be reviewed, countersigned, and dated by the supervising anesthesiologist.	34-24-293(f) 34-24-303	1
540-X-7-.56	Requirements for Supervised Practice – AA	(5) All of the above is to emphasize that there <u>shall</u> be no independent, unsupervised practice by anesthesiologist assistants.	34-24-293(f) 34-24-295	0
540-X-7-.56	Requirements for Supervised Practice – AA	(7) In the event of a national emergency . . . natural disaster or state emergency duly declared by the Governor, an anesthesiologist assistant may provide emergency medical without immediate physician supervision or direction . . . The anesthesiologist assistant in such circumstance <u>shall</u> make reasonable efforts to inform his supervising physician of the location and type of emergency medical services being provided.	34-24-293(m)	1
540-X-7-.56	Requirements for Supervised Practice – AA	and <u>shall</u> act in conformance with the direction of local medical supervisors.	34-24-293(m)	1
540-X-7-.56	Requirements for Supervised Practice – AA	The authority granted under this paragraph <u>shall</u> extend only for the duration of the declared national emergency or state emergency or natural disaster.	34-24-293(m)	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-7, Assistants to Physicians

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-7-.57	Covering Anesthesiologists for Anesthesiologist Assistants	(1) When the primary supervising anesthesiologist is off duty, out of town, not on call, or not immediately available to respond to patients' medical needs, the anesthesiologist assistant is not authorized to perform any act or render any treatments unless another qualified anesthesiologist . . . is immediately available to supervise the anesthesiologist assistant and has previously filed with the Board a letter stating that he or she assumes all responsibility for the actions of the anesthesiologist assistant during the temporary absence of the primary supervising anesthesiologist.	34-24-293(m) 34-24-303	1
540-X-7-.57	Covering Anesthesiologists for Anesthesiologist Assistants	(2) The covering anesthesiologist providing the supervision shall also affirm in the letter that he or she is familiar with the current rules regarding anesthesiologist assistants and the job description filed by the primary supervising anesthesiologist and the anesthesiologist assistant and that he or she is accountable for adequately supervising the medical care rendered pursuant to the job description.	34-24-293(m) 34-24-303	1
540-X-7-.57	Covering Anesthesiologists for Anesthesiologist Assistants	The covering anesthesiologist must meet the same qualifications as the supervising anesthesiologist as established in this Chapter.	34-24-293(m) 34-24-303	1
540-X-7-.57	Covering Anesthesiologists for Anesthesiologist Assistants	(3) The supervising anesthesiologist shall certify to the Board of Medical Examiners at least annually that any approved covering anesthesiologist continues to agree to serve in that capacity.	34-24-293(m) 34-24-303	1
540-X-7-.57	Covering Anesthesiologists for Anesthesiologist Assistants	and shall inform the Board of Medical Examiners of the termination of a covering anesthesiologist within ten (10) days of the termination.	34-24-293(m) 34-24-303	1
540-X-7-.58	Functions and Activities of an Anesthesiologist Assistant	(1) There shall be a direct, continuing and close supervisory relationship between the anesthesiologist assistant and the anesthesiologist to whom the assistant is registered.	34-24-290(6)	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-7, Assistants to Physicians

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-7-.58	Functions and Activities of an Anesthesiologist Assistant	The supervising anesthesiologist <u>shall</u> , at all times, be responsible for the activities of the anesthesiologist assistant.	34-24-292(b)	1
540-X-7-.58	Functions and Activities of an Anesthesiologist Assistant	(2) The anesthesiologist assistant <u>shall</u> provide medical services within the education, training, and experience of the anesthesiologist assistant that are delegated by the supervising anesthesiologist. These services include, but are not limited to ((a) - h))	34-24-290(2) 34-24-292(a)	1
540-X-7-.58	Functions and Activities of an Anesthesiologist Assistant	(3) The job description in the form specified in Appendix F to Chapter 7 is approved by the Board as a model job description which <u>shall</u> be acceptable to the Board if submitted by a qualified applicant for registration in compliance with Rule 540-X-7-.48	34-24-290(6)	0
540-X-7-.58	Functions and Activities of an Anesthesiologist Assistant	(4) An anesthesiologist assistant <u>is prohibited</u> from performing any medical service, procedure, function, or activity which is not listed in the job description approved by the Board.	34-24-290(6)	0
540-X-7-.58	Functions and Activities of an Anesthesiologist Assistant	(5) Requests for changes in the job description of the assistant, including addition of specialized duties and tasks, <u>shall</u> be submitted, in writing, by the supervising anesthesiologist to the Board for prior approval.	34-24-290(6)	1
540-X-7-.58	Functions and Activities of an Anesthesiologist Assistant	(6) Should the supervising anesthesiologist contemplate a request for additional duties for the assistant for addition to the assistant's Job Description, a written request <u>shall</u> be submitted to and approved by the Board prior to any additional duty or procedure being performed by the assistant.	34-24-290(6)	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-7, Assistants to Physicians

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-7-.58	Functions and Activities of an Anesthesiologist Assistant	(7) When any addition of a duty or procedure to the assistant's Job Description is contemplated, a written request for training of the assistant in the duty or procedure <u>shall</u> be submitted to and approved by the Board prior to the assistant actually receiving any training in the duty or procedure.	34-24-290(6)	1
540-X-7-.59	Limitations upon Utilization of Anesthesiologist Assistants	(1) An anesthesiologist <u>may have</u> registered to him or her <u>not more</u> than four (4) anesthesiologist assistants.	34-24-292	1
540-X-7-.59	Limitations upon Utilization of Anesthesiologist Assistants	(2) ...The number of supervising anesthesiologists to whom an anesthesiologist assistant may be registered <u>shall</u> be restricted by the Board if the Board, in its discretion, determines that such restriction is appropriate to maintain the quality of medical services being provided or to otherwise protect the public health, safety and welfare.	34-24-292	1
540-X-7-.59	Limitations upon Utilization of Anesthesiologist Assistants	(3) An anesthesiologist <u>shall</u> disclose to the Board of Medical Examiners the existence of all collaborative and supervisory agreements to which the physician is party . . .	34-24-292	1
540-X-7-.59	Limitations upon Utilization of Anesthesiologist Assistants	and <u>shall not</u> be eligible to collaborate with or supervise any combination of certified registered nurse practitioners, certified nurse midwives, and/or assistants to physicians exceeding three hundred and sixty (360) hours per week (nine full-time equivalent positions), inclusive of collaborative and supervisory agreements existing in other states.	34-24-292	1
540-X-7-.59	Limitations upon Utilization of Anesthesiologist Assistants	Agreements with an individual certified registered nurse practitioner, certified nurse midwife, and/or assistant to physician in multiple states <u>shall</u> only be counted once for purposes of calculating the total number of full-time equivalent positions.	34-24-292	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-7, Assistants to Physicians

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-7-.60	Prohibited Activities and Functions – Anesthesiologist Assistants	Any medical service, procedure, activity or function not specifically enumerated in the job description approved by the Board <u>is prohibited</u> .	34-24-293(g) 34-24-303	1
540-X-7-.62	Continuing Medical Education – Anesthesiologist Assistant	(1)(a) Every anesthesiologist assistant licensed by the Board <u>must</u> earn or accrue in each calendar year not less than twenty-five (25) hours of AMA PRA Category 1 Credits™ . . . unless he or she is exempt	34-24-291(c)	1
540-X-7-.62	Continuing Medical Education – Anesthesiologist Assistant	(2) For the purposes of this chapter, AMA PRA Category 1 Credit™ continuing medical education <u>shall</u> mean those programs of continuing medical education designated as AMA PRA Category 1 Credit™	34-24-291(c)	0
540-X-7-.62	Continuing Medical Education – Anesthesiologist Assistant	(3) The following courses and continuing medical education courses <u>shall</u> be deemed, for the purposes of this Chapter, to be the equivalent of AMA PRA Category 1 Credit™ continuing medical education ((a) – (f))	34-24-291(c)	0
540-X-7-.62	Continuing Medical Education – Anesthesiologist Assistant	(4) Every anesthesiologist assistant subject to the minimum continuing medical education requirement established in these rules <u>shall</u> maintain records of attendance or certificates of completion demonstrating compliance with the minimum continuing medical education requirement.	34-24-291(c)	1
540-X-7-.62	Continuing Medical Education – Anesthesiologist Assistant	Documentation adequate to demonstrate compliance with the minimum continuing medical education requirements of these rules <u>shall</u> 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.	34-24-291(c)	0
540-X-7-.62	Continuing Medical Education – Anesthesiologist Assistant	The records <u>shall</u> be maintained by the anesthesiologist assistant for a period of three (3) years following the year in which the continuing	34-24-291(c)	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-7, Assistants to Physicians

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		medical education credits were earned and shall be subject to examination by representatives of the State Board of Medical Examiners upon request.		
540-X-7-.62	Continuing Medical Education – Anesthesiologist Assistant	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.	34-24-291(c)	1
540-X-7-.62	Continuing Medical Education – Anesthesiologist Assistant	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....	34-24-291(c)	0
540-X-7-.62	Continuing Medical Education – Anesthesiologist Assistant	(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.	34-24-291(c)	1
540-X-7-.62	Continuing Medical Education – Anesthesiologist Assistant	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.	34-24-291(c)	0
540-X-7-.62	Continuing Medical Education – Anesthesiologist Assistant	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.	34-24-291(c)	0
540-X-7-.62	Continuing Medical Education – Anesthesiologist Assistant	(6) ... If a [continuing medical education] waiver is granted, the anesthesiologist assistant shall be exempt from the continuing medical	34-24-291(c)	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-7, Assistants to Physicians

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		education requirement for the calendar year in which the illness, disability or other hardship condition existed.		
540-X-7-.62	Continuing Medical Education – Anesthesiologist Assistant	(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.	34-24-291(c)	0
540-X-7-.62	Continuing Medical Education – Anesthesiologist Assistant	(8) An 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.	34-24-291(c)	0
540-X-7-.63	Forms Requiring an Anesthesiologist’s Signature – Anesthesiologist Assistant	(2) Anesthesiologist assistants are prohibited from signing prescriptions for controlled substances.	34-24-293(f) 34-24-303	1
540-X-7-.64	Grounds for Termination of Registration – Involuntary – Anesthesiologist Assistant	The commission by an anesthesiologist assistant or anesthesiologist of any act, offense or condition set forth in Rule 540-X-7-.45 or Rule 540-X-7-.51 shall be grounds, within the discretion of the Board, to terminate the registration of an anesthesiologist assistant to perform medical services under the supervision of an anesthesiologist.	34-24-293(h) 34-24-302	0
540-X-7-.65	Termination of Registration – Involuntary – Anesthesiologist Assistant - Hearings	Before terminating the registration of an anesthesiologist assistant on any of the grounds specified in Rule 540-X-7-.64, the Board shall conduct a hearing under the provisions of the Alabama Administrative Procedure Act, §§341-22-1, et. seq., Code of Ala. 1975, and Chapter 6 of the Rules of the Board.	34-24-302	0
540-X-7-.66	Investigations – Anesthesiologist Assistant	(2) The fingerprints shall be submitted to the Alabama Bureau of Investigation (ABI), which is responsible for forwarding the fingerprints to the Federal Bureau of Investigation (FBI) for a national criminal history record check.	34-24-302(15)(b)	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-7, Assistants to Physicians

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-7-.66	Investigations – Anesthesiologist Assistant	(3) Information received by the Board pursuant to a criminal history background check shall be confidential and shall not be a public record, except that such information received and relied upon in an investigation by the Board may be disclosed to the anesthesiologist assistant.	34-24-302(15)(b)	0
540-X-7-.67	Examinations/Evaluations – Anesthesiologist Assistant	The expense of such examination shall be borne by the anesthesiologist assistant who is so examined.	34-24-302(15)(f)	0
540-X-7-.67	Examinations/Evaluations – Anesthesiologist Assistant	(2) Every anesthesiologist assistant licensed to practice as an anesthesiologist assistant in the state of Alabama who accepts the privilege of practicing by actually practicing or by the making and filing of an annual registration to practice shall be deemed to have given consent to submit to a mental, physical or laboratory examination....	34-24-302(15)(d)	0
540-X-7-.67	Examinations/Evaluations – Anesthesiologist Assistant	(3)... Any and all expenses incurred in the furnishing of the reports, records, or documents which are the subject of an order issued by the Board shall be borne by the anesthesiologist assistant who is the subject of the order.	34-24-302(15)(e)	0
540-X-7-.67	Examinations/Evaluations – Anesthesiologist Assistant	(4) Failure or refusal by the anesthesiologist assistant to comply with an order of the Board directing the execution and delivery to the Board of an authorization and release form as provided in paragraph (3) herein shall constitute grounds for the summary suspension of the anesthesiologist assistant's license to practice.	34-24-302(15)(f)	0
540-X-7-.67	Examinations/Evaluations – Anesthesiologist Assistant	The suspension shall continue in effect until such time as the anesthesiologist assistant complies with the order of the Board or the order is withdrawn by the Board.	34-24-302(15)(f)	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-7, Assistants to Physicians

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-7-.67	Examinations/Evaluations – Anesthesiologist Assistant	(5) All reports, records, and documents released to the Board under the provisions of paragraph (3) herein are privileged and confidential and shall not be public records nor available for court subpoena or for discovery proceedings....	34-24-302(15)(g)	0
540-X-7-.68	Voluntary Surrender, Voluntary Restrictions, Reinstatements - AA	(2) Removal of a voluntary restriction on the license shall be done only by order of the Board.	34-24-306(a)	0
540-X-7-.68	Voluntary Surrender, Voluntary Restrictions, Reinstatements - AA	(3) If the Board accepts the surrender of a license, any current registration of the anesthesiologist assistant shall be automatically terminated, and the anesthesiologist assistant shall not be authorized to practice within the state of Alabama.	34-24-306(a)	0
540-X-7-.68	Voluntary Surrender, Voluntary Restrictions, Reinstatements - AA	A request as described above which is filed with the Board more than 24 months following the effective date of the restriction, revocation or surrender may be granted or may be set for a hearing before the Board, and such hearing shall be conducted as a contested case under the Alabama Administrative Procedure Act.	34-24-306(c)	0
540-X-7-.68	Voluntary Surrender, Voluntary Restrictions, Reinstatements - AA	(5) The Board shall be without jurisdiction to reinstate a revoked or voluntarily surrendered license if the request for reinstatement is received by the Board more than five years after the effective date of the revocation or surrender.	34-24-306(c)	0
540-X-7-.69	Expedited License for Military Members and Spouses	(4) An assistant to physician must satisfy the requirements of paragraph (2) by providing one of the following: ((a)- (d))	34-24-301	0
540-X-7-.69	Expedited License for Military Members and Spouses	(6) An assistant to physician who is issued a temporary license under this rule shall apply for a license to practice as an assistant to physician under this chapter within 12 months after the issuance of a temporary license.	34-24-301	0
540-X-7-.69	Expedited License for Military Members and Spouses	(a) A temporary license issued under these rules shall expire 12 months after the date of issuance if an application for a license to	34-24-301	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-7, Assistants to Physicians

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		practice as an assistant to physician pursuant to this chapter is not received by the board.		
540-X-7-.69	Expedited License for Military Members and Spouses	(c) Applicants for a temporary license under this rule <u>shall not</u> be required to pay the initial application fee.	34-24-301	0
540-X-7-.69	Expedited License for Military Members and Spouses	(e) The temporary license <u>shall</u> clearly indicate that it is a temporary license for military service members or their spouses.	34-24-301	0
540-X-7-.69	Expedited License for Military Members and Spouses	(f) Any assistant to physician issued a temporary license under this rule <u>shall</u> be subject to having his or her license suspended or revoked by the board for the same causes or reasons, and in the same manner, as provided by law and these rules for other assistants to physician licensed pursuant to this chapter.	34-24-301	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-8, Advanced Practice Nurses: Collaborative Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-8-.01	Definitions	The following definitions <u>will</u> apply to these rules:	34-21-83	0
540-X-8-.01(5)	Definitions	The term collaboration <u>does not require</u> direct, on-site supervision of the activities of a certified registered nurse practitioner or a certified nurse midwife by the collaborating physician.	34-21-81	0
540-X-8-.01(5)	Definitions	The term <u>does require</u> such medical oversight and direction as required by the rules and regulations of the Board of Nursing and the State Board of Medical Examiners.	34-21-81	0
540-X-8-.01(15)	Definitions	The covering physician <u>shall</u> be either a member of the same medical practice, practice group, or multidisciplinary medical team, or of the same or similar practice specialty as the collaborating physician and <u>shall</u> abide by the rules and regulations adopted by the Board of Nursing and the Board of Medical Examiners.	34-21-87	1
540-X-8-.02	Terms and Functions of the Joint Committee	(1) The registered nurse members of the Joint Committee <u>shall</u> be appointed to three year terms by the Board of Nursing in accordance with Code of Ala. 1975, §§34-21-80 et. seq.	34-21-87	0
540-X-8-.02	Terms and Functions of the Joint Committee	(2) The physician members of the Joint committee <u>shall</u> be appointed to three year terms by the Board of Medical Examiners in accordance with Code of Ala. 1975, Section 34-24-80, et. Seq.	34-21-87	0
540-X-8-.02	Terms and Functions of the Joint Committee	(3) Terms of Joint Committee members <u>shall</u> begin October 1.	34-21-87	0
540-X-8-.02	Terms and Functions of the Joint Committee	(5) There <u>shall</u> be a minimum of four Joint Committee members with two representatives from each appointing Board present at a meeting to constitute a quorum for voting.	34-21-87	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-8, Advanced Practice Nurses: Collaborative Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-8-.02	Terms and Functions of the Joint Committee	(6) The Joint Committee shall have the authority to perform the following functions ((a) – (d))	34-21-87	0
540-X-8-.03	Qualifications for Approval to Practice as a CRNP	(1) The applicant for approval to practice as a certified registered nurse practitioner shall have ((a) – (e))	34-21-84	0 (These requirements are established by the Board of Nursing)
540-X-8-.04	Qualifications for Physicians in Collaborative Practice with CRNPs	(1) The physician in collaborative practice with a certified registered nurse practitioner shall : (a) Possess a current, unrestricted license to practice medicine in the State of Alabama; (b) Have satisfied one of the following experience requirements: (1. – 3.) (c) Effective January 1, 2024, have obtained continuing medical education prescribed by the Board of Medical Examiners regarding the rules and statutes governing collaborative practice in Alabama, not more than forty-eight (48) months prior to or within twelve (12) months of commencement of the collaborative practice; and (d) Have paid all collaborative practice fees due to the Board of Medical Examiners	34-21-83	4
540-X-8-.04	Qualifications for Physicians in Collaborative Practice with CRNPs	and submitted to the Board of Medical Examiners a Commencement of Collaborative Practice form. In the event no application is received from the Alabama Board of Nursing within six (6) months of submission, the submitted form will be withdrawn by the Board. The fee submitted with the Commencement of Collaborative Practice form is non-refundable and non-transferable.	34-21-83	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-8, Advanced Practice Nurses: Collaborative Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-8-.04	Qualifications for Physicians in Collaborative Practice with CRNPs	(3) A physician entering into a collaborative practice arrangement with a certified registered nurse practitioner . . . shall notify the State Board of Medical Examiners in writing of the date for commencement of the collaborative practice agreement using the “Commencement of Collaborative Practice” form.	34-21-83	1
540-X-8-.04	Qualifications for Physicians in Collaborative Practice with CRNPs	The Collaborative Practice Fee must accompany the “Commencement of Collaborative Practice” form.	34-21-83	1
540-X-8-.04	Qualifications for Physicians in Collaborative Practice with CRNPs	(4) A physician in a collaborative practice which is voluntarily terminated by either party is responsible for notifying the Board of the date on which the collaborative practice agreement terminates. Notification to the Board of Medical Examiners by the Alabama Board of Nursing that a Certified Registered Nurse Practitioner has voluntarily terminated a collaborative practice agreement will meet the notification requirement and will result in termination of the physician’s approval to practice under the collaborative practice agreement.	34-21-83	1
540-X-8-.04	Qualifications for Physicians in Collaborative Practice with CRNPs	(6) Effective January 1, 2024, all collaborating physicians shall obtain continuing medical education prescribed by the Board of Medical Examiners regarding the rules and statutes governing collaborative practice in Alabama every forty-eight months (48) following commencement of the collaborative practice.	34-21-83	1
540-X-8-.05	Application and Approval to Practice as a CRNP	(1) The applicant for approval to practice as a certified registered nurse practitioner shall submit to the Nursing Board: ((a) – (c))	34-21-84 34-21-85	0 (These requirements are established by the Board of Nursing)

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-8, Advanced Practice Nurses: Collaborative Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-8-.05.1	Reinstatement of Lapsed Approval for Practice as a CRNP	(2) In case of an Alabama-licensed advanced practice nurse, if the reinstatement of a lapsed approval for advanced practice occurs during the renewal period for registered nurses, the expiration of the advanced practice approval license shall be the expiration date of the next RN license period or the expiration date of the licensee's national certification as a certified registered nurse practitioner, whichever occurs first.	34-21-84 34-21-85	0
540-X-8-.06	Authorization for Practice as a CRNP	(2) Use of the designation "CRNP" or of any titles that imply that they are certified registered nurse practitioners shall be restricted to those registered nurses who: ((a) – (e))	34-21-84 34-21-85	0 (These Requirements are established by the Board of Nursing)
540-X-8-.06	Authorization for Practice as a CRNP	(3)(a) The certified registered nurse practitioner and the physician shall each inform their respective board in writing of the effective date of the termination of the collaborative practice agreement and the reasons for such termination.	34-21-84 34-21-85	0 (These Requirements are established by the Board of Nursing)
540-X-8-.06	Authorization for Practice as a CRNP	(b) The certified registered nurse practitioner shall notify the Board of Nursing using the on-line form "Terminate an Existing Collaboration."	34-21-84 34-21-85	0 (These Requirements are established by the Board of Nursing)
540-X-8-.06	Authorization for Practice as a CRNP	(c) A certified registered nurse practitioner in a collaborative practice which is voluntarily terminated by either part is responsible for notifying the Board of Nursing of the date on which the collaborative practice agreement terminates.	34-21-84 34-21-85	0 (These Requirements are established by the Board of Nursing)
540-X-8-.06	Authorization for Practice as a CRNP	Notification to the Board of Nursing by the Alabama Board of Medical Examiners that a physician has voluntarily terminated a collaborative practice agreement will meet the notification requirement and will result in termination of the certified registered nurse practitioner's approval to practice under the collaborative practice agreement.	34-21-84 34-21-85	0 (These Requirements are established by the Board of Nursing)

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-8, Advanced Practice Nurses: Collaborative Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-8-.06	Authorization for Practice as a CRNP	(4) The advanced practice approval <u>shall</u> expire prior to the RN license if the nurse practitioner national specialty certification expires during the license period.	34-21-84 34-21-85	0 (These Requirements are established by the Board of Nursing)
540-X-8-.06	Authorization for Practice as a CRNP	(6) Failure to meet the requirements for renewal <u>shall</u> result in lapse of the advanced practice approval.	34-21-84 34-21-85	0 (These Requirements are established by the Board of Nursing)
540-X-8-.06	Authorization for Practice as a CRNP	(7) A nurse who fails to attain or maintain specialty certification as a nurse practitioner from a specialty certification agency <u>shall</u> : (a) Immediately notify the Board of Nursing. (b) Not practice as or use the title of certified registered nurse practitioner until approved by the Board of Nursing.	34-21-84 34-21-85	0 (These Requirements are established by the Board of Nursing)
540-X-8-.07	Temporary Approval to Practice as a CRNP	(1)(a) The applicant <u>shall</u> meet the requirements of Rules 540-X-8-.03 and 540-X-8-.05.	34-21-84 34-21-85	0 (These Requirements are established by the Board of Nursing)
540-X-8-.07	Temporary Approval to Practice as a CRNP	(b) The collaborating physician <u>shall</u> meet the qualifications established in Rule 540-X-8-.04.	34-21-84 34-21-85	0 (These Requirements are established by the Board of Nursing)
540-X-8-.07	Temporary Approval to Practice as a CRNP	(4) The temporary approval <u>shall</u> remain in force until the application has been approved, denied, or withdrawn.	34-21-84 34-21-85	0 (These Requirements are established by the Board of Nursing)

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-8, Advanced Practice Nurses: Collaborative Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-8-.08	Requirements for Collaborative Practice by Physicians and CRNPs	(1) The collaborating physician shall : (a) Provide professional medical oversight and direction to the certified registered nurse practitioner. (b) Be readily available for direct communication or by telephone or telecommunications. (c) Be readily available for consultation or referrals of patients from the certified registered nurse practitioner. (d) Be readily available at each remote practice site.	34-21-81(5) 34-21-83 34-21-85	3
540-X-8-.08	Requirements for Collaborative Practice by Physicians and CRNPs	(2) In the event the collaborating physician is not readily available, provisions shall be made for professional medical oversight and direction by a covering physician who is readily available, who is pre-approved by the Board of Medical Examiners, and who is familiar with these rules.	34-21-87 34-21-83 34-21-85	0
540-X-8-.08	Requirements for Collaborative Practice by Physicians and CRNPs	The collaborating physician shall certify to the Board of Medical Examiners at least annually that any approved covering physician continues to agree to serve in that capacity	34-21-83 34-21-85	1
540-X-8-.08	Requirements for Collaborative Practice by Physicians and CRNPs	and shall inform the Board of Medical Examiners of the termination of a covering physician within ten (10) days of the termination.	34-21-83 34-21-85	1
540-X-8-.08	Requirements for Collaborative Practice by Physicians and CRNPs	(5) The collaborating physician shall : ... (b) Be present for not less than ten percent (10%) of the CRNP's scheduled hours in an approved practice site with a CRNP who has less than two (2) years (4,000 hours) of collaborative practice experience: 1. Since initial certification; or 2. In the collaborating physician's practice specialty.	34-21-83 34-21-85	7

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-8, Advanced Practice Nurses: Collaborative Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(c) Maintain documentation of the CRNP's two (2) years (4,000 hours) of collaborative practice experience for the duration of the collaborative practice and for three (3) years following the termination of the collaborative practice agreement.</p> <p>(d) Visit remote practice sites no less than twice annually.</p> <p>(e) Meet no less than quarterly with the CRNP who has more than two (2) years (4,000 hours) of collaborative practice experience.</p> <p>(f) Complete quarterly quality assurance with each CRNP.</p> <p>Documentation of any quality assurance review required by this chapter shall be maintained by the collaborating physician for the duration of the collaborative practice and for three years following the termination of the collaborative practice agreement.</p> <p>(g) Allow a pre-approved covering physician to be present in lieu of the collaborating physician.</p>		
540-X-8-.08	Requirements for Collaborative Practice by Physicians and CRNPs	(6) The collaborating physician shall provide notice in writing to the State Board of Medical Examiners of the commencement or termination of a collaborative practice agreement as required by Rule 540-X-8-.04.	34-21-83 34-21-85	1
540-X-8-.08	Requirements for Collaborative Practice by Physicians and CRNPs	<p>(8) A written standard protocol specific to the specialty practice area of the certified registered nurse practitioner and the specialty practice area of the collaborating physician, approved and signed by both the collaborating physician and the certified registered nurse practitioner shall:</p> <p>(a) Identify all sites where the certified registered nurse practitioner will practice within the collaboration protocol.</p> <p>(b) Identify the physician's principal practice site.</p> <p>(c) Be maintained at each practice site and be on file with the Board of Nursing and Board of Medical Examiners.</p>	34-21-81 34-21-83 34-21-85 34-21-87	7

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-8, Advanced Practice Nurses: Collaborative Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		(d) Include a formulary of drugs, devices, medical treatments, tests and procedures that may be prescribed, ordered, and implemented by the certified registered nurse practitioner consistent with these rules and which are appropriate for the collaborative practice setting. (e) Include a pre-determined plan for emergency services. (f) Specify the process by which the certified registered nurse practitioner shall refer a patient to a physician other than the collaborating physician. (g) Specify a plan for quality assurance management with defined quality outcome measures for evaluation of the clinical practice of the certified registered nurse practitioner and include review of a meaningful sample of medical records plus all adverse outcomes....		
540-X-8-.08	Requirements for Collaborative Practice by Physicians and CRNPs	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.	34-21-81 34-21-83 34-21-85 34-21-87	1
540-X-8-.08	Requirements for Collaborative Practice by Physicians and CRNPs	The certified registered nurse practitioner shall maintain a copy of the plan for quality assurance, in a form prescribed by the Board of Nursing, on file with the Board of Nursing.	34-21-81 34-21-83 34-21-85 34-21-87	1
540-X-8-.08	Requirements for Collaborative Practice by Physicians and CRNPs	The collaborating physician shall maintain an updated copy of the plan for quality assurance on file with the Board of Medical Examiners.	34-21-81 34-21-83 34-21-85 34-21-87	1
540-X-8-.08	Requirements for Collaborative Practice by Physicians and CRNPs	(9) The physician shall maintain independent medical judgment related to the practice of medicine at all times, irrespective of employment structure or business model.	34-21-81 34-21-83 34-21-85 34-21-87	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-8, Advanced Practice Nurses: Collaborative Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-8-.08	Requirements for Collaborative Practice by Physicians and CRNPs	(10) Irrespective of the location of the principal practice site and any remote site(s) of the collaboration, all services provided to patients and actions incident to services provided to patients of the collaborative practice shall be deemed to have occurred in the state where the patient is located at the time of service or action incident to the service.	34-21-81 34-21-83 34-21-85 34-21-87	1
540-X-8-.08	Requirements for Collaborative Practice by Physicians and CRNPs	The collaborating physician, covering physician, and certified registered nurse practitioner shall comply with all applicable Alabama laws, rules, and regulations pertaining to services and actions incident to services provided to Alabama patients of the collaborative practice.	34-21-81 34-21-83 34-21-85 34-21-87	1
540-X-8-.08	Requirements for Collaborative Practice by Physicians and CRNPs	The collaborating physician shall maintain all documentation required pursuant to this chapter for the duration of the collaborative practice and for three years following the termination of the collaborative practice agreement.	34-21-81 34-21-83 34-21-85 34-21-87	1
540-X-8-.09	Standards of Practice for CRNPs	The certified registered nurse practitioner shall practice in accordance with national standards and functions identified by the appropriate specialty-certifying agency as recognized by the Board of Nursing and as congruent with Alabama law.	34-21-84 34-21-85	0 (This requirement is established by the Board of Nursing)
540-X-8-.11	Prescriptions and Medication Orders by CRNPs	(2)(a) The drug shall be included in the formulary recommended by the Joint Committee and adopted by the Board of Nursing and the State Board of Medical Examiners.	34-21-86	0
540-X-8-.11	Prescriptions and Medication Orders by CRNPs	(b) The drug type, dosage, quantity prescribed, and number of refills shall be authorized in an approved protocol signed by the collaborating physician and the certified registered nurse practitioner.	34-21-86	0
540-X-8-.11	Prescriptions and Medication Orders by CRNPs	(3) A certified registered nurse practitioner may not initiate a call-in prescription in the name of a collaborating physician for any drug, whether legend or controlled substance, which the certified registered nurse practitioner is not	34-21-86	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-8, Advanced Practice Nurses: Collaborative Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		authorized to prescribe under the protocol signed by the collaborating physician and certified registered nurse practitioner and approved under this section unless the drug is specifically ordered for the patient by the physician, either in writing or by a verbal order which has been transcribed in writing, and which has been signed by the physician within seven working days		
540-X-8-.11	Prescriptions and Medication Orders by CRNPs	(5) The certified registered nurse practitioner in collaborative practice with prescriptive privileges <u>shall not</u> engage in prescribing for: (a) Self. (b) Immediate family members. (c) Individuals who are not patients of the practice, except in cases, where a certified registered nurse practitioner is prescribing for the sexual partner(s) of a patient in accordance with an Expedited Partner Therapy (EPT) protocol for the prevention of transmission and spread of sexually transmitted disease(s).	34-21-86	1
540-X-8-.11	Prescriptions and Medication Orders by CRNPs	(7) When prescribing legend drugs a certified registered nurse practitioner <u>shall</u> use a prescription form which includes all of the following: ((a) – (g))	34-21-86	1
540-X-8-.12	Limitations Upon Utilization of CRNPs	(1)...The physician <u>shall not</u> collaborate with or supervise any combination of certified registered nurse practitioners, certified nurse midwives and/or assistants to physicians exceeding three hundred and sixty (360) hours per week (nine full-time equivalent positions).	34-21-87	1
540-X-8-.12	Limitations Upon Utilization of CRNPs	(a) A physician collaborating with more than four FTEs per week <u>shall</u> engage in documented quality assurance review with each CRNP every month for six (6) months following the commencement of a collaborative practice with a new CRNP.	34-21-87	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-8, Advanced Practice Nurses: Collaborative Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-8-.12	Limitations Upon Utilization of CRNPs	(b) A physician <u>shall</u> disclose to the Board of Medical Examiners the existence of all collaborative and supervisory agreements to which the physician is a party, including collaborative and supervisory agreements in other states	34-21-87	1
540-X-8-.12	Limitations Upon Utilization of CRNPs	and <u>shall not</u> be eligible to collaborate with or supervise any combination of certified registered nurse practitioners, certified nurse midwives and/or assistants to physicians exceeding three hundred and sixty (360) hours per week (nine full-time equivalent positions), inclusive of collaborative and supervisory agreements existing in other states.	34-21-87	1
540-X-8-.12	Limitations Upon Utilization of CRNPs	Agreements with an individual certified registered nurse practitioner, certified nurse midwife, and/or assistant to physician in multiple states <u>shall</u> only be counted once for purposes of calculating the total number of full-time equivalent Positions.	34-21-87	0
540-X-.13	Grounds for Denial/Withdrawal of Approval of the CRNP and Collaborating Physician	(1) The commission by a certified registered nurse practitioner of any act, offense, or condition set forth in Code of Ala. 1975, §34-21-25 and/or Board of Nursing Administrative Code Rule 610-X-8 and/or the commission by the collaborating physician of any act, offense or condition set forth in Code of Ala. 1975, §34-24-57 and §34-24-360, <u>shall</u> be grounds, within the discretion of the respective board, to deny an application of the certified registered nurse practitioner or collaborating physician.	34-21-88	0
540-X-.13	Grounds for Denial/Withdrawal of Approval of the CRNP and Collaborating Physician	(2) If upon examination of the application for approval ... either board determines there is probable cause to believe there exists one or more grounds upon which the application may be denied, then the respective board <u>shall</u> : (procedure)	34-21-88	0
540-X-.13	Grounds for Denial/Withdrawal of Approval of the CRNP	(3) A nurse practitioner who is decertified by the appropriate national certifying organization <u>shall</u> notify the Board of Nursing of that fact and <u>shall</u> not practice or use the title of certified registered nurse practitioner during the time	34-21-84	0 (Board of Nursing requirement)

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-8, Advanced Practice Nurses: Collaborative Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
	and Collaborating Physician	of de-certification.		
540-X-.13	Grounds for Denial/Withdrawal of Approval of the CRNP and Collaborating Physician	(4) When for any reason the collaborative practice agreement with the physician designated in the application for approval is terminated, then approval of such certified registered nurse practitioner and collaborating physician designated in the application is automatically withdrawn.	34-21-88	0
540-X-.13	Grounds for Denial/Withdrawal of Approval of the CRNP and Collaborating Physician	The certified registered nurse practitioner and the physician shall each inform their respective board in writing of the effective date of the termination of the collaborative practice agreement and the reasons for such termination.	34-21-88	1
540-X-8-.16	Termination of Approval of a Collaborative Practice – Physicians and CRNPs	(1) Before terminating the approval of the State Board of Medical Examiners of a collaborating practice of a physician and a certified registered nurse practitioner on any of the grounds specified in this Chapter, the State Board of Medical Examiners shall conduct a hearing	34-21-89	0
540-X-8-.16	Termination of Approval of a Collaborative Practice – Physicians and CRNPs	(3) An order of summary suspension of the Board’s approval of a collaborating practice of a physician and a certified registered nurse practitioner shall become effective immediately, unless otherwise stated in the order.	34-21-89	0
540-X-8-.16	Termination of Approval of a Collaborative Practice – Physicians and CRNPs	Simultaneously with the issuance of an order of summary suspension, a proceeding for a hearing shall be instituted.	34-21-89	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-8, Advanced Practice Nurses: Collaborative Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-8-3.17	Qualifications for Approval as a CNM	(1) The applicant for approval to practice as a certified nurse midwife <u>shall</u> have: ((a) – (e))	34-21-84	0 (These requirements are established by the Board of Nursing)
540-X-8-.18	Qualifications for Physicians in Collaborative Practice with CNMs	(1) The physician in collaborative practice with a certified nurse midwife <u>shall</u> : (a) Possess a current, unrestricted license to practice medicine in the State of Alabama;	34-21-83	1
540-X-8-.18	Qualifications for Physicians in Collaborative Practice with CNMs	(b) Have satisfied one of the following experience requirements: (1. – 3.)	34-21-83	1
540-X-8-.18	Qualifications for Physicians in Collaborative Practice with CNMs	(c) Effective January 1, 2024, have obtained continuing education prescribed by the Board of Medical Examiners regarding the rules and statutes governing collaborative practice in Alabama, not more than forty-eight (48) months prior to or within twelve (12) months of commencement of the collaborative practice	34-21-83	1
540-X-8-.18	Qualifications for Physicians in Collaborative Practice with CNMs	(d) Have paid all collaborative practice fees due to the Board of Medical Examiners and submitted to the Board of Medical Examiners a Commencement of Collaborative Practice form.	34-21-83	1
540-X-8-.18	Qualifications for Physicians in Collaborative Practice with CNMs	In the event no application is received from the Alabama Board of Nursing within six (6) months of submission, the submitted form <u>will be</u> withdrawn by the Board.	34-21-83	0
540-X-8-.18	Qualifications for Physicians in	The fee submitted with the Commencement of Collaborative Practice form <u>is</u> non-refundable and non-transferable.	34-21-83	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-8, Advanced Practice Nurses: Collaborative Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
	Collaborative Practice with CNMs			
540-X-8-.18	Qualifications for Physicians in Collaborative Practice with CNMs	(3) A physician entering into a collaborative practice arrangement with a certified nurse midwife..., shall notify the State Board of Medical Examiners in writing of the date for commencement of the collaborative practice agreement using the “Commencement of Collaborative Practice” form.	34-21-83	1
540-X-8-.18	Qualifications for Physicians in Collaborative Practice with CNMs	The Collaborative Practice fee must accompany the “Commencement of Collaborative Practice” form.	34-21-83	1
540-X-8-.18	Qualifications for Physicians in Collaborative Practice with CNMs	(4) A physician in a collaborative practice which is voluntarily terminated by either party is responsible for notifying the Board of the date on which the collaborative practice agreement terminates.	34-21-83	1
540-X-8-.18	Qualifications for Physicians in Collaborative Practice with CNMs	Notification to the Board of Medical Examiners by the Alabama Board of Nursing that a Certified Nurse Midwife has voluntarily terminated a collaborative practice agreement will meet the notification requirement and will result in termination of the physician’s approval to practice under the collaborative practice agreement.	34-21-83	0
540-X-8-.18	Qualifications for Physicians in Collaborative Practice with CNMs	(6) Effective January 1, 2024, all collaborating physicians shall obtain continuing medical education prescribed by the Board of Medical Examiners regarding the rules and statutes governing collaborative practice in Alabama every forty-eight (48) months following commencement of the collaborative practice.	34-21-83	1
540-X-18-.19	Application for Approval to Practice as a Certified Nurse Midwife	(1) The physician in collaborative practice with a certified nurse midwife shall have: ((a) – (b))	34-21-83	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-8, Advanced Practice Nurses: Collaborative Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-18-.19	Application for Approval to Practice as a Certified Nurse Midwife	(3) The physician may not collaborate with nor supervise any combination of certified nurse midwives, certified registered nurse practitioners and/or assistants to physicians exceeding three full-time equivalent positions unless an exemption is granted under Rule 540-X-8-.12.	34-21-83	1
540-X-8-.19.1	Reinstatement of Lapsed Approval for Practice as a Certified Nurse Midwife	(2) In the case of an Alabama-licensed advanced practice nurse, if the reinstatement of a lapsed approval for advanced practice occurs during the renewal period for registered nurses, the expiration of the advanced practice approval license shall be the expiration date of the next RN license period or the expiration date of the licensee's national certification as a certified nurse midwife, whichever occurs first.	34-21-84 34-21-85	0
540-X-8-.20	Authorization for Practice as a CNM	(2) Use of the designation "CNM" or of any titles that imply that they are certified nurse midwives shall be restricted to those registered nurses who: ((a) – (e))	34-21-84 34-21-85	0 (These Requirements are established by the Board of Nursing)
540-X-8-.20	Authorization for Practice as a CNM	(a) The certified nurse midwife and the physician shall each inform their respective board in writing of the effective date of the termination of the collaborative practice agreement and the reasons for such termination.	34-21-84 34-21-85	1
540-X-8-.20	Authorization for Practice as a CNM	(b) The certified nurse midwife shall notify the Board of Nursing using the on-line form "Terminate an Existing Collaboration."	34-21-84 34-21-85	0 (This requirement is established by the Board of Nursing)
540-X-8-.20	Authorization for Practice as a CNM	(c) A certified nurse midwife in a collaborative practice which is voluntarily terminated by either party is responsible for notifying the Board of Nursing of the date on which the collaborative practice agreement terminates.	34-21-84 34-21-85	0 (This requirement is established by the Board of Nursing)

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-8, Advanced Practice Nurses: Collaborative Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-8-.20	Authorization for Practice as a CNM	Notification to the Board of Nursing by the Alabama Board of Medical Examiners that a physician has voluntarily terminated a collaborative practice agreement will meet the notification requirement and will result in termination of the certified nurse midwife's approval to practice under the collaborative practice agreement.	34-21-84 34-21-85	0
540-X-8-.20	Authorization for Practice as a CNM	(4) The advanced practice approval shall expire prior to the RN license if the advanced practice national specialty certification expires during the license period.	34-21-84 34-21-85	0 (This requirement is established by the Board of Nursing)
540-X-8-.20	Authorization for Practice as a CNM	(6) Failure to meet the requirements for renewal shall result in lapse of the advanced practice approval.	34-21-84 34-21-85	0 (This requirement is established by the Board of Nursing)
540-X-8-.20	Authorization for Practice as a CNM	(7) A nurse who fails to attain or maintain specialty certification as a nurse midwife from the American College of Nurse Midwives Certification Council shall : (a) Immediately notify the Board of Nursing. (b) Not practice or use the title of certified nurse midwife until approved by the Board of Nursing.	34-21-84 34-21-85	0 (This requirement is established by the Board of Nursing)
540-X-8-.21	Temporary Approval to Practice as a CNM	(a) The applicant shall meet the requirements of Rules 540-X-8-.15 and 540-X-8-.17.	34-21-84 34-21-85	0 (This requirement is established by the Board of Nursing)
540-X-8-.21	Temporary Approval to Practice as a CNM	(b) The collaborating physician shall meet the qualifications established in Rule 540-X-8-.16.	34-21-84 34-21-85	1
540-X-8-.21	Temporary Approval to Practice as a CNM	(4) The temporary approval shall remain in force until the application has been approved, denied, or withdrawn.	34-21-84 34-21-85	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-8, Advanced Practice Nurses: Collaborative Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-8-.22	Requirements for Collaborative Practice by Physicians and CNMs	(1) The collaborating physician shall : (a) Provide professional medical oversight and direction to the certified nurse midwife. (b) Be readily available for direct communication or by radio, telephone or telecommunications. (c) Be readily available for consultation or referrals of patients from the certified nurse midwife. (d) Be readily available during labor management to provide direct medical intervention and to attend deliveries if needed. (e) Be readily available at each remote practice site.	34-21-81(5) 34-21-83 34-21-85	5
540-X-8-.22	Requirements for Collaborative Practice by Physicians and CNMs	(2) In the event the collaborating physician is not readily available, provisions shall be made for professional medical oversight and direction by a covering physician who is readily available, who is pre-approved by the Board of Medical Examiners, and who is familiar with these rules.	34-21-87 34-21-83 34-21-85	1
540-X-8-.22	Requirements for Collaborative Practice by Physicians and CNMs	The collaborating physician shall certify to the Board of Medical Examiners at least annually that any approved covering physician continues to agree to serve in that capacity	34-21-87 34-21-83 34-21-85	1
540-X-8-.22	Requirements for Collaborative Practice by Physicians and CNMs	and shall inform the Board of Medical Examiners of the termination of a covering physician within ten (10) days of the termination.	34-21-87 34-21-83 34-21-85	1
540-X-8-.22	Requirements for Collaborative Practice by Physicians and CNMs	(5) The collaborating physician shall : ... (b) Be present for not less than ten percent (10%) of the CNM's scheduled hours in an approved practice site with a CNM who has less than two (2) years (4,000 hours) of collaborative practice experience:	34-21-83 34-21-85	7

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-8, Advanced Practice Nurses: Collaborative Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>1. Since initial certification; or</p> <p>2. In the collaborating physician's practice specialty.</p> <p>(c) Maintain documentation of the CNM's two (2) years (4,000 hours) of collaborative practice experience for the duration of the collaborative practice and for three (3) years following the termination of the collaborative practice agreement.</p> <p>(d) Visit remote practice sites no less than twice annually.</p> <p>(e) Meet no less than quarterly with the CNM who has more than two (2) years (4,000 hours) of collaborative practice experience.</p> <p>(f) Complete quarterly quality assurance with each CNM.</p> <p>Documentation of any quality assurance review required by this chapter shall be maintained by the collaborating physician for the duration of the collaborative practice and for three years following the termination of the collaborative practice agreement.</p> <p>(g) Allow a pre-approved covering physician to be present in lieu of the collaborating physician.</p>		
540-X-8-.22	Requirements for Collaborative Practice by Physicians and CNMs	(6) The collaborating physician shall provide notice in writing to the State Board of Medical Examiners of the commencement or termination of a collaborative practice agreement as required by Rule 540-X-8-.18.	34-21-83 34-21-85	1
540-X-8-.22	Requirements for Collaborative Practice by Physicians and CNMs	<p>(8) A written standard protocol ... shall:</p> <p>(a) Identify all sites where the certified nurse midwife will practice within the collaboration protocol.</p> <p>(b) Identify the physician's principal practice site.</p> <p>(c) Be maintained at each practice site and on file with the Board of Nursing and Board of Medical Examiners.</p>	34-21-81 34-21-83 34-21-85 34-21-87	7

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-8, Advanced Practice Nurses: Collaborative Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(d) Include a formulary of drugs, devices, medical treatments, tests and procedures that may be prescribed, ordered, and implemented by the certified nurse midwife consistent with these rules, and which are appropriate for the collaborative practice setting.</p> <p>(e) Include a pre-determined plan for emergency services.</p> <p>(f) Specify the process by which the certified nurse midwife shall refer a patient to a physician other than the collaborating physician.</p> <p>(g) Specify a plan for quality assurance management with defined quality outcome measures for evaluation of the clinical practice of the certified nurse midwife and include review of a meaningful sample of medical records plus all adverse outcomes.</p>		
540-X-8-.22	Requirements for Collaborative Practice by Physicians and CNMs	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.	34-21-81 34-21-83 34-21-85 34-21-87	1
540-X-8-.22	Requirements for Collaborative Practice by Physicians and CNMs	The certified nurse midwife shall maintain a copy of the plan for quality assurance, in a form prescribed by the Board of Nursing, on file with the Board of Nursing.	34-21-81 34-21-83 34-21-85 34-21-87	0 (This requirement is established by the Board of Nursing)
540-X-8-.22	Requirements for Collaborative Practice by Physicians and CNMs	The collaborating physician shall maintain an updated copy of the plan for quality assurance on file with the Board of Medical Examiners.	34-21-81 34-21-83 34-21-85 34-21-87	1
540-X-8-.22	Requirements for Collaborative Practice by Physicians and CNMs	(9) The physician shall maintain independent medical judgment related to the practice of medicine at all times, irrespective of employment structure or business model.	34-21-81 34-21-83 34-21-85 34-21-87	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-8, Advanced Practice Nurses: Collaborative Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-8-.22	Requirements for Collaborative Practice by Physicians and CNMs	(10) Irrespective of the location of the principle practice site and any remote site(s) of the collaboration, all services provided to patients and actions incident to services provided to patients of the collaborative practice shall be deemed to have occurred in the state where the patient is located at the time of service or action incident to the service.	34-21-81 34-21-83 34-21-85 34-21-87	0
540-X-8-.22	Requirements for Collaborative Practice by Physicians and CNMs	The collaborating physician, covering physician, and certified nurse midwife shall comply with all applicable Alabama laws, rules, and regulations pertaining to services and actions incident to services provided to Alabama patients of the collaborative practice.	34-21-81 34-21-83 34-21-85 34-21-87	1
540-X-8-.22	Requirements for Collaborative Practice by Physicians and CNMs	The collaborating physician shall maintain all documentation required pursuant to this chapter for the duration of the collaborative practice and for three years following the termination of the collaborative practice agreement.	34-21-81 34-21-83 34-21-85 34-21-87	1
540-X-8-.23	Standards of Practice of CMs	The certified nurse midwife shall practice in accordance with the standards and functions developed by the American College of Nurse Midwives as recognized by the Board of Nursing and as congruent with Alabama law.	34-21-84 34-21-85	0 (This requirement is established by the Board of Nursing)
540-X-8-.24	Functions and Activities of CNMs	(2) A standard protocol approved by the Board of Nursing and State Board of Medical Examiners shall address permissible functions and activities specific to the practice of the certified nurse midwife.	34-21-84 34-21-85	0
540-X-8-.25	Prescriptions and Medication Orders by a CNM	(2)(a) The drug shall be included in the formulary recommended by the Joint Committee and adopted by the Board of Nursing and the Board of Medical Examiners.	34-21-86	0
540-X-8-.25	Prescriptions and Medication Orders by a CNM	(b) The drug type, dosage, quantity prescribed, and number of refills shall be authorized in an approved protocol signed by the collaborating physician and the certified nurse midwife.	34-21-86	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-8, Advanced Practice Nurses: Collaborative Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-8-.25	Prescriptions and Medication Orders by a CNM	(3) A certified nurse midwife may not initiate a call-in prescription in the name of a collaborating physician for any drug, whether legend or controlled substance, which the certified nurse midwife is not authorized to prescribe under the protocol signed by the collaborating physician and certified nurse midwife and approved under this section unless the drug is specifically ordered for the patient by the physician, either in writing or by a verbal order which has been transcribed in writing, and which has been signed by the physician within seven working days.	34-21-86	0
540-X-8-.25	Prescriptions and Medication Orders by a CNM	(5) The certified nurse midwife in collaborative practice with prescriptive privileges shall not engage in prescribing for: (a) Self. (b) Immediate family members. (c) Individuals who are not patients of the practice, except in cases, where a certified nurse midwife is prescribing for the sexual partner(s) of a patient in accordance with an Expedited Partner Therapy (EPT) protocol for the prevention of transmission and spread of sexually transmitted disease(s).	34-21-86	1
540-X-8-.25	Prescriptions and Medication Orders by a CNM	(7) When prescribing legend drugs a certified nurse midwife shall use a prescription form which includes all of the following: ((a) – (g))	34-21-86	1
540-X-8-.26	Limitations upon Utilization of CNMs	(1) A physician may enter into a collaborative agreement with certified nurse midwives not exceeding a cumulative three hundred and sixty (360) hours (nine FTEs) per week. The physician shall not collaborate with or supervise any combination of certified registered nurse practitioners, certified nurse midwives and/or assistants to physicians exceeding three hundred and sixty (360) hours per week (nine full-time equivalent positions).	34-21-87	1
540-X-8-.26	Limitations upon Utilization of CNMs	(a) A physician collaborating with more than four FTEs per week shall engage in documented quality assurance review with each CNM every month for six (6)	34-21-87	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-8, Advanced Practice Nurses: Collaborative Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		months following the commencement of a collaborative practice with a new CNM.		
540-X-8-.26	Limitations upon Utilization of CNMs	(b) A physician shall disclose to the Board of Medical Examiners the existence of all collaborative and supervisory agreements to which the physician is a party, including collaborative and supervisory agreements in other states	34-21-87	1
540-X-8-.26	Limitations upon Utilization of CNMs	, and shall not be eligible to collaborate with or supervise any combination of certified registered nurse practitioners, certified nurse midwives and/or assistants to physicians exceeding three hundred and sixty (360) hours per week (nine full-time equivalent positions), inclusive of collaborative and supervisory agreements existing in other states.	34-21-87	1
540-X-8-.26	Limitations upon Utilization of CNMs	Agreements with an individual certified registered nurse practitioner, certified nurse midwife, and/or assistant to physician in multiple states shall only be counted once for purposes of calculating the total number of full-time equivalent positions	34-21-87	0
540-X-8-.27	Grounds for Denial/Withdrawal of Approval of the Certified Nurse Midwife and Collaborating Physician	(1) The commission by a certified nurse midwife of any act, offense, or condition set forth in Code of Ala. 1975, §34-21-25 and Board of Nursing Administrative Code Rule (old: 610-X-8) and/or the commission by the collaborating physician of any act, offense or condition set forth in Code of Ala. 1975, §34-24-57 and/or §34-24-360 shall be grounds, within the discretion of the respective board, to deny an application for the certified nurse midwife or collaborating physician.	34-21-88	0
540-X-8-.27	Grounds for Denial/Withdrawal of Approval of the Certified Nurse Midwife and	(2) If under examination of the application for approval ... either board determines there is probable cause to believe there exists one or more grounds upon which the application may be denied, then the respective board shall : (procedure)	34-21-88	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-8, Advanced Practice Nurses: Collaborative Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
	Collaborating Physician			
540-X-8-.27	Grounds for Denial/Withdrawal of Approval of the Certified Nurse Midwife and Collaborating Physician	(3) A nurse midwife who is decertified by the American College of Nurse Midwives or the American College of Nurse Midwives Certification Council shall immediately notify the Board of Nursing of that fact and shall not practice or use the title of certified nurse midwife during the time of de-certification until approved by the Board of Nursing.	--	0 (Board of Nursing requirement)
540-X-8-.27	Grounds for Denial/Withdrawal of Approval of the Certified Nurse Midwife and Collaborating Physician	(5) When for any reason the collaborative practice agreement with the physician designated in the application for approval is terminated, then approval of such certified nurse midwife and collaborating physician designated in the application is automatically withdrawn.	34-21-88	1
540-X-8-.27	Grounds for Denial/Withdrawal of Approval of the Certified Nurse Midwife and Collaborating Physician	The certified nurse midwife and the physician shall each inform their respective board in writing of the effective date of the termination of the collaborative practice agreement and the reasons for such termination.	34-21-88	1
540-X-8-.30	Termination of Approval of a Collaborative Practice – Physicians and CNMs	(1) Before terminating the approval of the State Board of Medical Examiners of a collaborating practice of a physician and a certified nurse midwife on any of the grounds specified in this Chapter, the State Board of Medical Examiners shall conduct a hearing	34-21-89	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners
540-X-8, Advanced Practice Nurses: Collaborative Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-8-.30	Termination of Approval of a Collaborative Practice – Physicians and CNMs	(3) An order of summary suspension of the Board’s approval of a collaborating practice of a physician and a certified nurse midwife <u>shall</u> become effective immediately, unless otherwise stated in the order...	34-21-89	0
540-X-8-.30	Termination of Approval of a Collaborative Practice – Physicians and CNMs	Simultaneously with the issuance of an order of summary suspension, a proceeding for a hearing <u>shall</u> be instituted.	34-21-89	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-9, Miscellaneous

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-9-.01	Compliance with Alabama Professional Corporation Act by physicians	(2) Any physician or osteopath or groups thereof licensed to practice medicine in the State of Alabama who desires to render medical professional services as a professional corporation in this state shall comply with the provisions of the revised Alabama Professional Corporation Act and these rules and regulations.	Ala. Code § 10A-4-5.07, 34-24-53	1
540-X-9-.01	Names of professional corporations	(3) The names of professional corporations shall be governed by the provisions of Code of Ala. 1975, §10-4-387.	Ala. Code § 10A-4-5.07, 34-24-53	0
540-X-9-.01	Required corporate name designation	If the corporate name of the professional corporation utilizes the name or names of the physicians or osteopaths who are employees of or shareholders in the professional corporation, then such corporate name shall include the designation "M.D." or "D.O." whichever is appropriate.	Ala. Code § 10A-4-5.07, 34-24-53	1
540-X-9-.01	Requirement to provide articles of incorporation	4) Every medical professional corporation formed after the effective date of these rules shall file with the Alabama State Board of Medical Examiners a certified copy of the articles of incorporation, the certificate of authority, if applicable, a complete list of shareholders, and any and all subsequent amendments to the articles of incorporation.	Ala. Code § 10A-4-5.07, 34-24-53	1
540-X-9-.01	Requirement to provide certified amendments	All medical professional corporations in existence on the effective date of these rules and all medical professional associations which are hereinafter governed by the provisions of the revised Alabama Professional Corporation Act shall file a certified copy of all amendments to the articles of incorporation or articles of association with the Alabama State Board of Medical Examiners.	Ala. Code § 10A-4-5.07, 34-24-53	1
540-X-9-.01	Requirement to provides articles of dissolution	(5) Every medical professional corporation or medical professional association governed by the provisions of the revised Alabama Professional Corporation Act shall file with the Alabama State Board of Medical Examiners a certified copy of any articles of dissolution, or	Ala. Code § 10A-4-5.07, 34-24-53	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-9, Miscellaneous

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		articles of merger or consolidation with another corporation or professional corporation.		
540-X-9-.01	Filing requirements with the Board	(6) All filings shall be within thirty (30) days of the effective date of the instrument or document filed, except that a failure to file within the thirty (30) day period shall not invalidate the incorporation but may serve as a basis to request that involuntary dissolution procedures be instituted under the provisions of Code of Ala. 1975, §10-4-396.	Ala. Code § 10A-4-5.07, 34-24-53	1
540-X-9.01	Requirements for foreign medical professional corporations	(7) A foreign medical professional corporation rendering medical professional services in the State of Alabama, shall in addition to the requirements of Code of Ala. 1975, §10-4-397, be subject to the following: (a) All shareholders of a foreign medical professional corporation who render medical professional services in Alabama shall be physicians or osteopaths licensed to practice medicine in the State of Alabama.	Ala. Code § 10A-4-5.07, 34-24-53	1
540-X-9--.02	Selection of chairman by Committee	(2) The members of the Therapeutic Research Review Committee shall select a chairman among their number who shall serve at the pleasure of the committee.	Ala. Code § 20-2-113, 34-24-53	0
540-X-9-.02	Meetings of Committee	The committee shall meet at the discretion of the chairman or when called into session by the Board, and the chairman shall set the time, date, and place for the meetings.	Ala. Code § 20-2-113, 34-24-53	0
540-X-9-.02	Duties of Committee	(3) The commission shall review applicants for inclusion into the Therapeutic Research Program and make recommendations to the Board for final action on those applications.	Ala. Code § 20-2-113, 34-24-53	0
540-X-9-.03	Repeal of previous Board rules and regulations	On the date that the foregoing rules and regulations shall become effective, all previous rules and regulations of the Board of Medical Examiners are hereby repealed.	Ala. Code § 34-24-53	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-9, Miscellaneous

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-9-.05	Fee required for Special Purpose Examination	(1) Persons applying to take the Special Purpose Examination (SPEX) shall submit to the Alabama State Board of Medical Examiners an application fee in the amount of \$175.00.	Ala. Code § 34-24-53, 34-24-70	1
540-X-9-.05	Additional fee for Special Purpose Examination	(2) In addition to the application fee stated above, persons applying to take the Special Purpose Examination (SPEX) shall pay that fee which, pursuant to an official notice from the Federation of State Medical Boards of the United States, is in effect at the time the application to take the SPEX is filed with the Alabama Board of Medical Examiners.	Ala. Code § 34-24-53, 34-24-70	1
540-X-9-.05	Retention of official notices regarding SPEX fees	All official notices regarding SPEX fees from the Federation of State Medical Boards of the United States shall be kept on file in the office of the executive director of the Alabama State Board of Medical Examiners.	Ala. Code § 34-24-53, 34-24-70	0
540-X-9-.06	Compliance with Alabama Limited Liability Company Law	(2) Physicians and osteopaths licensed to practice medicine in the State of Alabama who desire to render medical professional services as a limited liability company shall comply with the provisions of the Alabama Limited Liability Company Law and these rules and regulations.	Ala. Code § 10A-5A-8.01, 34-24-53	1
540-X-9-.06	Names of limited liability companies by physicians	(3) The names of limited liability companies formed by physicians and osteopaths shall be governed by the provisions of §10A-1-5.06, Code of Ala. 1975, as amended.	Ala. Code § 10A-5A-8.01, 34-24-53	0
540-X-9-.06	Required LLC name designation	In addition, if the name of the limited liability company utilizes the name or names of the physicians or osteopaths who are members or employees of the limited liability company, then such name shall also include the designation "M.D." or "D.O." whichever is appropriate.	Ala. Code § 10A-5A-8.01, 34-24-53	1
540-X-9-.06	Requirement to file certification of formation	(4) Every limited liability company organized for the rendering of medical professional services shall file with the Alabama Board of Medical Examiners a copy of the certificate of formation required to be filed with the judge of probate pursuant to §10A-5A-2.01(e), Code of Ala. 1975, as amended.	Ala. Code § 10A-5A-8.01, 34-24-53	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-9, Miscellaneous

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-9-.06	Deadline for report filing	The report shall be filed with the Board within thirty (30) days after the report is filed with the judge of probate.	Ala. Code § 10A-5A-8.01, 34-24-53	1
540-X-9-.06	Requirement to file certificate of amendment	In addition, the limited liability company shall file with the Alabama Board of Medical Examiners a copy of any certificate of amendment or restated certificate of formation required to be filed with the Office of the Secretary of State or judge of probate pursuant to §10A-5A-2.02(g), Code of Ala. 1975, as amended within thirty (30) days after the statement is filed with the Office of the Secretary of State or judge of probate.	Ala. Code § 10A-5A-8.01, 34-24-53	1
540-X-9-.06	Prohibition on invalidation of LLC	Failure to file with the Board of Medical Examiners the reports required by this section shall not invalidate the limited liability company.	Ala. Code § 10A-5A-8.01, 34-24-53	0
540-X-9-.06	Compliance with §10A-5A-8.01 required	(5) Physicians and osteopaths licensed to practice medicine who render medical professional services as a limited liability company shall comply with the conditions, requirements, and restrictions of §10A-5A-8.01, Code of Ala. 1975, as amended.	Ala. Code § 10A-5A-8.01, 34-24-53	1
540-X-9-.06	Independent judgment required	A physician or osteopath employed by a limited liability company must exercise independent judgment in matters related to the practice of medicine,	Ala. Code § 10A-5A-8.01, 34-24-53	1
540-X-9-.06	Independent physician action required	and that physician's or osteopath's actions with respect to the practice of medicine shall not be subject to the control of an individual not licensed to practice medicine.	Ala. Code § 10A-5A-8.01, 34-24-53	1
540-X-9-.07	Physician-Patient Relationship requirement	Having assumed care of a patient, the physician may not neglect that patient nor fail for any reason to prescribe the full care that patient requires in accord with the standards of acceptable medical practice.	Ala. Code § 34-24-53	1
540-X-9-.07	Requirements for patient trust	(4) Patient trust is fundamental to the relationship thus established. It requires the following: (a) – (h)	Ala. Code § 34-24-53	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-9, Miscellaneous

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-9-.08	Requirement for physician-patient boundaries	The physician is the one who must recognize and set the boundaries between the care and compassion appropriate to medical treatment and the emotional responses which may lead to sexual misconduct.	Ala. Code § 34-24-53	1
540-X-9-.08	Awareness of patient interest	(9) Physicians must be alert to signs indicating that a patient may be encouraging a sexual relationship	Ala. Code § 34-24-53	1
540-X-9-.08	Requirement to maintain patient boundaries	and must take all steps necessary to maintain the boundaries of the professional relationship including transferring the patient.	Ala. Code § 34-24-53	1
540-X-9-.08	Requirement to respect patient's dignity	(10) Physicians must respect a patient's dignity at all times and should provide appropriate gowns and private facilities for dressing, undressing and examination.	Ala. Code § 34-24-53	1
540-X-9-.08	Certain treatment not considered prohibited contact	(18) Diagnosis and Treatment. Verbal or physical behavior that is required for medically recognized diagnostic or treatment purposes when such behavior is performed in a manner that meets the standard of care appropriate to the diagnostic or treatment situation shall not be considered as prohibited sexual contact.	Ala. Code § 34-24-53	0
540-X-9-.09	Compliance with Alabama Limited Liability Partnership Act	(2) Physicians and osteopaths licensed to practice medicine or osteopathy in the State of Alabama who desire to render medical professional services as a professional registered limited liability partnership shall comply with the provisions of Article 10 of the Alabama Limited Liability Partnership Act, Sections 10-8A-1001, et. seq. and these rules and regulations.	Ala. Code § 34-24-53	1
540-X-9-.09	Names of LLPs by physicians	(3) The names of professional registered limited liability partnerships formed by physicians and osteopaths shall be governed by the provisions of §10-8A-1002.	Ala. Code § 10-8A-1002, 10-8A-1010, 34-24-53	0
540-X-9-.09	Required LLP name designation	In addition, if the name of the professional registered limited liability partnership utilizes the name or names of the physicians or osteopaths who are members or employees of the professional registered limited	Ala. Code § 10-8A-1010, 34-24-53	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-9, Miscellaneous

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		liability partnership, then such name <u>shall</u> also include the designation “M.D.” or “D.O.” whichever is appropriate.		
540-X-9-.09	Requirement to file registration	(4) Every professional registered limited liability partnership organized for the purpose of the rendering of medical professional services <u>shall</u> file with the Alabama Board of Medical Examiners a certified copy of the registration required to be filed with the Office of Probate Judge or the Secretary of State pursuant to §10-8A-1001 and §10-8A-1006.	Ala. Code § 10-8A-1010, 34-24-53	1
540-X-9-.09	Deadline for filing registration	The registration <u>shall</u> be filed with the Board within thirty (30) days after it is filed with the Probate Judge or Office of the Secretary of State.	Ala. Code § 10-8A-1010, 34-24-53	1
540-X-9-.09	Requirement to file change in registration	In addition, the professional registered limited liability partnership <u>shall</u> file with the Alabama Board of Medical Examiners a certified copy of any change to its registration required to be filed with the Office of Probate Judge or Office of the Secretary of State within thirty (30) days after the statement is filed.	Ala. Code § 10-8A-1010, 34-24-53	1
540-X-9-.09	Prohibition on invalidation of LLP	Failure to file with the Board of Medical Examiners the reports required by this section <u>shall not</u> invalidate the professional registered limited liability partnership.	Ala. Code § 10-8A-1010, 34-24-53	0
540-X-9-.09	Compliance with §10-4-38 through §10-4-404 required	(5) Physicians and osteopaths licensed to practice medicine who render medical professional services as professional registered limited liability partnership <u>shall</u> comply with the restrictions of Code of Ala. 1975, §10-4-38 through §10-4-404.	Ala. Code § 10-8A-1010, 34-24-53	1
540-X-9-.09	Requirements for foreign medical limited liability partnerships	A professional registered limited liability partnership organized to render medical or osteopathic professional services, foreign or domestic, <u>may</u> render medical or osteopathic professional services in Alabama <u>only</u> through individuals licensed to practice medicine or osteopathy by the Medical Licensure Commission of Alabama.	Ala. Code § 10-8A-1010, 34-24-53	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-9, Miscellaneous

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-9-.09	Exercise of independent judgment required	A physician or osteopath may be employed by a professional registered limited liability partnership and shall exercise independent judgment in all matters related to the practice of medicine or osteopathy,	Ala. Code § 10-8A-1010, 34-24-53	1
540-X-9-.09	Independent physician action required	and such physician's or osteopath's actions with respect to the practice of medicine or osteopathy shall not be subject to the control of an individual not licensed to practice medicine or osteopathy.	Ala. Code § 10-8A-1010, 34-24-53	0
540-X-9-.10	Definition of Notification	(b) NOTIFICATION. Notification shall be conducted by US Mail in a form letter to the active patients at their last known address or an electronic message sent via a HIPAA compliant electronic record system or HIPAA-compliant electronic health record system that provides a means of electronic communication to the patient and is capable of sending the patient a notification that a message is in the patient's portal.	Ala. Code § 34-24-53	1
540-X-9-.10	Compliance by trustees required	The trustee of a trust established as a substantial part of the estate plan of a deceased physician or any other person having legal control over the medical records of the patients of a deceased physician shall also be responsible for compliance with these rules in the same manner as a personal representative.	Ala. Code § 34-24-53	1
540-X-9-.10	Access to patient records required	(b) Access. On a legally compliant request of a patient or a patient's legal representative, a physician or his or her practice shall provide a copy of the medical record to the patient or to another physician, attorney, or other person designated by the patient or the patient's legal representative.	Ala. Code § 34-24-53	1
540-X-9-.10	Cost of reproduction	The cost of reproduction shall not exceed what is authorized under state and federal law.	Ala. Code § 34-24-53	0
540-X-9-.10	Standard retention period for medical records	(c) Retention of Medical Records. Medical records shall be retained for a period of not less than seven (7) years from the physician's (and/or other	Ala. Code § 34-24-53	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-9, Miscellaneous

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		providers within his or her practice) last professional contact with the patient except for the following:		
540-X-9-.10	Exceptions to standard retention period	1. Immunization records which have not been transmitted to the immunization registry maintained by the State Board of Health shall be retained for a period of not less than two (2) years after the minor reaches the age of majority or seven (7) years from the date of the physician's (and/or other providers within his or her practice) last professional contact with the patient, whichever is longer.	Ala. Code § 34-24-53	1
540-X-9-.10	Exceptions to standard retention period	2. X-rays, radiographs, and other imaging products shall be retained for at least five (5) years after which if there exist separate interpretive records thereof, they may be destroyed.	Ala. Code § 34-24-53	1
540-X-9-.10	Exceptions to standard retention period	However, mammography imaging and reports shall be maintained for ten (10) years.	Ala. Code § 34-24-53	1
540-X-9-.10	Exceptions to standard retention period	3. Medical records of minors shall be retained for a period of not less than two years after the minor reaches the a of majority or seven (7) years from the date of the physician's (and/or other providers within his or her practice) last professional contact with the patient, whichever is longer.	Ala. Code § 34-24-53	1
540-X-9-.10	Destruction of disputed medical records prohibited	4. Notwithstanding the foregoing, no medical record involving services which are under dispute shall be destroyed until the dispute is resolved, so long as the physician has formal notice of the dispute prior to the expiration of the retention requirement.	Ala. Code § 34-24-53	1
540-X-9-.10	Standard for destruction of medical records	1. No medical record shall be singled out for destruction other than in accordance with the established office operating procedures.	Ala. Code § 34-24-53	0
540-X-9-.10	Destruction legal compliance required	2. Records shall be destroyed only in the ordinary course of business according to established office operating procedures that are consistent with these rules and state and federal privacy requirements.	Ala. Code § 34-24-53	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-9, Miscellaneous

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-9-.10	Record of destruction of records	4. When records are destroyed, the time, date and circumstances of the destruction <u>shall</u> be recorded and maintained for not less than four (4) years.	Ala. Code § 34-24-53	1
540-X-9-.10	Requirements for record of destruction of records	The record of destruction need not list the individual patient medical records that were destroyed but <u>shall</u> be sufficient to identify which group of destroyed records contained a particular patient's medical records.	Ala. Code § 34-24-53	1
540-X-9-.10	Telemedicine record retention required	Physicians who provide care via telemedicine <u>must</u> retain access to the medical records which document their delivery of health care services via telemedicine.	Ala. Code § 34-24-53	1
540-X-9-.10	Violations for failure to access records	A physician who is unable to access and produce the medical records documenting his or her practice of medicine via telemedicine upon demand for inspection or review by the Board of Medical Examiners or Medical Licensure Commission <u>shall</u> be in violation of Code of Ala. 1975, §§34-24-360(2) and (23).	Ala. Code § 34-24-53	0
540-X-9-.10	Triggering event for patient notification	(3) Minimum Requirements for Patient Notification. The retirement, death, license suspension or revocation, and the departure of a physician from a practice group all create conditions under which patients <u>must</u> be notified of the triggering event.	Ala. Code § 34-24-53	1
540-X-9-.10	Required information for patient notification	At a minimum, the notification to patients <u>shall</u> identify the physician who treated the patient, the general reason for the patient to be notified, an explanation of how the patient may obtain his or her medical records, a HIPAA authorization for the patient to complete, how long the medical records will be made available to the patient, and the intended disposition of the medical records if no instructions are received within the time provided.	Ala. Code § 34-24-53	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-9, Miscellaneous

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-9-.10	Disposition of medical records	(4) Disposition of Patient Medical Records. All physicians <u>shall</u> plan for the disposition of patient medical records in accordance with this rule.	Ala. Code § 34-24-53	1
540-X-9-.10	Patient notification upon physician's death	(a) Disposition of Patient Medical Records upon Physician's Death. When a physician dies while in active medical practice, notification <u>shall</u> be sent by the physician's practice if in a group practice within thirty (30) days following the death of the physician.	Ala. Code § 34-24-53	1
540-X-9-.10	Patient notification upon physician's death	If the physician is not a member of a group practice, the notice <u>shall</u> be sent by the personal representative of the physician's estate within thirty (30) days of appointment of an executor or administrator by the probate court to all his or her active patients.	Ala. Code § 34-24-53	1
540-X-9-.10	Notification to include form	The notification to active patients <u>shall</u> contain a HIPAA-compliant form for the patient to sign to authorize copies of the patient's records be sent to a new physician, the patient, or the patient's representative,	Ala. Code § 34-24-53	1
540-X-9-.10	Form content and requirements	and <u>shall</u> include clear directions to the patient for submission of the form to effectuate the timely transfer of records.	Ala. Code § 34-24-53	1
540-X-9-.10	Cost of notification	The party sending the notice <u>shall</u> bear the costs of notifying the physician's patients.	Ala. Code § 34-24-53	1
540-X-9-.10	Form of records retained	Medical records <u>shall</u> be maintained in custody in their original or legally reproduced form for the retention periods specified above,	Ala. Code § 34-24-53	1
540-X-9-.10	Availability of records for transfer	during which time the personal representative <u>shall</u> make the medical records available for transfer to the deceased physician's active patients.	Ala. Code § 34-24-53	1
540-X-9-.10	Required transfer of medical records	The physician <u>must</u> take reasonable steps for all medical records to be transferred to the custody of his or her active patients, to another physician, or to a HIPAA compliant entity that agrees in writing to act as custodian of the records.	Ala. Code § 34-24-53	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-9, Miscellaneous

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-9-.10	Form of records retained	Medical records shall be maintained in custody in their original or legally reproduced form in compliance with the retention periods set forth in (2)(c).	Ala. Code § 34-24-53	1
540-X-9-.10	Notification to include form	The notification to active patients shall contain a HIPAA-compliant form for the patient to sign to authorize copies of the patient's records to be sent to a new physician, the patient, or the patient's representative,	Ala. Code § 34-24-53	1
540-X-9-.10	Form content and requirements	and shall include clear directions to the patient for submission of the form to effectuate the timely transfer of records.	Ala. Code § 34-24-53	1
540-X-9-.10	Patient notification upon license suspension	(c) Disposition of Medical Records upon Physician's License Suspension or Revocation. When a physician's medical license is suspended or revoked, the physician or his or her practice shall send notification of the suspension or revocation within thirty (30) days of the suspension or revocation to all active patients.	Ala. Code § 34-24-53	1
540-X-9-.10	Cost of notification	The cost of sending the patient notifications shall be borne by the physician whose license is suspended or revoked.	Ala. Code § 34-24-53	1
540-X-9-.10	Content of notification	The notification must contain a copy of the Medical Licensure Commission's Order of Suspension or Revocation.	Ala. Code § 34-24-53	1
540-X-9-.10	Required transfer of medical records	The physician must take reasonable steps for all medical records to be transferred either to the custody of the physician's active patients, to another physician, a physician practice group, or to a HIPAA-compliant entity that agrees in writing to act as custodian of the records.	Ala. Code § 34-24-53	1
540-X-9-.10	Form of records retained	Medical records shall be maintained in custody in their original or legally reproduced form in compliance with the retention periods set forth in (2)(c).	Ala. Code § 34-24-53	1
540-X-9-.10	Notification to include form	The notification to active patients shall contain a HIPAA-compliant form for the patient to sign in order to authorize copies of the patient's records to be sent to a new physician, the patient, or the patient's representative,	Ala. Code § 34-24-53	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-9, Miscellaneous

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-9-.10	Form content and requirements	and shall include clear directions to the patient for submission of the form to effectuate the timely transfer of records.	Ala. Code § 34-24-53	1
540-X-9-.10	Patient notification upon departure from group	(d) Disposition of Medical Records upon Departure from the Group. The responsibility for notifying patients and paying for the cost of the notification of a physician who leaves a group practice but continues to practice medicine shall be governed by the physician's employment contract with the group practice.	Ala. Code § 34-24-53	1
540-X-9-.10	Physician responsible for notification	If no contractual provision exists pertaining to medical records upon departure, and the group does not elect to notify the patients, then the departing physician shall be responsible for notifying all active patients and be responsible for the cost of such notification.	Ala. Code § 34-24-53	1
540-X-9-.10	Cost of notification and transfer	Absent a contractual provision to the contrary, the party who notifies the patients of the departure shall bear the costs of notification and reproducing or transferring medical records.	Ala. Code § 34-24-53	1
540-X-9-.10	Compliance with rules	Patient notification, records retention, and record dispersal shall be accomplished in accordance with this rule.	Ala. Code § 34-24-53	1
540-X-9-.10	Content of notification	1. Any provision of the physician's employment contract notwithstanding, the departing physician's active patients shall be notified of the physician's new address and offered the opportunity to have copies of their medical records forwarded to the departing physician at his or her new practice.	Ala. Code § 34-24-53	1
540-X-9-.10	Withholding medical records prohibited	2. A group shall not withhold the medical records of any patient who has authorized their transfer to the departing physician or any other physician.	Ala. Code § 34-24-53	1
540-X-9-.10	Choice of patient required	The patient's freedom of choice in choosing a physician shall not be interfered with, and the choice of physician in every case should be left to the patient.	Ala. Code § 34-24-53	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-9, Miscellaneous

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-9-.10	Additional notification requirements	The patient shall be informed that upon authorization, his or her records will be sent to the physician of the patient's choice.	Ala. Code § 34-24-53	1
540-X-9-.10	Cost of notification and transfer of records	3. Absent a contractual provision to the contrary, when the group or medical practice undertakes to notify patients of the physician's departure, the group shall bear the cost of notifying patients and reproducing or transferring medical records.	Ala. Code § 34-24-53	1
540-X-9-.10	Provision of patient list required	When the departing physician is responsible for notifying patients of his or her departure, the practice shall cooperate with the physician by providing the physician a list of the active patients and their last known mailing address and contact information,	Ala. Code § 34-24-53	1
540-X-9-.10	Cost of notification and transfer of records	and the physician shall bear the cost of notifying his or her patients and reproducing or transferring medical records.	Ala. Code § 34-24-53	1
540-X-9-.10	Required transfer of medical records	1. The selling physician, his or her estate, or group practice must take reasonable steps for all medical records to be transferred to another physician or covered entity or business associate operation on its behalf.	Ala. Code § 34-24-53	1
540-X-9-.10	Form of records retained	Medical records shall be maintained in custody in their original or legally reproduced form in compliance with the retention periods set forth in (2)(c).	Ala. Code § 34-24-53	1
540-X-9-.10	Notification upon sale of practice	2. All active patients shall be notified within thirty (30) days of the transfer that the physician, his or her estate, or group practice is transferring the practice to another physician, group practice, or entity who will retain custody of their records, and that at their written request the copies of their records will be sent to another physician, the patient, or the patient's representative.	Ala. Code § 34-24-53	1
540-X-9-.10	Access to records required for unavailable physician	(f) Disposition of Medical Records when a Physician is Unavailable. When a physician goes on vacation, goes on sabbatical, takes a leave of absence, leaves the United States, or is otherwise voluntarily unavailable	Ala. Code § 34-24-53	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-9, Miscellaneous

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		to his or her patients, the physician shall arrange to provide his or her patients access to their medical records.		
540-X-9-.10	Abandonment of records	(g) Abandonment of Records. It shall be a violation of Code of Ala. 1975, §§34-24-360(2) and (23) for a physician to abandon his or her practice without his or her practice making provision for the maintenance, security, transfer, or to otherwise establish a secure method of patient access to their records.	Ala. Code § 34-24-53	1
540-X-9-.11	Documentation of contact with patients prior to prescribing required	This process must be documented appropriately.	Ala. Code § 34-24-53, 34-24-293	1
540-X-9-.12	Confidentiality of Board records	(1) All reports of investigations; documents subpoenaed by the Board; reports of any investigative committee appointed by the Board; memoranda of the Board's counsel relating to investigations; statements of persons interviewed by the Board or any committee of the Board; all information, interviews, reports, statements or memoranda of any kind furnished to the Board or any committee of the Board; and any findings, conclusions or recommendations resulting from proceedings of the Board or any committee of the Board, unless presented as evidence at a public hearing, shall be privileged and confidential,	Ala. Code § 34-24-53, 34-24-60	0
540-X-9-.12	Use of confidential records	shall be used only in the exercise of the proper functions of the Board,	Ala. Code § 34-24-53, 34-24-60	0
540-X-9-.12	Availability of confidential records	and shall not be public records nor be available for court subpoena or for discovery proceedings.	Ala. Code § 34-24-53, 34-24-60	0
540-X-9-.12	Not applicable to individual records	(2) Nothing contained in paragraph (1) shall apply to records made in the regular course of business of an individual.	Ala. Code § 34-24-53, 34-24-60	0
540-X-9-.12	Requirement for records request	The procedure for authorizing release of investigative records shall be the following:	Ala. Code § 34-24-53, 34-24-60	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-9, Miscellaneous

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		(a) Requests for release of any investigative records shall be in writing to the Executive Director or Chairman of the Alabama Board of Medical Examiners from the requesting agency or official.		
540-X-9-.12	Information required for records request	(b) The written request shall state, in detail sufficient for the Board to make an informed decision concerning the necessity for release, the reason(s) for requesting the records, the exact manner in which the records will be utilized, whether release or disclosure of the records to any additional entity or third party is contemplated, and the identity of the entity or third party to whom the further disclosure of the records is contemplated.	Ala. Code § 34-24-53, 34-24-60	1
540-X-9-.12	Authorization of release recorded	(c) Authorizations by the Board for the release of investigative records to law enforcement or regulatory agencies or officials shall be separately recorded in the Minutes of the Board,	Ala. Code § 34-24-53, 34-24-60	0
540-X-9-.12	Authorizations retained by Board	and a cumulative record of all written requests and documents released by the Board pursuant to the requests shall be maintained, alphabetically, in a file entitled, "Release by Board of Investigative Records."	Ala. Code § 34-24-53, 34-24-60	0
540-X-9-.12	Release in violation of law not required	(d) When disclosure of any requested investigative record would violate a state or Federal statute, would interfere with any ongoing Board investigation or enforcement proceeding, or would disclose investigative techniques and procedures the effectiveness of which would thereby be impaired, then the Board shall not authorize the release of the requested records.	Ala. Code § 34-24-53, 34-24-60	0
540-X-9-.12	Non-waiver of confidentiality in specific circumstances	(4) Use of materials and records in contested cases before the Medical Licensure Commission or release of records to law enforcement, regulatory, or medical licensing agencies or officials shall not be deemed	Ala. Code § 34-24-53, 34-24-60	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners
540-X-9, Miscellaneous

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		a waiver of confidentiality or privilege established by this rule and the governing statute.		

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-10, Office-Based Surgery

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-10-.01	Case by case consideration required	The physician must decide on a case-by-case basis the location and level of service that is best for the physician's particular patient and procedure;	34-24-53	1
540-X-10-.01	Consideration of best interests	this decision must always be made with the patient's best interest in mind.	34-24-53	1
540-X-10-.01	Emergency complications plan required	Physicians who perform office-based procedures must have plans for managing emergency complications.	34-24-53	1
540-X-10-.01	Individual evaluation required for OBS procedures	(b) Patient Selection: Patients must be individually evaluated for each procedure to determine if the office is an appropriate setting for the anesthesia required and for the surgical procedure to be performed.	34-24-53	1
540-X-10-.01	Documented patient history required	(c) Patient Evaluation: Patients undergoing office-based surgery must have an appropriately documented history and physical examination as well as other indicated consultations and studies.	34-24-53	1
540-X-10-.01	Qualified persons to administer anesthesia	(d) Anesthesia: When deep sedation, major regional anesthesia or general anesthesia is provided in the office setting, it must be administered by a qualified person(s)2 other than the person performing the procedure.	34-24-53	1
540-X-10-.01	Constant patient monitoring required	Patients must be properly monitored before, during and after the procedure.	34-24-53	1
540-X-10-.01	Application of rules to licensed oral surgeons practicing dentistry	(3) These rules shall not apply to an oral surgeon licensed to practice dentistry who is also a physician licensed to practice medicine, if the procedure is exclusively for the practice of dentistry.	34-24-53	1
540-X-10-.01	Application of rules to licensed oral surgeons not practicing dentistry	An oral surgeon licensed to practice dentistry who is also a physician licensed to practice medicine and who performs office-based surgery other than the practice of dentistry shall comply with the requirements of these regulations for those procedures which fall outside the scope of practice of dentistry.	34-24-53	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-10, Office-Based Surgery

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-10-.03	Physician review of examination and evaluation	If a qualified person will be administering the anesthesia, the physician <u>shall</u> review with the qualified person the pre-anesthetic examination and evaluation.	34-24-53	1
540-X-10-.05	Competence and training in local anesthesia required	Practitioners <u>must</u> have documented competence and training to administer local anesthesia with sedation and to assist in any support or resuscitation measures as required.	34-24-53	1
540-X-10-.05	Training requirements for specific job skills	Scrub or Circulating nurse(s) and/or assistant(s) <u>must</u> be trained in their specific job skills as determined by the supervising physician.	34-24-53	1
540-X-10-.06	Physician Registration Requirement	(1) Physician Registration Requirement: The Alabama Board of Medical Examiners <u>requires</u> each physician who offers office-based surgery that requires moderate sedation, deep sedation or general anesthesia, as defined in these rules to register with the State Board of Medical Examiners as an office-based surgery physician.	34-24-53	1
540-X-10-.06	Readily available requirement for emergency equipment and supplies	(2) Equipment and supplies: Emergency resuscitation equipment, emergency life-saving medications, suction, and a reliable source of oxygen with a backup tank <u>must</u> be readily available.	34-24-53	1
540-X-10-.06	Physician Training Requirements	(3) Training required: The physician <u>must</u> be able to document satisfactory completion of training such as being Board certified or being an active candidate for certification by a Board approved by the American Board of Medical Specialties or comparable formal training.	34-24-53	1
540-X-10-.06	Approval required for alternative credentialing	Alternative credentialing for procedures outside the physician's core curriculum <u>must</u> be applied for through the Alabama Board of Medical Examiners and <u>must</u> be approved by the Board.	34-24-53	1
540-X-10-.06	ACLS Training Requirement	The physician and at least one assistant <u>must</u> be currently trained in Advanced Cardiac Life Support (ACLS).	34-24-53	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-10, Office-Based Surgery

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-10-.06	Competence and training in moderate sedation/analgesia required	Practitioners must have documented competence and training to administer moderate sedation/analgesia and to assist in any support or resuscitation measures as required.	34-24-53	1
540-X-10-.06	Procedure boundaries for administering sedation	The individual administering moderate sedation/analgesia and/or monitoring the patient cannot assist the physician in performing the surgical procedure.	34-24-53	1
540-X-10-.06	Training requirements for specific job skills	Scrub or Circulating nurse(s) and/or assistant(s) must be trained in their specific job skills as determined by the supervising physician.	34-24-53	1
540-X-10-.06	Immediately available requirement for ACLS-trained practitioner	At least one physician currently trained in ACLS must be immediately and physically available until the last patient is past the first stage of recovery.	34-24-53	1
540-X-10-.06	Immediately available requirement for ACLS-trained practitioner	At least one practitioner currently trained in ACLS must be immediately and physically available until the last patient is discharged from the facility.	34-24-53	1
540-X-10-.07	Physician Registration Requirement (same as 540-X-10-.06 above)	(1) Physician Registration Requirement: The Alabama Board of Medical Examiners requires each physician who offers office-based surgery that requires moderate sedation, deep sedation or general anesthesia, as defined in these rules to register with the State Board of Medical Examiners as an office-based surgery physician.	34-24-53	0 (identical requirement in 540-X-10-.06 above)
540-X-10-.07	Readily available requirement for emergency equipment and supplies	(2) Equipment and supplies: Emergency resuscitation equipment, emergency life-saving medications, suction, and a reliable source of oxygen with a backup tank must be readily available.	34-24-53	1
540-X-10-.07	Physician Training Requirements	(3) Training required: The physician must be able to document satisfactory completion of training such as being Board certified or being an active candidate for certification by a Board approved by the American Board of Medical Specialties or comparable formal training.	34-24-53	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-10, Office-Based Surgery

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-10-.07	Approval required for alternative credentialing	Alternative credentialing for procedures outside the physician's core curriculum must be applied for through the Alabama Board of Medical Examiners and must be approved by the Board.	34-24-53	1
540-X-10-.07	ACLS Training Requirement	The physician and at least one assistant must be currently trained in Advanced Cardiac Life Support (ACLS).	34-24-53	1
540-X-10-.07	Competence and training in deep sedation/analgesia required	Practitioners must have documented competence and training to administer deep sedation/analgesia and to assist in any support or resuscitation measures as required.	34-24-53	1
540-X-10-.07	Procedure boundaries for administering sedation	The individual administering deep sedation/analgesia and/or monitoring the patient cannot assist the physician in performing the surgical procedure.	34-24-53	1
540-X-10-.07	Training requirements for specific job skills	Scrub or Circulating nurse(s) and/or assistant(s) must be trained in their specific job skills as determined by the supervising physician.	34-24-53	1
540-X-10-.07	Immediately available requirement for ACLS-trained practitioner	At least one physician currently trained in ACLS must be immediately and physically available until the last patient is past the first stage of recovery.	34-24-53	1
540-X-10-.07	Immediately available requirement for ACLS-trained practitioner	At least one practitioner currently trained in ACLS must be immediately and physically available until the last patient is discharged from the facility.	34-24-53	1
540-X-10-.08	Physician Registration Requirement (identical to 540-X-10-.06 above)	(1) Physician Registration Requirement: The Alabama Board of Medical Examiners requires each physician who offers office-based surgery that requires moderate sedation, deep sedation or general anesthesia, as defined in these rules to register with the State Board of Medical Examiners as an office-based surgery physician	34-24-53	0 (identical requirement in 540-X-10-.06 above)
540-X-10-.08	Readily available requirement for emergency equipment and supplies	(2) Equipment and supplies: Emergency resuscitation equipment, suction and a reliable source of oxygen with a backup tank must be readily available.	34-24-53	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-10, Office-Based Surgery

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-10-.08	Physician Training Requirements	(3) Training required: The physician <u>must</u> be able to document satisfactory completion of training such as being Board certified or being an active candidate for certification by a Board approved by the American Board of Medical Specialties or comparable formal training.	34-24-53	1
540-X-10-.08	Approval required for alternative credentialing	Alternative credentialing for procedures outside the physician's core curriculum <u>must</u> be applied for through the Alabama Board of Medical Examiners and <u>must</u> be approved by the Board.	34-24-53	1
540-X-10-.08	ACLS Training Requirement	The physician and at least one assistant <u>must</u> be currently trained in Advanced Cardiac Life Support (ACLS).	34-24-53	1
540-X-10-.08	Competence and training in general/regional anesthesia required	Practitioners <u>must</u> have documented competence and training to administer general and regional anesthesia and to assist in any support or resuscitation measures as required.	34-24-53	1
540-X-10-.08	Procedure boundaries for administering anesthesia	The individual administering general and regional anesthesia and/or monitoring the patient <u>cannot</u> assist the physician in performing the surgical procedure.	34-24-53	1
540-X-10-.08	Training requirements for specific job skills	Scrub or Circulating nurse(s) and/or assistant(s) <u>must</u> be trained in their specific job skills as determined by the supervising physician.	34-24-53	1
540-X-10-.08	Immediately available requirement for ACLS-trained practitioner	At least one physician currently trained in ACLS <u>must</u> be immediately and physically available until the last patient is past the first stage of recovery.	34-24-53	1
540-X-10-.08	Immediately available requirement for ACLS-trained practitioner	At least one practitioner currently trained in ACLS <u>must</u> be immediately and physically available until the last patient is discharged from the facility.	34-24-53	1
540-X-10-.09	Recovery Area Monitoring Requirements	Monitoring in the recovery area should be performed by a dedicated person, trained in their specific job skills as determined by the supervising physician, and <u>must</u> include pulse oximetry and non-invasive blood pressure measurement.	34-24-53	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-10, Office-Based Surgery

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-10-.09	Recovery Area Monitoring Requirements	The patient <u>must</u> be assessed periodically for level of consciousness, pain relief, or any untoward complication.	34-24-53	1
540-X-10-.10	Requirements for infiltration methods in liposuction procedures	(2) When infiltration methods such as the tumescent technique are used in the performance of liposuction, the Standards for Office Based Procedures - General and Regional Anesthesia stated in Rule 540-X-10-.08 <u>shall</u> be met, including the physician registration requirement, the equipment and supplies requirement, the training requirement and the assistance of other personnel requirement.	34-24-53	1
540-X-10-.10	Requirements for infiltration methods in liposuction procedures	(3) When infiltration methods such as the tumescent technique are used in the performance of liposuction, the monitoring requirement found in Rule 540-X-10-.09, Recovery Area and Assessment for Discharge with Moderate and Deep Sedation/General Anesthesia - Monitoring Requirement, <u>must</u> be met.	34-24-53	1
540-X-10-.11	Adverse Event Reporting Requirement	(1) Reporting to the Alabama Board of Medical Examiners is <u>required</u> within three (3) business days of the occurrence and will include all surgical related deaths and all events related to a procedure(s) that resulted in an emergency transfer of the surgical patient to the hospital, anesthetic or surgical events requiring CPR, unscheduled hospitalization related to the surgery, and surgical site deep wound infection.	34-24-53	1
540-X-10-.11	Emergency Care and Transfer Plan Requirement	1. Emergency Care and Transfer Plan: A plan <u>shall</u> be developed for the provision of emergency medical care as well as the safe and timely transfer of patients to a nearby hospital should hospitalization be necessary.	34-24-53	1
540-X-10-.11	Immediately available requirement for ACLS-trained practitioner (identical to 540-X-10-.06, .07, .08 above)	(iii) At least one physician currently trained in ACLS <u>must</u> be immediately and physically available until the last patient is past the first stage of recovery.	34-24-53	0 (identical requirements in 540-X-10-.06, .07, .08 above)

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-10, Office-Based Surgery

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-10-.12	Physician Registration Requirement (identical to 540-X-10-.06, .07, .08 above)	(1) Prior to performing any office-based surgery/procedures as defined in this rule, registration is required of any physician who is licensed to practice medicine in Alabama, who maintains a practice location in Alabama, and who performs or offers to perform the following: (a) Any office-based surgery/procedure which requires moderate sedation, deep sedation or general anesthesia, as defined in these rules, or (b) Liposuction when infiltration methods such as the tumescent technique are used, or (c) Any procedure in which propofol is administered, given or used.	34-24-53	0 (identical requirement in 540-X-10-.06, .07, .08 above)
540-X-10-.12	Registration form required	(2) Registration shall be accomplished on a form provided by the Board.	34-24-53	1
540-X-10-.12	Notification of change in practice location required	After initially registering as an office-based surgery/procedures physician, it shall be the obligation of the registrant to advise the Board of any change in the practice location within the State of Alabama of that office-based surgery/procedures physician.	34-24-53	1
1540-X-10-.12	Definition of Office-Based Surgery/Procedures Physician	(4) For the purposes of these rules an “office-based surgery/procedures physician” shall mean any physician licensed to practice medicine in Alabama who performs or offers to perform in an office setting within the state of Alabama, any procedure that requires moderate sedation, deep sedation or general anesthesia, as defined in these rules, or who performs or offers to perform liposuction when infiltration methods such as the tumescent technique are used, or who performs or offers to perform any procedure in which propofol is administered, given, or used.	34-24-53	0
540-X-10-.12	Notification requirement by ALBME	(5) In January 2012, the Board of Medical Examiners shall cause a notice to be mailed to every physician who is licensed in the State of Alabama notifying them of the requirements contained in this Chapter.	34-24-53	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners
540-X-10, Office-Based Surgery

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-10-.12	Annual registration required	(6) Beginning January 2012, annual registration as an office-based surgery/ procedures physician <u>shall</u> be required,	34-24-53	1
540-X-10-.12	Electronic registration required	and registration <u>shall</u> be by electronic means.	34-24-53	1
540-X-10-.12	Deadline for annual registration	(7) Annual registration as an office-based surgery/ procedures physician <u>shall</u> be due by January 31 of each year.	34-24-53	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-11, Guidelines for the Use of Lasers and Other Modalities Affecting Living Tissue

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-11-.01	Purpose	Nothing in these rules <u>shall</u> be construed to relieve the supervising physician of the professional or legal responsibility for the care and treatment of the physician's patients.	34-24-53 34-24-53.1	0
540-X-11-.01	Purpose	(3) These rules <u>shall</u> not apply to the following: ((a) - (e))	34-24-53 34-24-53.1	0
540-X-11-.01	Purpose	(4) These rules <u>shall</u> apply to the removal of body art with LLBD but <u>shall</u> not apply to the practice of placing “body art,” as defined in Chapter 420-3-23 of the Administrative Rules of the Alabama Department of Public Health, which is not a part of patient treatment; and which is performed with equipment specifically manufactured for performing body art procedures and specifically used according to the manufacturer’s instructions and standard professional practice; and which is otherwise regulated by the Alabama Department of Public Health.	34-24-53 34-24-53.1	0
540-X-11-.01	Purpose	(5) These rules <u>shall not</u> apply to the use of a laser/pulsed light device, energy source, chemical or other modality that affects living tissue which occurs in “hospitals” as defined in the Code of Ala. 1975, §22-21-20.	34-24-53 34-24-53.1	0
540-X-11-.02	Definitions	(1) Ablative Treatment-Ablative treatment <u>shall</u> include any laser device, any energy-based device, any chemical, mechanical resection devices, or any modality that is expected or intended to remove, burn, or vaporize tissue extending below the dermal-epidermal junction, as well as any modality that causes coagulation necrosis or pure ablation at or below the dermal-epidermal junction.	34-24-53 34-24-53.1	0
540-X-11-.02	Definitions	(2) Direct Physician Supervision – Direct physician supervision <u>shall</u> mean that the physician <u>is</u> in the physical	34-24-53 34-24-53.1	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-11, Guidelines for the Use of Lasers and Other Modalities Affecting Living Tissue

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		presence of the patient being treated and <u>is</u> directly observing the use of the modality by a delegate.		
540-X-11-.02	Definitions	(7) Non-ablative Treatment - Non-ablative treatment shall include any laser/intense pulsed light treatment or other energy source, chemical or modality that, although not expected or intended to remove, burn, or vaporize tissue, is intended to cause controlled heat-induced thermal change/injury to produce a result. This shall include treatments related to laser hair removal and other devices defined in these rules.	34-24-53 34-24-53.1	0
540-X-11-.02	Definitions	(8) On-Site Supervision - On-site supervision shall mean continuous supervision in which the supervising physician <u>is</u> physically present in the same building as the appropriate, properly trained Legal 1 or 2 Delegate who is using an LLBD. All treatments and procedures must be performed under the physician's direction and immediate personal supervision	34-24-53 34-24-53.1	1
540-X-11-.02	Definitions	, and the physician must be immediately available at all times that the Level 1 or 2 Delegate is on duty.	34-24-53 34-24-53.1	1
540-X-11-.02	Definitions	(9) Locally Remote Supervision - Locally remote supervision shall mean the geographic physical proximity of a delegating physician to a Level 1 Delegate who is performing a non-ablative procedure who is not providing on-site supervision but who is readily available for consultation, evaluation, referral, or direct medical intervention in person or by telemedicine. A locally remote physician's geographic physical proximity from the patient's treatment site must not exceed the usual and customary response time of emergency	34-24-53 34-24-53.1	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-11, Guidelines for the Use of Lasers and Other Modalities Affecting Living Tissue

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		management services for the locality.		
540-X-11-.02	Definitions	Locally remote supervision may only be provided by American Board of Medical Specialties or American Osteopathic Association board-certified physicians who have completed post-graduate training in lasers, light-based devices, chemical peels, and any other modality that may be used to perform ablative treatment.	34-24-53 34-24-53.1	0
540-X-11-.03	Use of and Categories of Lasers and Other Modalities Affecting Living Tissue in the Practice of Medicine	(1) The use of lasers/pulsed light devices, or other energy source, chemical, or modality that affects living tissue, for the purpose of treating a physical disease, disorder, deformity, injury, or other condition, including cosmetic, shall constitute the practice of medicine pursuant to the Code of Ala. 1975, §34-24-50.	34-24-53 34-24-53.1	0
540-X-11-.04	Delegation and Supervision	(2) A delegating physician shall supervise the performance of all non-ablative treatments delegated to a Level 1 or 2 Delegate. This supervision must include: ((a) – (h))	34-24-53 34-24-53.1	1
540-X-11-.05	Written Protocols	Written protocols for the purpose of this section shall mean physician's order, standing delegation order, standing medical order, or other written order that is maintained on site.	34-24-53 34-24-53.1	1
540-X-11-.05	Written Protocols	A written protocol must be provided to the Board upon request and must provide, at a minimum, the following: ((1) – (11))	34-24-53 34-24-53.1	1
540-X-11-.06	Initial Training Requirements for Physicians and Delegates	Physicians and delegates involved in the use of lasers/pulsed light devices, or any energy source, chemical, or other modality that affects living tissue, whether applied for surgical, therapeutic, or cosmetic purposes, must meet the following training requirements before utilizing a device: ((1) – (3))	34-24-53 34-24-53.1	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-11, Guidelines for the Use of Lasers and Other Modalities Affecting Living Tissue

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-11-.06	Initial Training Requirements for Physicians and Delegates	(4) These initial training requirements shall not apply to any physician who holds a current registration with the Board to use pulsed light devices, or any energy source, chemical, or other modality that affects living tissue, whether applied for surgical, therapeutic, or cosmetic purposes as of January 1, 2024. Any Level 1 or 2 Delegates currently using lasers/ pulsed light devices, or any energy source, chemical, or other modality that affects living tissue, whether applied for surgical, therapeutic, or cosmetic purposes under supervision of a registered physician as set forth above as of January 1, 2024, shall not be required to complete the initial training requirements in this section.	34-24-53 34-24-53.1	0
540-X-11-.06	Initial Training Requirements for Physicians and Delegates	Any physicians who register to use lasers/pulsed light devices, or any energy source, chemical, or other modality that affects living tissue, whether applied for surgical, therapeutic, or cosmetic purposes after January 1, 2024, will be subject to the initial training requirements of this section.	34-24-53 34-24-53.1	0 (already required two rows up)
540-X-11-.07	Procedure and Device Requirements for Physicians and Delegates	Physicians and delegates involved in the use of LLBDs must complete a minimum number of procedure/ device-specific training hours, a minimum number of observed procedures, a minimum number of supervised procedures, and a minimum number of cases under supervision as set forth below. ((1) – (9))	34-24-53 34-24-53.1	1
540-X-11-.08	Remote Practice Site	(2) A Level 2 Delegate shall not use LLBDs at a remote practice site without their supervising physician on-site. Locally remote supervision is not allowed for a Level 2 Delegate.	34-24-53 34-24-53.1	1
540-X-11-.08	Remote Practice Site	(3) The physician shall examine the patient, establish a treatment plan, perform informed consent of the patient, and sign the patient chart prior to a Level 1 Delegate performing the	34-24-53 34-24-53.1	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-11, Guidelines for the Use of Lasers and Other Modalities Affecting Living Tissue

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		first non-ablative treatment of a patient for a particular disease or condition at a remote practice site.		
540-X-11-.08	Remote Practice Site	If any changes are made to the treatment plan or the treatment plan ends, the physician must re-examine the patient prior to any updated treatment being performed.	34-24-53 34-24-53.1	1
540-X-11-.09	Alternate Physicians	(1) If a delegating physician will be unavailable to supervise a Level 1 or 2 Delegate as required by these rules, arrangements shall be made for an alternate physician to provide that supervision.	34-24-53 34-24-53.1	1
540-X-11-.09	Alternate Physicians	(2) An alternate physician must have the same training in performance of non-ablative treatments as the primary supervising physician.	34-24-53 34-24-53.1	1
540-X-11-.09	Alternate Physicians	(3) Any alternate physician providing supervision shall affirm in writing to the Board of Medical Examiners that he or she is familiar with the protocols or standing delegation orders in use at the site, will be accountable for adequately supervising care provided pursuant to those protocols or standing delegation orders, and has the same training in performance of non-ablative treatments as the primary supervising physician.	34-24-53 34-24-53.1	1
540-X-11-.10	Quality Assurance	The physician must ensure that there is a quality assurance program for the facility where non-ablative procedures are performed for the purpose of continuously improving the selection and treatment of patients.	34-24-53 34-24-53.1	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-11, Guidelines for the Use of Lasers and Other Modalities Affecting Living Tissue

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-11-.10	Quality Assurance	An appropriate quality assurance program <u>shall</u> consist of the elements listed in paragraphs (1) -(5) of this section.	34-24-53 34-24-53.1	0
540-X-11-.12	Safe Use of Lasers	All equipment used for the purposes stated in this Chapter <u>must</u> be inspected, calibrated, and certified as safe to use according to the manufacturer's specifications.	34-24-53 34-24-53.1	1
540-X-11-.13	Registration of Physicians Using Lasers in the Practice of Medicine	(1) Every physician who proposes to perform any LLBD procedure in Alabama under these rules <u>shall</u> register with the Board prior to performing any procedure.	34-24-53 34-24-53.1	1
540-X-11-.13	Registration of Physicians Using Lasers in the Practice of Medicine	(2) Registration <u>shall</u> be accomplished on a form provided by the Board.	34-24-53 34-24-53.1	0
540-X-11-.13	Registration of Physicians Using Lasers in the Practice of Medicine	(3) After initially registering, it <u>shall</u> be the obligation of the registrant to notify the Board in writing of any change or addition of facility location where LLBD procedures occur or are offered for use.	34-24-53 34-24-53.1	1
540-X-11-.13	Registration of Physicians Using Lasers in the Practice of Medicine	(4) Beginning January 2024, annual registration as a provider of LLBD procedures <u>shall</u> be required and shall be accomplished by electronic means.	34-24-53 34-24-53.1	1
540-X-11-.13	Registration of Physicians Using Lasers in the Practice of Medicine	(5) Annual registration as an LLBD provider <u>shall be due by January 31 of each year.</u>	34-24-53 34-24-53.1	0
540-X-11-.14	Reporting Requirement for Adverse Events	Every physician who performs or supervises the performance of a procedure covered under these rules <u>shall</u> report to the Board within three (3) business days the occurrence of all events related to a procedure that resulted in an emergency transfer of	34-24-53 34-24-53.1	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-11, Guidelines for the Use of Lasers and Other Modalities Affecting Living Tissue

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		a patient to a hospital, unscheduled hospitalization related to the procedure, third-degree dermal injury, or death.		
540-X-11-.15	Effective Date	The deadline for compliance with the provisions of this section will be one year following the final adoption of this rule.	34-24-53 34-24-53.1	0
540-X-11-.16	Continuing Education and Minimum Annual Procedures Required	(1) Level 1 and 2 Delegates must complete a minimum number of hours of continuing LLBD education and a minimum number of procedures to continue performing LLBD procedures under these guidelines.	34-24-53 34-24-53.1	1
540-X-11-.16	Continuing Education and Minimum Annual Procedures Required	Physicians are exempt from continued LLBD education and an annual minimum number of procedures but must maintain proper training on any procedure or device a Level 1 or 2 Delegate is allowed to utilize.	34-24-53 34-24-53.1	1
540-X-11-.16	Continuing Education and Minimum Annual Procedures Required	If a delegate fails to meet these requirements, he or she must complete the initial training and procedure-specific training set forth in these guidelines.	34-24-53 34-24-53.1	1
540-X-11-.16	Continuing Education and Minimum Annual Procedures Required	(2) Level 1 Delegates must annually complete a minimum of four (4) hours of continuing LLBD education, and Level 2 Delegates must annually complete a minimum of six (6) hours of continuing LLBD education.	34-24-53 34-24-53.1	1
540-X-11-.16	Continuing Education and Minimum Annual Procedures Required	(5) Level 1 Delegates must complete a minimum of ten (10) total LLBD procedures per year, and Level 2 Delegates must complete a minimum of thirty (30) total LLBD procedures per year.	34-24-53 34-24-53.1	1
540-X-11-.16	Continuing Education and Minimum Annual Procedures Required	(6) Level 1 Delegates must complete a minimum of ten (10) procedures in each procedure category they practice within, and Level 2 Delegates must complete a minimum of thirty (30) procedures in each procedure category they practice within.	34-24-53 34-24-53.1	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-12, Qualified Alabama Controlled Substances Registration Certificate (QACSC)

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-12-.01	Definitions	The following definitions <u>shall</u> apply to the rules in this chapter	20-2-60	0
540-X-12-.01(5)	Definitions, Excessive Dispensing	Drug addiction <u>shall</u> not be considered an illness or condition which would justify the continued dispensing of a controlled substance, except in gradually decreasing dosages administered to the patient for the purpose of curing the addiction.	20-2-60	0
540-X-12-.01(6)	Definitions, Physician Supervision	Physician supervision <u>requires</u> that there <u>shall</u> be at all times a direct continuing and close supervisory relationship between the assistant to physician and the supervising physician to whom that assistant is registered.	34-24-290(6)	0
540-X-12-.02(4)	General Requirements	A P.A. who prescribes, administers authorizes for administration or dispenses any controlled substance within Alabama or who proposes to engage in the prescribing, administering, authorizing for administration or dispensing of any controlled substance within Alabama <u>shall</u> obtain, annually, a QACSC for each registration of the P.A. by the Board to perform medical services under the supervision of a physician.	20-2-61	0
540-X-12-.02(5)	General Requirements	A P.A. who prescribes, administers, authorizes for administration or dispenses, or who proposes to engage in the prescribing, administering, authorizing for administration or dispensing of any controlled substance within Alabama <u>shall</u> obtain the appropriate registration or registrations issued by the United States Drug Enforcement Administration.	20-2-63(a)	0
540-X-12-.03	Requirements For the Issuance of a Qualified Alabama Controlled Substances Registration Certificate (QACSC)	To qualify for a QACSC, an individual <u>must</u> meet the following requirements: (1) Be a Physician Assistant (P.A.) who holds a current and unrestricted license issued by the Board and who is registered by the Board to perform medical services under the supervision of a physician who holds and a maintains a valid, current and	20-2-62	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-12, Qualified Alabama Controlled Substances Registration Certificate (QACSC)

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		unrestricted Alabama Controlled Substances Registration Certificate (ACSC);		
540-X-12-.03	Requirements For the Issuance of a Qualified Alabama Controlled Substances Registration Certificate (QACSC)	(5) Submit an application on forms provided by the Board	20-2-62	1
540-X-12-.03	Requirements For the Issuance of a Qualified Alabama Controlled Substances Registration Certificate (QACSC)	(7) Pay the <u>required</u> application fee <u>required</u> by the Board.	20-2-67(a)	0
540-X-12-.03.01	Application For A Qualified Alabama Controlled Substances Registration Certificate (QACSC)	An applicant for a Qualified Alabama Controlled Substances Certificate <u>shall</u> disclose whether: (1) Applicant's privilege for prescribing controlled substances has ever been suspended, restricted, voluntarily surrendered while under investigation, revoked, or disciplined in any manner in any state or U.S. territory.	20-2-64	1
540-X-12-.03.01	Application For A Qualified Alabama Controlled Substances Registration Certificate (QACSC)	(4) Applicant's staff privileges at any hospitals have ever been suspended, restricted, revoked, or disciplined in any manner for any reason related to the prescribing or administering of controlled substances.	20-2-64	1
540-X-12-.03.01	Application For A Qualified Alabama Controlled Substances Registration Certificate (QACSC)	(5)(c) Applicant <u>shall</u> initial certifying an understanding of a statement of the duty as a licensee to address any such condition, which states as follows:	20-2-64	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-12, Qualified Alabama Controlled Substances Registration Certificate (QACSC)

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-12-.04	Issuance Of A Qualified Alabama Controlled Substances Registration Certificate (QACSC)	(2) Every QACSC issued shall have a unique QACSC number which identifies the particular applicant as a P.A. with a valid QACSC.	20-2-61	0
540-X-12-.04.01	Issuance Of An Additional Qualified Alabama Controlled Substances Registration Certificate (QACSC)	(1) After the first QACSC for an approved registration has been obtained by a Physician Assistant pursuant to Board Rules 540-X-12-.02, .03 and .04, any subsequent QACSC obtained for an additional registration shall be designated an additional QACSC.	20-2-61(c)	0
540-X-12-.04.01	Issuance Of An Additional Qualified Alabama Controlled Substances Registration Certificate (QACSC)	(2) Every additional QACSC issued shall have a unique QACSC number which identifies the particular applicant as a Physician Assistant with a valid QACSC.	20-2-61(c)	0
540-X-12-.05	Renewal Of A Qualified Alabama Controlled Substances Registration Certificate (QACSC)	(1) Renewal of a QACSC shall be annually on or before January 1st of each year.	20-2-61(a)	1
540-X-12-.05	Renewal Of A Qualified Alabama Controlled Substances Registration Certificate (QACSC)	An application for annual renewal of a QACSC shall be received by the Board on or before December 31st	20-2-61(a)	1
540-X-12-.05	Renewal Of A Qualified Alabama Controlled Substances Registration Certificate (QACSC)	and shall be accompanied by the required QACSC renewal fee.	20-2-67	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-12, Qualified Alabama Controlled Substances Registration Certificate (QACSC)

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-12-.05(2)	Renewal Of A Qualified Alabama Controlled Substances Registration Certificate (QACSC)	The Board shall not renew the QACSC of any P.A. when an administrative fine has been assessed by the Board until such fine is paid in full. In the event that the fine is subsequently reduced or set aside on judicial review, the P.A. shall be entitled to a prompt refund of the amount of the fine, but shall not be entitled to interest thereon.	34-24-305	0
540-X-12-.05(3)	Renewal Of A Qualified Alabama Controlled Substances Registration Certificate (QACSC)	As a requirement for renewing a QACSC, a P.A. shall obtain, every two years, four (4) AMA PRA Category 1 credits™ or equivalent through a Board approved course or courses regarding the prescribing of controlled substances.	20-2-61 20-2-69	1
540-X-12-.05(4)	Renewal Of A Qualified Alabama Controlled Substances Registration Certificate (QACSC)	Before renewing a Qualified Alabama Controlled Substances Certificate, the applicant shall have a current registration to access the Controlled Substances Prescription Database established and maintained by the Alabama Department of Public Health.	20-2-61(a) 20-2-69	1
540-X-12-.05(5)	Renewal Of A Qualified Alabama Controlled Substances Registration Certificate (QACSC)	Before renewing a Qualified Alabama Controlled Substances Certificate, an applicant shall have a current and appropriate registration issued by the United States Drug Enforcement Administration.	20-2-61 20-2-63(a)	0
540-X-12-.05.01	Renewal Of A Qualified Alabama Controlled Substances Registration Certificate (QACSC) – Required Disclosures	The applicant shall disclose whether (a) Applicant's privilege for dispensing or prescribing controlled substances has ever been suspended, restricted, voluntarily surrendered while under investigation, revoked, or disciplined in any manner in any state or U.S. territory.	20-2-61(a) 20-2-64(8)	1
540-X-12-.05.01(e)(3)	Renewal Of A Qualified Alabama Controlled Substances Registration Certificate (QACSC) –	Applicant shall initial certifying an understanding of a statement of the duty as a licensee to address any such condition, which states as follows:	20-2-64	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-12, Qualified Alabama Controlled Substances Registration Certificate (QACSC)

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
	Required Disclosures			
540-X-12-.06(1)	Fees - Qualified Alabama Controlled Substances Registration Certificate (QACSC)	An applicant for a QACSC shall submit to the Board an application fee in the amount of one hundred and ten dollars (\$110.00), which includes the fee payable to the Alabama Department of Public Health Prescription Drug Monitoring Data Bank required by Code of Ala. 1975, §20-2-217.	20-2-67(a)	1
540-X-12-.06(2)	Fees - Qualified Alabama Controlled Substances Registration Certificate (QACSC)	An applicant for annual renewal of a QACSC submitted on or before December 31 shall submit to the Board a QACSC renewal fee in the amount of Sixty Dollars (\$60.00), which includes the fee payable to the Alabama Department of Public Health Prescription Drug Monitoring Data Bank required by Code of Ala. 1975, §20-2-217.	20-2-67(a)	1
540-X-12-.06(3)	Fees - Qualified Alabama Controlled Substances Registration Certificate (QACSC)	An applicant for annual renewal of a QACSC submitted after the renewal deadline of December 31 and prior to January 31 shall submit to the Board a QACSC renewal fee in the amount of Sixty Dollars (\$60.00), which includes the fee payable to the Alabama Department of Public Health Prescription Drug Monitoring Data Bank required by Code of Ala. 1975, §20-2-217, and a late fee in the amount of Seventy-Five Dollars (\$75.00)	20-2-67(a)	1
540-X-12-.06(4)	Fees - Qualified Alabama Controlled Substances Registration Certificate (QACSC)	An applicant for annual renewal of a QACSC submitted after January 31 shall submit to the Board of QACSC renewal fee in the amount of Sixty Dollars (\$60.00) which includes the fee payable to the Alabama Department of Public Health Prescription Drug Monitoring Data Bank required by Code of Ala. 1975, §20-2-217, and a penalty fee in the amount of One Hundred Ten Dollard (\$110.00).	20-2-67(a)	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-12, Qualified Alabama Controlled Substances Registration Certificate (QACSC)

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-12-.06(5)	Fees - Qualified Alabama Controlled Substances Registration Certificate (QACSC)	An applicant for annual renewal of a QACSC submitted after January 31 who has also prescribed controlled substances between January 1 and the date of application <u>shall</u> submit to the Board a QCSAS renewal fee in the amount of Sixty Dollars (\$60.00), which includes the fee payable to the Alabama Department of Public Health Prescription Drug Monitoring Data Bank <u>required</u> by Code of Ala. 1975, §20-2-217, and a penalty fee in the amount of One Hundred Fifty Dollars (\$150.00).	20-2-67(a)	1
540-X-12-.07(2)	Utilization Of Qualified Alabama Controlled Substances Registration Certificate (QACSC) - Limitations.	A P.A. <u>shall</u> not prescribe, administer, or authorize for administration any controlled substance enumerated in Schedule I or Schedule II.	20-2-63(a)	1
540-X-12-.07(3)	Utilization Of Qualified Alabama Controlled Substances Registration Certificate (QACSC) - Limitations	A P.A. <u>shall</u> prescribe, administer, authorize for administration or dispense controlled substances in accordance with the requirements of Code of Ala. 1975, §§20-2-60 through 20-2-69; any other applicable sections of the Alabama Uniform Controlled Substances Act (Code of Ala. 1975, §20-2-1, et. seq.); Board rules; protocols and medical regimens established by the Board for regulation of a QACSC; and any requirements or limitations established in an approved formulary by the supervising physician to whom the Physician Assistant is registered.	20-2-63(a)	0
540-X-12-.07(4)	Utilization Of Qualified Alabama Controlled Substances Registration Certificate (QACSC) - Limitations.	A P.A. <u>shall</u> not utilize his or her QACSC for the purchasing, obtaining, maintaining or ordering of any stock supply or inventory of any controlled substance in any form.	20-2-63(b)	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-12, Qualified Alabama Controlled Substances Registration Certificate (QACSC)

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-12-.07(6)	Utilization Of Qualified Alabama Controlled Substances Registration Certificate (QACSC) - Limitations	A P.A. <u>shall</u> not prescribe, administer, authorize for administration or dispense any controlled substance to his or her own self, spouse, child or parent.	20-2-63(c)	0
540-X-12-.07(7)	Utilization Of Qualified Alabama Controlled Substances Registration Certificate (QACSC) - Limitations	If the Alabama Controlled Substances Certificate of the supervising physician under whose supervision the P.A. utilizes a QACSC becomes inactive, revoked, suspended, restricted, or placed on probation, then the QACSC of the P.A. <u>shall</u> be administratively terminated by operation of law.	20-2-61(a)	1
540-X-12-.07(8)	Utilization Of Qualified Alabama Controlled Substances Registration Certificate (QACSC) - Limitations	When utilizing controlled substances for the treatment of pain, a QACSC holder <u>shall</u> comply with Ala. Admin. Code r. 540-X-4-.08, Requirements for the Use of Controlled Substances for the Treatment of Pain.	20-2-63(a)	0 REPEALED as of 9/14/2023
540-X-12-.07.01(1)	Prescription Guidelines - Qualified Alabama Controlled Substances Registration Certificate (QACSC)	When prescribing controlled substances, a P.A. <u>shall</u> use a prescription form which includes all of the following (a) The name, medical practice site address and telephone number of the supervising physician. (b) The name of the P.A. (c) The medical practice site address and telephone number of the P.A. if different from that of the supervising physician. (d) The P.A.'s license number. (e) The words "Product Selection Permitted" printed on one side of the prescription form directly beneath a signature line. (f) The words "Dispense as written" printed on one side of the prescription form directly beneath a signature line.	20-2-63(a)	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-12, Qualified Alabama Controlled Substances Registration Certificate (QACSC)

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		(g) The date that the prescription is issued to the patient. (h) The patient's full name and address. (i) The P.A.'s QACSC registration number.		
540-X-12-.09(1)	Due Process Proceedings, Denial And Discipline - Qualified Alabama Controlled Substances Registration Certificate (QACSC)	Before denying an application for a QACSC, denying an application for renewal or reinstatement of a QACSC or disciplining a P.A. possessing a QACSC, the Board shall serve upon the P.A. an order to show cause why registration should not be denied or disciplined.	20-2-64, 65	0
540-X-12-.09(2)	Due Process Proceedings, Denial And Discipline - Qualified Alabama Controlled Substances Registration Certificate (QACSC)	Any hearing concerning the order to show cause shall be before the Board.	20-2-65(a)	0
540-X-12-.09(3)	Due Process Proceedings, Denial And Discipline - Qualified Alabama Controlled Substances Registration Certificate (QACSC)	The order to show cause shall contain a statement of the basis therefor and shall call upon the applicant or registrant to appear before the Board at a time and place not less than thirty (30) days after the date of service of the order, but in the case of denial of renewal of registration, the show cause order shall be served not later than thirty (30) days before the expiration of the registration.	20-2-65	0
540-X-12-.09(4)	Due Process Proceedings, Denial And Discipline - Qualified Alabama Controlled Substances Registration Certificate (QACSC)	Proceedings to refuse renewal of registration shall not abate the existing registration which shall remain in effect pending the outcome of the administrative hearing.	20-2-64	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-12, Qualified Alabama Controlled Substances Registration Certificate (QACSC)

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-12-.09(5)	Due Process Proceedings, Denial And Discipline - Qualified Alabama Controlled Substances Registration Certificate (QACSC)	The Board may restrict, suspend or revoke a QACSC or assess an administrative fine against a QACSC whenever a P.A. shall be found guilty on the basis of substantial evidence of any of the acts or offenses enumerated in Rule 540-X-12-.08.	20-2-64	0
540-X-12-.09(7)	Due Process Proceedings, Denial And Discipline - Qualified Alabama Controlled Substances Registration Certificate (QACSC)	The Board shall promptly notify the Drug Enforcement Administration of the United States Department of Justice of all orders suspending or revoking a QACSC.	20-2-65(d)	0
540-X-12-.09(8)	Due Process Proceedings, Denial And Discipline - Qualified Alabama Controlled Substances Registration Certificate (QACSC)	Any hearing before the Board shall be considered a contested case under the Alabama Administrative Procedure Act, Section 41-22-1, and shall be conducted in accordance with the requirements of that Act.	20-2-65(e)	0
540-X-12-.09(9)	Due Process Proceedings, Denial And Discipline - Qualified Alabama Controlled Substances Registration Certificate (QACSC)	In a hearing on a request for reinstatement of a QACSC, the applicant shall have the burden of establishing to the reasonable satisfaction of the Board that the applicant is entitled to the specific relief requested.	20-2-64	0
540-X-12-10	Conduct of Hearings - Qualified Alabama Controlled Substances Registration	Except when Code of Ala. 1975, §§20-2-60 through 20-2-69 and Rule 540-X-12-.09 are in conflict and shall take precedence, hearings related to a QACSC are to be governed and conducted in accordance with Board Rules 540-X-6-.03 (Hearing Officer); 540-X-6-.04; and	20-2-65(e)	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-12, Qualified Alabama Controlled Substances Registration Certificate (QACSC)

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
	Certificate (QACSC)	540-X-6-.05.		
540-X-12-.11(2)	Administrative Fines - Qualified Alabama Controlled Substances Registration Certificate (QACSC)	All administrative fines levied by the Board shall be due and payable to the Board within thirty (30) days from the date the fine is levied.	20-2-67(c)	1
540-X-12-.11(3)	Administrative Fines - Qualified Alabama Controlled Substances Registration Certificate (QACSC)	All administrative fines received by the Board shall be deposited to the general revenues of the Board and may be expended for the general operation of the Board.	20-2-67	0
540-X-12-.12(4)	Administrative Costs - Qualified Alabama Controlled Substances Registration Certificate (QACSC)	Claims for administrative costs shall be submitted for review by the Board pursuant to a verified bill of costs on a form approved by the Board. The bill of costs shall be filed with the Board Secretary within twenty-one (21) days from the close of evidence in the proceeding. Any ruling on administrative costs shall be made by the Board at the scheduled monthly meeting following submission of the bill of costs.	20-2-67(a)	1
540-X-12-.12(5)	Administrative Costs - Qualified Alabama Controlled Substances Registration Certificate (QACSC)	Payment of the administrative costs ordered by the Board shall be made and enforced in the same manner as an administrative fine stated in Rule 540-X-12-.11.	20-2-67(a)	1
540-X-12-.13(3)	Appeals - Qualified Alabama Controlled Substances Registration Certificate (QACSC)	The following procedures shall take precedence over Code of Ala. 1975, §41-22-20(c) relating to the issuance of a stay of any order of the Board suspending, revoking or restricting a QACSC. The suspension, revocation or restriction of a QACSC shall be	20-2-66(c)	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-12, Qualified Alabama Controlled Substances Registration Certificate (QACSC)

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		given immediate effect and no stay or supersedeas shall be granted pending judicial review of a decision by the Board to suspend, revoke or restrict a QACSC unless a reviewing court, upon proof by the party seeking judicial review, finds in writing that the action of the Board was taken without statutory authority, was arbitrary or capricious or constituted a gross abuse of discretion.		
540-X-12-.13(4)	Appeals - Qualified Alabama Controlled Substances Registration Certificate (QACSC)	No security shall be required of the Board.	20-2-66(d)	0
540-X-12-.14	Access To Records - Qualified Alabama Controlled Substances Registration Certificate (QACSC)	The Board, its agents, attorneys, investigators, or inspectors shall be permitted access to inspect and copy any records of a P.A., including patient records, which relate to a request for a QACSC; a renewal of a QACSC; possible violations of any of the provisions of the Alabama Uniform Controlled Substances Act; possible violations of Code of Ala. 1975, §§20-2-60 through 20-2-69; or possible violations of any Board rule governing a QACSC.	20-2-61(b)	0
540-X-12-.15(1)	Covering Physician - Qualified Alabama Controlled Substances Registration Certificate (QACSC)	A covering physician, as defined and designated in Board Rule 540-X-7-.24, who applies to supervise or does supervise a P.A. possessing a QACSC, shall hold a valid, current and unrestricted Alabama Controlled Substances Registration Certificate (ACSC).	20-2-62(1)	1
540-X-12-.15(2)	Covering Physician - Qualified Alabama Controlled Substances Registration	The covering physician shall state in writing to the Board the following: (a) That he or she is familiar with the Board rules concerning the QACSC;	20-2-62(1)	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-12, Qualified Alabama Controlled Substances Registration Certificate (QACSC)

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
	Certificate (QACSC)	(b) That he or she is familiar with any protocols or medical regimens adopted by the Board concerning the QACSC; (c) That he or she is familiar with any limitation on the prescribing of controlled substances agreed to in the approved formulary by the P.A. and the supervising physician to whom the P.A. is registered; and (d) That, having full knowledge of the authority of the P.A. to prescribe controlled substances, he or she agrees to supervise the P.A. accordingly.		
540-X-12-.16	Controlled Substances Prescription Database Access. All P.A.	All P.A.s possessing a QACSC who are permitted access to the information in the controlled substances database <u>shall</u> abide by the requirements and limitations stated in Code of Ala. 1975, §§ 20-2-210 through 20-2-220, where applicable.	20-2-210 through 220	0
540-X-12-.18(1)	Risk And Abuse Mitigation Strategies	It is the opinion of the Board that the best practice when prescribing controlled substances <u>shall</u> include medically appropriate risk and abuse mitigation strategies, which will vary from patient to patient.	20-2-63	1
540-X-12-.18(2)	Risk And Abuse Mitigation Strategies	Every practitioner <u>shall</u> 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.	20-2-63	1
540-X-12-.18(3)	Risk And Abuse Mitigation Strategies	Every practitioner <u>shall</u> utilize medically appropriate risk and abuse mitigation strategies when prescribing controlled substances.	20-2-63	1
540-X-12-.18(3)(f)	Risk And Abuse Mitigation Strategies	Using validated risk-assessment tools, examples of which <u>shall</u> be maintained by the Board;	20-2-63	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-12, Qualified Alabama Controlled Substances Registration Certificate (QACSC)

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-12-.18(5)	Risk And Abuse Mitigation Strategies	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):	20-2-63	1
540-X-12-.18(5)(b)	Risk And Abuse Mitigation Strategies	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.	20-2-63(a)	1
540-X-12-.18(5)(c)	Risk And Abuse Mitigation Strategies	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.	20-2-63(a)	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-13, Alabama Physician Health Program

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-13-.02	Operation of Alabama Physician Health Program	The program <u>shall</u> operate under the direction of the Alabama Physician Wellness Committee as established by Act 88-536.	34-24-400	0
540-X-13-.02	Composition of Alabama Physician Wellness Committee	The Committee <u>shall</u> consist of not less than three (3) nor more than fifteen (15) physicians or osteopaths licensed to practice medicine in this State.	34-24-400	0
540-X-13-.05	Confidentiality of records received	All such information, evaluations, documents, reports, treatment records or medical records received by the board in a report submitted pursuant to this subsection <u>shall</u> be privileged and confidential and <u>shall</u> not be public records nor available for court subpoena or for discovery proceedings but may be used by the board in the course of its investigations and may be introduced as evidence in administrative hearings conducted by the board or by the Medical Licensure Commission.	34-24-404	0
540-X-13-.05	Reporting requirement for physician violations	(5) In the case of a physician who is placed under disciplinary sanction by an order of the Board of Medical Examiners or the Medical Licensure Commission or as a result of a voluntary or involuntary restriction on his or her Certificate of Qualification or license to practice medicine which requires that the physician enter into and comply with an after-care agreement with the committee, then the committee <u>must</u> report to the Board or to the commission, as appropriate, any violation or deviation by the physician of the terms and conditions of his or her after-care agreement.	34-24-402	0
540-X-13-.06	Confidentiality of committee records and proceedings	All records and proceedings of such committee <u>shall</u> be confidential and shall be used by such committee and the members thereof only in the exercise of the proper function of the committee and <u>shall not</u> be public records nor available for court subpoena or for discovery proceedings.	34-24-404	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-14, Continuing Medical Education

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-14-.01	Purpose	The continuing medical education program requirements, policies, and procedures set forth in this Chapter are required for all licensees holding a license to practice medicine who reside within the State of Alabama.	34-24-336(b)	0
540-X-14-.02	Basic Requirement	(1) Every physician licensed to practice medicine in Alabama who resides or practices in the state must earn in each calendar year, on or before December 31,	34-24-336(b)	1
		not less than twenty five (25) AMA PRA Category 1 Credits™ or the equivalent as defined in this rule of continuing medical education.	34-24-336(b)	1
540-X-14-.02	Basic Requirement	(b) Carrying forward credits shall not be allowed thereafter.	34-24-336(b)	1
540-X-14-.02	Basic Requirement	(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.	34-24-336(b)	1
540-X-14-.02	Basic Requirement	(3) The following 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) - (e))	34-24-336(b)	1
540-X-14-.02	Basic Requirement	(4)(a) Prescribed programs of continuing medical education required by the Board under the provisions of this paragraph shall count toward the basic requirement for continuing medical education as set forth in paragraph (1) above in the calendar year in which the program or course of continuing medical education was completed.	34-24-336(b)	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-14, Continuing Medical Education

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-14-.02	Basic Requirement	Programs of continuing medical education developed by the Board under the provisions of this section and made available to physicians and osteopaths shall be deemed to be the equivalent of AMA PRA Category 1 Credit™ continuing medical education for the purposes of this rule.	34-24-336(b)	1
540-X-14-.02	Basic Requirement	(b) The notice will contain a deadline by which time the licensee must have completed the prescribed course of continuing medical education, provided, however, that the deadline will not be less than 12 months following the date that the notice was mailed to the licensees.	34-24-336(b)	1
540-X-14-.03	Persons Affected	Every physician holding a current license to practice medicine in the State of Alabama who resides in the State of Alabama is required to comply with the minimum requirement for continuing medical education established by these rules.	34-24-336(b)	0
540-X-14-.03	Persons Affected	Physicians holding a license to practice medicine issued by the State of Alabama who do not reside within the State of Alabama are exempt from this Chapter; except that a physician who maintains his personal residence outside of the State of Alabama but who maintains a significant medical practice within the State of Alabama is not exempt and must comply with the continuing medical education requirements established by these rules.	34-24-336(b)	1
540-X-14-.03	Persons Affected	The provisions of this Chapter shall apply to licenses issued without examination (limited licenses) issued under the provisions of §34-24-75, except that physicians who are enrolled or were enrolled in a residency training program or a clinical fellowship program during any part of the calendar year are exempt.	34-24-336(b)	1
540-X-14-.04	Retired Physicians	An application for a waiver due to retirement shall be deemed a request for a voluntary restriction on the physician's certificate of qualification and license to practice medicine under Section 34-24-361(g) which	34-24-336; 34-24-339	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-14, Continuing Medical Education

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		prohibits the physician from engaging in the practice of medicine in any form while the waiver is in effect.		
540-X-14-.04	Retired Physicians	During any period of time in which a physician with an active license to practice medicine has been granted a waiver due to retirement by the Board, the status of such physician's license shall be "active with restriction due to retirement".	34-24-339	0
540-X-14-.04	Retired Physicians	The restriction shall be considered non-disciplinary, shall not be reportable to the National Practitioner Data Bank and shall not be published in the Board of Medical Examiners' Newsletter.	34-24-339	1
540-X-14-.04	Retired Physicians	The restriction shall be a matter of public record and available to any person or organization requesting verification of the license status of the physician.	34-24-339	1
540-X-14-.04	Retired Physicians	In order to be granted a waiver due to retirement, the physician must voluntarily surrender his current Alabama Controlled Substances Registration Certificate, which must accompany the application for waiver.	34-24-339	1
540-X-14-.04	Retired Physicians	A retired physician who has claimed exemption from the minimum continuing medical education requirement pursuant to this rule and who at a subsequent time desires to re-enter the practice of medicine in any form shall submit to the Board an application for removal of waiver status and proof that he has complied with the continuing medical education requirement as set forth in Rule 540-X-14-.02.	34-24-339	1
540-X-14-.04	Retired Physicians	Documentation necessary to establish compliance shall be in accordance with Rule 540-X-14-.10.	34-24-339	0
540-X-14-.05	Exemption for Initial License	Physicians receiving their initial license to practice medicine in Alabama	34-24-336(b)	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-14, Continuing Medical Education

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		are exempt from the minimum continuing medical education requirement for the calendar year in which they receive their initial license.		
540-X-14-.06	Exemption for Physicians on Military Deployment	A physician 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 minimum continuing medical education requirement for the calendar year in which he or she is deployed.	34-24-336(b)	1
540-X-14-.07	Waiver For Illness Or Disability	A waiver may be granted or denied within the sole discretion of the Board of Medical Examiners, 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.	34-24-336(b)	0
540-X-14-.08	Effective Date	The Alabama Program of Continuing Medical Education shall become effective October 1, 1991 and shall apply to each calendar year thereafter.	34-24-336(b)	0
540-X-14-.09	Certification Of Compliance	Every physician shall certify annually that he or she has met or will meet by December 31 the minimum annual continuing medical education requirement established pursuant to this Chapter.	34-24-336(c)	0
540-X-14-.09	Certification Of Compliance	This certification will be made on a form provided on the annual license registration certificate application required to be submitted by every licensed physician on or before December 31st of each year.	34-24-336(c)	0
540-X-14-.09	Certification Of Compliance	The certification shall be in the following form: (a-b)	34-24-336(b)	1
540-X-14-.10	Record Keeping Requirement	Every physician subject to the minimum continuing medical education requirement established in this Chapter shall maintain records of attendance or certificates of completion demonstrating compliance with the minimum continuing medical education requirement.	34-24-336(b)	1
540-X-14-.10	Record Keeping Requirement	Documentation adequate to demonstrate compliance with the minimum continuing medical education requirement of this Chapter shall consist of certificates of attendance, completion certificates, proof of registration,	34-24-336(b)	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-14, Continuing Medical Education

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		or similar documentation issued by the organization or entity sponsoring or conducting the continuing medical education program.		
540-X-14-.10	Record Keeping Requirement	These records <u>shall</u> be maintained by the physician for a period of three (3) years following the year in which the continuing medical education credits were earned and are subject to examination by representatives of the State Board of Medical Examiners upon request.	34-24-336(b)	1
540-X-14-.10	Record Keeping Requirement	Every physician subject to the continuing medical education requirement of this Chapter <u>shall</u> , upon request, submit a copy of such records to the State Board of Medical Examiners for verification.	34-24-336(b)	1
540-X-14-.12	Issuance Of Annual Certificate Of Registration	The Medical Licensure Commission <u>shall not</u> issue to any physician licensed in the State of Alabama who is not exempt an annual certificate of registration pursuant to §34-24-337, unless the physician certifies in writing upon the application for certificate of registration that he or she has met or will meet by December 31 the minimum continuing medical education requirements prescribed in these rules.	34-24-336(b)	1
540-X-14-.13	Reinstatement After Inactivation Of License Under Section 34-24-337	If a physician's license has automatically become inactive by operation of §34-24-337 and the physician subsequently applies to the Medical Licensure Commission for reinstatement of such license, the applicant <u>must</u> submit proof of completion of not less than twenty-five (25) AMA PRA Category 1 Credits™ or the equivalent as defined Rule 540-X-14-.02 continuing medical education within the preceding twelve (12) months as a condition precedent to the reinstatement of such license.	34-24-336(b)	1
540-X-14-.14	Compliance Review	It <u>shall</u> be the responsibility of the State Board of Medical Examiners to enforce the provisions of this Chapter by reviewing records which demonstrate compliance with the program for continuing medical education and which are maintained by physicians subject to this Chapter.	34-24-336(b)	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-17, Guidelines and Standards for the Utilization of Controlled Substances for Weight Reduction

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-17-.02	Prohibited prescribing of Schedule II Controlled Substances for weight - reduction	A physician shall not order, prescribe, dispense, supply, administer or otherwise distribute any Schedule II amphetamine or Schedule II amphetamine-like anorectic drug, or Schedule II sympathomimetic amine drug or compound thereof or any salt, compound, isomer, derivative or preparation of the foregoing which is chemically equivalent thereto or other non-narcotic Schedule II stimulant drug, which drugs or compounds are classified under Schedule II of the Alabama Uniform Controlled Substances Act, to any person for the purpose of weight control, weight loss, weight reduction or treatment of obesity.	20-2-54, 34-24-53	0
540-X-17-.03	Compliance by advanced practice providers	If a Physician Assistant, Certified Registered Nurse Practitioner or Certified Nurse Midwife prescribes non-controlled drugs for weight reduction or the treatment of obesity, the prescriber shall comply with the guidelines and standards of this Chapter which apply to M.D.s and D.O.s.	20-2-54.1, 20-2-61, 20-2-251, 34-24-53	0
540-X-17-.03	Signature requirement for controlled substance prescription	(2) A written prescription or a written order for any controlled substance for a patient for the purpose of weight reduction or treatment of obesity shall be signed by the prescribing physician on the date the medication is to be dispensed or the prescription is provided to the patient.	20-2-54.1, 34-24-53	1
540-X-17-.03	Signature, authorization, and compliance of electronic prescriptions	If an electronic prescription is issued for any controlled substance for a patient for the purpose of weight reduction or treatment of obesity, the prescribing physician must sign and authorize the transmission of the electronic controlled substance prescription in accordance with federal law and must comply with all applicable requirements for Electronic Prescriptions for Controlled Substances (See 21 CFR Parts 1300, 1304, 1306 and 1311, as amended effective June 1, 2010).	20-2-54.1, 34-24-53, 21 CFR Parts 1300, 1304, 1306 and 1311.	0
540-X-17-.03	Restriction on telephonic prescriptions	Such prescriptions or orders shall not be called in to a pharmacy by the physician or an agent of the physician.	20-2-54.1, 34-24-53	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners
540-X-17, Guidelines and Standards for the Utilization of Controlled Substances for Weight Reduction

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-17-.03	Physician presence required at facility for prescribing	(3) The prescribing/ordering physician <u>shall</u> be present at the facility when he or she prescribes, orders or dispenses a controlled substance for a patient for the purpose of weight reduction or treatment of obesity.	20-2-54.1, 34-24-53	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners
54 – X-18, Qualified Alabama Controlled Substances Registration Certificate (CRNP and CNM)

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-18-.01	Definitions	The following definitions <u>shall</u> apply to the rules in this chapter:	20-2-250	0
540-X-18-.01(7)	Definitions, Excessive Dispensing	Drug addiction <u>shall</u> not be considered an illness or condition which would justify the continued dispensing of a controlled substance, except in gradually decreasing dosages administered to the patient for the purpose of curing the addiction.	20-2-250	0
540-X-18-.02(3)	General Requirements	A CRNP or CNM who prescribes, administers, or authorizes for administration any controlled substance within Alabama or who proposes to engage in the prescribing, administering, or authorizing for administration within Alabama <u>shall</u> obtain, annually, a QACSC for each collaborative practice agreement approved by the Alabama Board of Nursing and the Alabama Board of Medical Examiners.	20-2-251(a)	0
540-X-18-.02(4)	General Requirements	A CRNP or CNM who prescribes, administers, or authorizes for administration, or who proposes to engage in the prescribing, administering, or authorizing for administration of any controlled substance within Alabama <u>shall</u> obtain the appropriate registration or registrations issued by the United States Drug Enforcement Administration.	20-2-253(a)	0
540-X-18-.02(5)	General Requirements	A CRP or CNM who applies for a Qualified Alabama Controlled Substances Certificate <u>shall</u> provide the Board with the DEA registration number authorizing his or her prescribing of controlled substances in Alabama at the time of application,	20-2-253(a)	1
		or, if no such registration has been issued, <u>shall</u> provide the Board with the DEA registration number as soon as it is issued.	20-2-253(a)	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners
54 – X-18, Qualified Alabama Controlled Substances Registration Certificate (CRNP and CNM)

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		Each CRNP or CNM who is issued a Qualified Alabama Controlled Substances Certificate shall provide a copy of the DEA registration certificate to the Board immediately upon renewal of the registration.	20-2-253(a)	1
540-X-18-.03	Requirements For The Issuance Of a QACSC	To qualify for a QACSC, an individual must meet the following requirements: (1-3)	20-2-252	0
540-X-18-.03	Requirements For The Issuance Of a QACSC	(2) Submit proof of successful completion of a course or courses (AMA PRA Category 1™) approved by the Board which includes eight (8) hours of instruction regarding the prescribing of controlled substances and four (4) hours of advanced pharmacology and prescribing trends relating to controlled substances within one (1) year preceding the filing of an application for a QACSC.	20-2-252	1
540-X-18-.03	Requirements For The Issuance Of A QACSC	(4) Provide information regarding whether the QACSC will be utilized at a remote site and/or in a different type of clinical setting than the collaborating physician.	20-2-252	1
540-X-18-.03(3)	Requirements For The Issuance Of A(QACSC	Temporary approval practice and provisional approval practice shall not be considered or used to meet this requirement.	20-2-252(c)	1
540-X-18-.03(6)	Requirements For The Issuance Of A QACSC	Pay the required application fee required by the Board.	20-2-257	0
540-X-18-.03.01	Application for a QACSC	An applicant for a Qualified Alabama Controlled Substances Certificate shall disclose whether: (1) Applicant's privilege for prescribing controlled substances has ever been suspended, restricted, voluntarily surrendered while under investigation, revoked, or disciplined in any manner in any state or U.S. territory.	20-2-254 20-2-252	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners
54 – X-18, Qualified Alabama Controlled Substances Registration Certificate (CRNP and CNM)

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-18-.03.01(c)	Application for a QACSC	Applicant <u>shall</u> initial certifying an understanding of a statement of the duty as a registrant to address any such condition, which states as follows:	20-2-	1
540-X-18-.04	Issuance Of A QACSC	Every QACSC issued <u>shall</u> have a unique QACSC number which identifies the particular applicant as a CRNP or CNM with a valid QACSC.	20-2-251(a)	0
540-X-18-.04.01(1)	Issuance Of An Additional QACSC	After the first QACSC for an approved collaborative practice agreement has been obtained by a CRNP or CNM pursuant to Board Rules 540-X-18-.02, .03 and .04, any subsequent QACSC obtained for an additional collaborative practice <u>shall</u> be designated an additional QACSC.	20-2-251	0
540-X-18-.04.01(3)	Issuance Of An Additional QACSC	Every additional QACSC issued <u>shall</u> have a unique QACSC number which identifies the particular applicant as a CRNP or CNM with a valid QACSC.	20-2-251(a)	0
540-X-18-.05(1)	Renewal Of A QACSC	Renewal of a QACSC <u>shall</u> be annually on or before January 1 of each year.	20-2-251(c)	1
540-X-18-.05(1)	Renewal Of A QACSC	An application for annual renewal of a QACSC <u>shall</u> be received by the Board on or before December 31		1
540-X-18-.05(1)	Renewal Of A QACSC	and <u>shall</u> be accompanied by the required QACSC renewal fee.		0
540-X-18-.05(2)	Renewal Of A QACSC	As a requirement for renewing a QACSC, a CRNP or CNM <u>shall</u> obtain, every two years, four (4) AMA PRA Category 1 credits™ or equivalent through a Board approved course or courses regarding the prescribing of controlled substances.	20-2-252	1
540-X-18-.05(3)	Renewal Of A QACSC	Before renewing a Qualified Alabama Controlled Substances Certificate, the applicant <u>shall</u> have a current registration to access the Controlled Substances Prescription Database established and maintained by the Alabama Department of Public Health.	20-2-252	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners
54 – X-18, Qualified Alabama Controlled Substances Registration Certificate (CRNP and CNM)

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-18-.05(4)	Renewal Of A QACSC	Before renewing a Qualified Alabama Controlled Substances Certificate, an applicant shall have a current and appropriate registration issued by the United States Drug Enforcement Administration.	20-2-252 20-2-253(a)	0
540-X-18-.05.01(1)	Renewal Of A QACSC	The applicant shall disclose whether: (a) Applicant's privilege for dispensing or prescribing controlled substances has ever been suspended, restricted, voluntarily surrendered while under investigation, revoked, or disciplined in any manner in any state or U.S. territory.	20-2-64	1
540-X-18-.05.01(3)	Renewal Of A QACSC	Applicant shall initial certifying an understanding of a statement of the duty as a registrant to address any such condition, which states as follows:	20-2-62 20-2-64	1
540-X-18-.06(1)	Fees - Qualified Alabama Controlled Substances Registration Certificate (QACSC)	An applicant for a QACSC shall submit to the Board an application fee in the amount of One Hundred and Ten Dollars (\$110.00), which includes the fee payable to the Alabama Department of Public Health Prescription Drug Monitoring Data Bank required by §20-2-217, Code of Ala. 1975, as amended.	20-2-257	1
540-X-18-.06(2)	Fees - Qualified Alabama Controlled Substances Registration Certificate (QACSC)	An applicant for annual renewal of a QACSC submitted on or before December 31 shall submit to the Board a QACSC renewal fee in the amount of Sixty Dollars (\$60.00), which includes the fee payable to the Alabama Department of Public Health Prescription Drug Monitoring Data Bank required by §20-2-217, Code of Ala. 1975, as amended.	20-2-257	1
540-X-18-.06(3)	Fees - Qualified Alabama Controlled Substances Registration Certificate (QACSC)	An applicant for annual renewal of a QACSC submitted after the renewal deadline of December 31 and prior to January 31 shall submit to the Board a QACSC renewal fee in the amount of Sixty Dollars (\$60.00), which includes the fee payable to the Alabama Department of Public Health Prescription Drug Monitoring Data Bank required by §20-2-217,	20-2-257	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners
54 – X-18, Qualified Alabama Controlled Substances Registration Certificate (CRNP and CNM)

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		Code of Ala. 1975, as amended, and a late fee in the amount of Seventy-Five Dollars (\$75.00).		
540-X-18-.06(4)	Fees - Qualified Alabama Controlled Substances Registration Certificate (QACSC)	An applicant for annual renewal of a QACSC submitted after January 31 shall submit to the Board of QACSC renewal fee in the amount of Sixty Dollars (\$60.00) which includes the fee payable to the Alabama Department of Public Health Prescription Drug Monitoring Data Bank required by §20-2-217, Code of Ala. 1975, as amended, and a penalty fee in the amount of One Hundred Ten Dollars (\$110.00).	20-2-257	0
540-X-18-.06(5)	Fees - Qualified Alabama Controlled Substances Registration Certificate (QACSC)	An applicant for annual renewal of a QACSC submitted after January 31 who has also prescribed controlled substances between January 1 and the date of application shall submit to the Board a QCSAS renewal fee in the amount of Sixty Dollars (\$60.00), which includes the fee payable to the Alabama Department of Public Health Prescription Drug Monitoring Data Bank required by §20-2-217, Code of Ala. 1975, as amended, and a penalty fee in the amount of One Hundred Fifty Dollars (\$150.00).	20-2-257	1
540-X-18-.07(2)	Utilization Of Qualified Alabama Controlled Substances Registration Certificate (QACSC) - Limitations.	A CRNP or CNM shall not use the authority of his or her QACSC to prescribe, administer, or authorize for administration any controlled substance enumerated in Schedule I or Schedule II.	20-2-251, 253(a), 259	0
540-X-18-.07(3)	Utilization Of Qualified Alabama Controlled Substances Registration Certificate (QACSC) - Limitations.	A CRNP or CNM shall prescribe, administer, or authorize for administration controlled substances in accordance with the requirements of §§20-2-250 through 20-2-259, Code of Ala. 1975, as amended; any other applicable sections of the Alabama Uniform Controlled Substances Act (§20-2-1, et. seq., Code of Ala. 1975, as amended); Board rules; protocols, formularies, and medical regimens established by the Board for regulation of a QACSC; and any	20-2-251, 253, 259	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners
54 – X-18, Qualified Alabama Controlled Substances Registration Certificate (CRNP and CNM)

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		requirements or limitations established in an approved formulary by the collaborating physician.		
540-X-18-.07(4)	Utilization Of Qualified Alabama Controlled Substances Registration Certificate (QACSC) - Limitations.	A CRNP or CNM <u>shall not</u> utilize his or her QACSC for the purchasing, obtaining, maintaining or ordering of any stock supply or inventory of any controlled substance in any form.	20-2-251, 253(b), 259	0
540-X-18-.07(6)	Utilization Of Qualified Alabama Controlled Substances Registration Certificate (QACSC) - Limitations.	A CRNP or CNM <u>shall not</u> prescribe, administer, or authorize for administration any controlled substance to his or her own self, spouse, child or parent.	20-2-251, 253(c), 259	0
540-X-18-.07(7)	Utilization Of Qualified Alabama Controlled Substances Registration Certificate (QACSC) - Limitations.	If the Alabama Controlled Substances Certificate of the collaborating physician under whose supervision the CRNP or CNM utilizes a QACSC becomes inactive, revoked, suspended, restricted, or placed on probation, then the QACSC of the CRNP or CNM <u>shall</u> be administratively terminated by operation of law.	20-2-251, 259	1
540-X-18-.07(8)	Utilization Of Qualified Alabama Controlled Substances Registration Certificate (QACSC) - Limitations.	When utilizing controlled substances for the treatment of pain, a QACSC holder <u>shall</u> comply with Ala. Admin. Code r. 540-X-4-.08, Requirements for the Use of Controlled Substances for the Treatment of Pain.	20-2-251, 253, 259	0 REPEALED as of 9/14/2023
540-X-18-.07.01	Prescription Guidelines- Qualified Alabama Controlled Substances Registration Certificate (QACSC)	When prescribing controlled substances, a CRNP or CNM <u>shall</u> use a prescription form that includes all of the following:	20-2-61, 63, 69	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners
54 – X-18, Qualified Alabama Controlled Substances Registration Certificate (CRNP and CNM)

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-18-.09(1)	Due Process Proceedings - Denial Of And Actions Against Qualified Alabama Controlled Substances Registration Certificate (QACSC)	Before denying an application for a QACSC, denying an application for renewal or reinstatement of a QACSC, or taking action against a QACSC of a CRNP or CNM, the Board shall serve upon the CRNP or CNM an order to show cause why registration should not be denied or why the QACSC should not be restricted, limited, suspended or revoked.	20-2-251, 256(b), 259	0
540-X-18-.09(2)	Due Process Proceedings - Denial Of And Actions Against Qualified Alabama Controlled Substances Registration Certificate (QACSC)	Any hearing concerning the order to show cause shall be before the Board.	20-2-251, 255, 259	0
540-X-18-.09(3)	Due Process Proceedings - Denial Of And Actions Against Qualified Alabama Controlled Substances Registration Certificate (QACSC)	The order to show cause shall contain a statement of the basis therefor and shall call upon the applicant or registrant to appear before the Board at a time and place not less than thirty (30) days after the date of service of the order, but in the case of denial of renewal of registration, the show cause order shall be served not later than thirty (30) days before the expiration of the registration.	20-2-251, 255, 259	0
540-X-18-.09(4)	Due Process Proceedings - Denial Of And Actions Against Qualified Alabama Controlled Substances Registration Certificate (QACSC)	Proceedings to deny renewal of registration shall not abate the existing registration which shall remain in effect pending the outcome of the administrative hearing.	20-2-251, 256(c), 259	0
540-X-18-.09(5)	Due Process Proceedings - Denial Of And Actions	The Board may restrict, suspend or revoke a QACSC whenever a CRNP or CNM shall be found guilty on the basis of substantial evidence of any of the acts or offenses enumerated in Rule 540-X-18-.08.	20-2-251, 255(b), 259	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners
54 – X-18, Qualified Alabama Controlled Substances Registration Certificate (CRNP and CNM)

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
	Against Qualified Alabama Controlled Substances Registration Certificate (QACSC)			
540-X-18-.09(7)	Due Process Proceedings - Denial Of And Actions Against Qualified Alabama Controlled Substances Registration Certificate (QACSC)	The Board shall promptly notify the Drug Enforcement Administration of the United States Department of Justice of all orders restricting, limiting, suspending or revoking a QACSC.	20-2-251, 255(d), 259	0
540-X-18-.09(8)	Due Process Proceedings - Denial Of And Actions Against Qualified Alabama Controlled Substances Registration Certificate (QACSC)	Any hearing before the Board shall be considered a contested case under the Alabama Administrative Procedure Act, §41-22-1, et. seq., Code of Ala. 1975, as amended, and shall be conducted in accordance with the requirements of that Act.	20-2-251, 256, 259	0
540-X-18-.09(9)	Due Process Proceedings - Denial Of And Actions Against Qualified Alabama Controlled Substances Registration Certificate (QACSC)	In a hearing on the request for reinstatement of a QACSC, the Board has the authority to reinstate or deny reinstatement of a QACSC. In a hearing on a request for reinstatement of a QACSC, the applicant shall have the burden of establishing to the reasonable satisfaction of the Board that the applicant is entitled to the specific relief requested.	20-2-251, 254, 259	1
540-X-18-.10	Conduct Of Hearings - Qualified Alabama Controlled Substances Registration Certificate (QACSC)	Except when §§20-2-250 through 20-2-259, Code of Ala. 1975, as amended, and Board Rule 540-X-18-.09 are in conflict and shall take precedence, hearings related to a QACSC are to be governed and conducted in accordance with Board Rules 540-X-6-.03 (Hearing Officer); 540-X-6-.04 (Conduct of Hearings in Contested Cases; and 540-X-6-.05 (Miscellaneous Provisions).	20-2-251, 255, 259	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners
54 – X-18, Qualified Alabama Controlled Substances Registration Certificate (CRNP and CNM)

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-18-.11(3)	Appeals - Qualified Alabama Controlled Substances Registration Certificate (QACSC)	The following procedures <u>shall</u> take precedence over §41-22-20(c), Code of Ala. 1975, as amended, relating to the issuance of a stay of any order of the Board suspending, revoking or restricting a QACSC. The suspension, revocation or restriction of a QACSC <u>shall</u> be given immediate effect and no stay or supersedeas <u>shall</u> be granted pending judicial review of a decision by the Board to suspend, revoke or restrict a QACSC unless a reviewing court, upon proof by the party seeking judicial review, finds in writing that the action of the Board was taken without statutory authority, was arbitrary or capricious or constituted a gross abuse of discretion.	20-2-251, 256, 259	0
540-X-18-.11(4)	Appeals - Qualified Alabama Controlled Substances Registration Certificate (QACSC)	No security <u>shall</u> be required of the Board.	20-2-251, 256(d), 259	0
540-X-18-.12	Access To Records - Qualified Alabama Controlled Substances Registration Certificate (QACSC)	The Board, its agents, attorneys, investigators, or inspectors <u>shall</u> be permitted access to inspect and copy any records of a CRNP or CNM, including patient records, which relate to a request for a QACSC; a renewal of a QACSC; possible violations of any of the provisions of the Alabama Uniform Controlled Substances Act; possible violations of §§20-2-250 through 20-2-259, Code of Ala 1975, as amended; or possible violations of any Board rule governing a QACSC.	20-2-251, 259	0
540-X-18-.13(1)	Covering Physician - Qualified Alabama Controlled Substances Registration Certificate (QACSC)	A covering physician who applies to collaborate with or does collaborate with a CRNP or CNM possessing a QACSC, <u>shall</u> hold a valid, current and unrestricted Alabama Controlled Substances Registration Certificate (ACSC).	20-2-251, 252, 259	1
540-X-18-.13(2)	Covering Physician - Qualified Alabama	The covering physician <u>shall</u> state in writing to the Board the following:	20-2-251, 252, 259	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners
54 – X-18, Qualified Alabama Controlled Substances Registration Certificate (CRNP and CNM)

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
	Controlled Substances Registration Certificate (QACSC)			
540-X-18-.14	Controlled Substances Prescription Database Access	All CRNPs or CNMs possessing a QACSC who are permitted access to the information in the controlled substances database shall abide by the requirements and limitations stated in §§20-2-210 through 20-2-220, Code of Ala. 1975, as amended, where applicable.	§§ 20-2-251, 253, 259; 20-2-210 through 220	0
540-X-18-.15(1)	Risk And Abuse Mitigation Strategies	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.	§§ 20-2-251, 253, 259	1
540-X-18-.15(2)	Risk And Abuse Mitigation Strategies	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. ¹	20-2-251, 253, 259	1
540-X-18-.15(3)	Risk And Abuse Mitigation Strategies	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:	20-2-251, 253, 259	1
540-X-18-.15(3)(f)	Risk And Abuse Mitigation Strategies	Using validated risk-assessment tools, examples of which shall be maintained by the Board	20-2-251, 253, 259	1
540-X-18-.15(5)	Risk And Abuse Mitigation Strategies	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):	20-2-251, 253, 259	0
540-X-18-.15(5)(b)	Risk And Abuse Mitigation Strategies	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.	20-2-251, 253, 259	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners
54 – X-18, Qualified Alabama Controlled Substances Registration Certificate (CRNP and CNM)
Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-18-.15(5)(c)	Risk And Abuse Mitigation Strategies	Practitioners <u>shall</u> 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.	20-2-251, 253, 259	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners
540-X-19, Standards for Pain Management Services
Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-19-.02	Definitions included	The following definitions <u>shall</u> apply to the rules in this chapter: (1) – (12)	34-24-602, 34-24-603	0
540-X-19-.02	Definition of prepacked samples & starter packs	Prepackaged samples and starter packs <u>shall</u> mean those controlled substances which are packaged and labeled by the manufacturer in individual or small dosage units and which are intended to be distributed to patients for consumption or administration within a limited period of time.	34-24-602, 34-24-603	0
540-X-19-.02	Dispensing not applicable to emergency room patients	For purposes of this Chapter, dispensing <u>shall</u> not apply to the dispensing of controlled substances to patients treated in any hospital emergency room provided that (a) the patient has registered for treatment in the hospital emergency room and was treated by the emergency room physician on duty and (b) the controlled substances dispensed are subject to inventory, accounting and security controls and policies of the hospital pharmacy or the emergency room department.	34-24-602, 34-24-603	0
540-X-19-.02	Definition of hospital	The term <u>shall</u> include any outpatient facility or clinic that is separated from the hospital that is owned, operated, or controlled by the hospital.	34-24-602, 34-24-603	0
540-X-19-.02	Definition of provision of pain management services	For the purposes of this rule, the provision of pain management services <u>shall</u> mean: (a) A physician practice which advertises or holds itself out to the public as a provider of pain management services; OR (b) A physician practice which dispenses opioids; OR (c) A physician practice in which any of the providers of pain management services are rated in the top three percent (3%) of practitioners who prescribe controlled substances in Alabama in Schedules II, IIN, III, IIIN and IV, determined by the Alabama Prescription Drug Monitoring Database on an annual basis.	34-24-602, 34-24-603	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners
540-X-19, Standards for Pain Management Services
Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-19-.03	Annual pain management registration requirement	(1) Beginning January 1, 2014, and continuing every year thereafter, all physicians who provide pain management services must obtain a pain management registration from the Board.	34-24-602, 34-24-604	0
540-X-19-.03	Pain management registration requirement	(2) All physicians who otherwise meet the criteria established by the Board shall obtain a pain management registration from the Board.	34-24-602, 34-24-604	0
540-X-19-.03	Required items for pain management registration	(3) To obtain a pain management registration, a physician applicant shall submit the following to the Board: (a) A completed application on a form prescribed by the Board. (b) Proof of a current Drug Enforcement Administration (DEA) registration. (c) Proof of an Alabama Controlled Substance Certificate (ACSC). (d) Proof of a current registration with the Alabama Prescription Drug Monitoring Program (PDMP). (e) A list of all registrants who own, co-own, operate or provide pain management services in the physician applicant's practice location. (f) The disclosure of any controlled substances certificate or registration denial, restriction or discipline imposed on the registrant, or any disciplinary act against any medical license of the registrant. (g) Payment of the initial registration fees as set forth below in these rules under paragraph (6). (h) A certification listing the current name of the physician who serves as the medical director. (i) Any other information requested by the Board related to the qualifications for providing pain management services.	34-24-602, 34-24-604	0
540-X-19-.03	Physical address and physician names required	(4) The physician applicant shall provide the Board with a physical address for each location where he or she provides pain management services and a list of all physicians who work at the practice location,	34-24-602, 34-24-604	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners
540-X-19, Standards for Pain Management Services
Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		including the name of the physician who will serve as the medical director.		
540-X-19-.03	Exemptions for registration	(5) Exemptions. The provisions of this rule <u>shall not</u> apply to any of the following: (a) A hospice program as defined by and licensed by the Alabama Department of Public Health, or any physician while performing work or providing pain management services for that program. (b) A facility maintained or operated by the United States or any of its departments, offices or agencies, or any physicians while performing work for that facility.	34-24-602, 34-24-604	0
540-X-19-.03	Discretionary exemptions provided	(c) In addition, the Board <u>shall</u> provide individual, entity and any categorical exemptions as, in its discretion, it deems appropriate.	34-24-602, 34-24-604	0
540-X-19-.03	Discretion standards	The Board <u>shall</u> have the sole discretion in determining whether the requested exemption shall be granted or denied.	34-24-602, 34-24-604	0
540-X-19-.03	Initial application fee	(a) Initial Application Fees. All applicants for pain management registration <u>shall</u> submit an initial application fee in the amount of One Hundred Dollars (\$100.00).	34-24-602, 34-24-604	0
540-X-19-.03	Renewal fee	(b) Renewal Fee. All applicants for renewal of their pain management registration <u>shall</u> submit a renewal fee in the amount of One Hundred Dollars (\$100.00).	34-24-602, 34-24-604	0
540-X-19-.03	Application closed if incomplete	(a) If an applicant does not complete the initial application process within 90 days of his or her first submission to the Board, the application <u>shall</u> be closed,	34-24-602, 34-24-604	0
540-X-19-.03	Application fees nonrefundable	the application fees <u>shall not</u> be refunded,	34-24-602, 34-24-604	0
540-X-19-.03	Reapplication required	and the applicant <u>shall</u> be required to reapply for registration.	34-24-602, 34-24-604	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-19, Standards for Pain Management Services

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-19-.03	Reconsideration petition deadline	Any petition <u>must</u> be filed within thirty (30) days of denial of the registration.	34-24-602	1
540-X-19-.03	Due process requirement	Upon receipt of the petition, the Board <u>shall</u> issue the registration or set a hearing thereon.	34-24-602	0
540-X-19-.03	Reconsideration hearing process	The hearing <u>shall</u> be considered a contested case and shall be governed by the rules on reinstatement hearings in accordance with Alabama Administrative Rule 540-X-6-.02(1)(b)(3).	34-24-602	0
540-X-19-.04	Ownership and operation of pain management locations	(1) All registrants <u>must</u> provide pain management services at a location owned and operated by one of the following: (a) One or more physicians licensed to practice medicine in Alabama. (b) A business entity registered with the Alabama Secretary of State's Office. (c) A governmental entity or body, or political subdivision, or any combination thereof, including state universities and schools.	34-24-602, 34-24-605	0
540-X-19-.04	Direction of medical director required	(2) In order to be registered, a physician <u>shall</u> certify that each practice location is under the direction of a medical director.	34-24-602, 34-24-605	0
540-X-19-.05	Medical Director required to be physician	(1) A Medical Director <u>shall</u> be a physician who must meet all of the requirements stated in this rule.	34-24-602, 34-24-606	0
540-X-19-.05	Medical Director requirement for Alabama license	(2) A Medical Director <u>shall</u> possess an active, unrestricted license to practice medicine or osteopathy in Alabama.	34-24-602, 34-24-605, 34-24-606	0
540-X-19-.05	Medical Director requirement for Alabama Controlled Substances Certificate	(3) A Medical Director <u>shall</u> possess an active, unrestricted Alabama Controlled Substances Certificate (ACSC).	34-24-602, 34-24-606	1
540-X-19-.05	Medical Director requirement for DEA registration	(4) A Medical Director <u>shall</u> possess an active, unrestricted Drug Enforcement Administration (DEA) registration.	34-24-602, 34-24-606	1
540-X-19-.05	Additional requirements for Medical Directors	(5) Each physician serving as a Medical Director at a practice location <u>shall</u> meet at least one of the following requirements:	34-24-602, 34-24-606	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners
540-X-19, Standards for Pain Management Services
Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		(a) – (f)		
540-X-19-.05	Minimum on-site requirement	(6) The Medical Director shall be physically on site for a minimum of ten percent of the clinic’s operating hours.	34-24-602	1
540-X-19-.06	Inspection of records by board	(1) The medical records and documents of every physician registered under these rules shall be open to inspection to the extent authorized by 34-24-608 and the Administrative Rules of the Board as set out below.	34-24-602, 34-24-607	0
540-X-19-.06	Requirement for	(3) Physicians registered under these rules shall make all records, notes, and files of the registrant open to inspection.	34-24-602, 34-24-607	0
540-X-19-.06	Board authorized under §§ 34-24-363 to 34-24-365	In carrying out the intent of these rules, the Board shall have all of the power and authority it currently possesses in its current capacity under §§ 34-24-363 to 34-24-365, Code of Alabama 1975, as amended, inclusive, and all of the power and authority therein may be applied under these rules for purposes of pain management services registration and enforcement.	34-24-602, 34-24-607	0
540-X-19-.06	Emergency suspension permitted	The suspension shall become effective immediately, unless otherwise stated therein.	34-24-602, 34-24-607	0
540-X-19-.06	Limitation to suspensions of registration	The Board shall not suspend the same registration for the same or substantially similar emergency within one calendar year from its first suspension unless the Board clearly establishes that it could not reasonably be foreseen during the initial 120-day period that such emergency would continue or would likely reoccur during the next nine months.	34-24-602, 34-24-607	0
540-X-19-.06	Prompt formal suspension or revocation proceedings required	When such summary suspension is ordered, a formal suspension or revocation proceeding under § 34-24-361, Code of Alabama 1975, as amended, or § 20-2-53, Code of Alabama 1975, as amended, shall also be promptly instituted and acted upon	34-24-602, 34-24-607	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners
540-X-19, Standards for Pain Management Services
Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-19-.08	Prosecution of statutory violations	(2) Any violation of §§ 34-24-600, et seq., Code of Alabama 1975, as amended, or a rule adopted under those sections, shall be prosecuted against and in the name of the registrant or registrants participating in the alleged violation.	34-24-602, 34-24-609	0
540-X-19-.08	Fine or revocation for failure to register	(a) The failure of a physician who provides pain management services as defined in these rules, to obtain a pain management registration from the Board, shall be punishable by a fine up to Ten Thousand Dollars (\$10,000) per violation, or the revocation of the registration, or both, whenever the physician shall be found guilty on the basis of substantial evidence.	34-24-602, 34-24-609	0
540-X-19-.08	Fine or revocation for violation of other requirements	(b) A violation of any other requirements under §§ 34-24-600, et seq., including a medical director, shall be punishable by a fine up to One Thousand Dollars (\$1,000) per violation, or the revocation of the registration, or both, whenever the physician charged shall be found guilty on the basis of substantial evidence.	34-24-602, 34-24-609	0
540-X-19-.08	Violation reporting requirement	(c) If a practice location has two or more physicians who commit a violation under §§ 34-24-600, et seq., Code of Alabama 1975, as amended, within one year, the Board shall report the violations to the appropriate licensing agency or agencies that regulate the practice location.	34-24-602, 34-24-609	0
540-X-19-.09	Requirements for use of controlled substances for pain	(2) Requirements. The Board requires the following when a physician evaluates the use of controlled substances for pain control: (a) Evaluation of Patient (b) Treatment Plan (c) Informed Consent & Agreement for Treatment (d) Periodic Review (e) Consultation (f) Medical Records	34-24-602	6

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-19, Standards for Pain Management Services

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-19-.09	Patient evaluation required	(a) Evaluation of the Patient. A medical history and physical examination must be conducted and documented in the medical record.	34-24-602	1
540-X-19-.09	Informed consent required	(c) Informed Consent and Agreement for Treatment. The physician shall discuss the risks and benefits of the use of controlled substances with the patient, persons designated by the patient or with the patient's surrogate or guardian if the patient is incompetent.	34-24-602	1
540-X-19-.09	Periodic review required	(d) Periodic Review. At reasonable intervals based on the individual circumstances of the patient, the physician shall review the course of treatment and any new information about the etiology of the pain.	34-24-602	1
540-X-19-.09	Patient compliance monitoring required	The physician shall monitor patient compliance in medication usage and related treatment plans.	34-24-602	1
540-X-19-.09	Medical records required	The physician shall keep accurate and complete records to include: 1. – 9.	34-24-602	1
540-X-19-.09	Access to current records required	These records shall remain current, be maintained in an accessible manner, and be readily available for review.	34-24-602	1
540-X-19-.09	Compliance with federal and state regulations	(g) Compliance With Controlled Substances Laws and Regulations. To prescribe, dispense or administer controlled substances, the physician must be licensed in the state and must comply with applicable federal and state regulations.	34-24-602, 20-2-51	0
540-X-19-.10	Conduct of hearings	Except when §§ 20-2-50 through 20-2-58, Code of Alabama 1975, as amended, and Board Rules 540-X-4-.01 through 540-X-4-.07 are in conflict and shall take precedence, hearings related to Pain Management Services and Registrants as set out in this Chapter, are to be governed and conducted in accordance with Board Rules 540-X-6-.03 (Hearing Officer); 540-X-6-.04 (Conduct of Hearings in Contested Cases); and 540-X-6-.05 (Miscellaneous Provisions).	34-24-602	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-20, Limited Purpose Schedule II Permit

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
520-X-20-.02	Qualification Requirements for Limited Purpose Schedule II Permits (LPSP)	To qualify for an LPSP, an individual <u>must</u> meet requirements which are the following: (1) - (4) Listed below	Ala. Code § 20-2-260, 34-24-53	0
520-X-20-.02	Requirement for active physician assistant license	(1) A PA <u>shall</u> have a current, active and unrestricted Alabama license to practice as a physician assistant,	Ala. Code § 20-2-260, 34-24-53	1
520-X-20-.02	Requirement for registration agreement for physician assistant	<u>shall</u> be registered to practice with a supervising physician,	Ala. Code § 20-2-260, 34-24-53	1
520-X-20-.02	Requirement for QACSC for physician assistant	and <u>shall</u> have a current, active and unrestricted Qualified Alabama Controlled Substances Certificate (QACSC) for Schedules III, IV and V.	Ala. Code § 20-2-260, 34-24-53	1
520-X-20-.02	Requirement for collaborative practice agreement for CRNP/CNM	(2) A CRNP or a CNM <u>shall</u> have a current collaborative practice agreement with a collaborating physician	Ala. Code § 20-2-260, 34-24-53	1
520-X-20-.02	Requirement for QACSC for CRNP/CNM	and <u>shall</u> have a current, active and unrestricted QACSC for Schedules III, IV and V.	Ala. Code § 20-2-260, 34-24-53	1
520-X-20-.02	Application required	(3) The applicant <u>shall</u> submit an application on forms provided by the Board.	Ala. Code § 20-2-260, 34-24-53	1
520-X-20-.02	Fee required	(4) The applicant <u>shall</u> pay the application fee required by the Board.	Ala. Code § 20-2-260, 34-24-53	0
520-X-20-.03	Unique LPSP number required for each applicant	(2) Every LPSP issued <u>shall</u> have a unique LPSP number which identifies the particular applicant as a PA, a CRNP, or a CNM with a valid LPSP.	Ala. Code § 20-2-260, 34-24-53	1
520-X-20-.04	Renewal requirement	(1) Renewal of an LPSP <u>shall</u> be annually on or before Jan. 1 of each year.	Ala. Code § 20-2-260, 34-24-53	1
520-X-20-.04	Renewal deadline	(2) An application for annual renewal of an LPSP <u>shall</u> be received by the Board on or before December 31	Ala. Code § 20-2-260, 34-24-53	

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-20, Limited Purpose Schedule II Permit

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
520-X-20-.04	Renewal fee required	and <u>shall</u> be accompanied by the required LPSP renewal fee.	Ala. Code § 20-2-260, 34-24-53	
520-X-20-.04	Registrations and certifications required before renewal	(3) Before renewing an LPSP, the applicant <u>shall</u> have a current QACSC for Schedules III, IV and V, a current United States Drug Enforcement Administration (DEA) registration for Schedules II through V, and a current registration to access the Controlled Substances Prescription Database established and maintained by the Alabama Department of Public Health.	Ala. Code § 20-2-260, 34-24-53	3
520-X-20-.05	Initial application fee	(1) The application fee for an initial LPSP is Twenty-Five Dollars (\$25.00), which <u>shall</u> be submitted to the Board.	Ala. Code § 20-2-260, 34-24-53	0
520-X-20-.05	Renewal fee	(2) An applicant for annual renewal of an LPSP submitted on or before the renewal deadline of December 31 <u>shall</u> submit to the Board an LPSP renewal fee in the amount of Ten Dollars (\$10.00).	Ala. Code § 20-2-260, 34-24-53	0
520-X-20-.05	Late renewal fee	(3) An applicant for annual renewal of an LPSP submitted after the renewal deadline of December 31 and prior to January 31 <u>shall</u> submit to the Board an LPSP renewal fee in the amount of Ten Dollars (\$10.00) and a late fee in the amount of Fifty Dollars (\$50.00).	Ala. Code § 20-2-260, 34-24-53	0
520-X-20-.05	Increased late renewal fee	(4) An applicant for annual renewal of an LPSP submitted after January 31 <u>shall</u> submit to the Board an LPSP renewal fee in the amount of Ten Dollars (\$10.00) and a penalty fee in the amount of Ninety-Five Dollars (\$95.00).	Ala. Code § 20-2-260, 34-24-53	0
520-X-20-.05	Late renewal fee	(5) An applicant for annual renewal of an LPSP submitted after January 31 who has also prescribed Schedule II controlled substances between January 1 and the date of application <u>shall</u> submit to the Board an LPSP renewal fee in the amount of Ten Dollars (\$10.00) and a penalty fee in the amount of One Hundred Twenty-Five Dollars (\$125.00).	Ala. Code § 20-2-260, 34-24-53	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-20, Limited Purpose Schedule II Permit

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
520-X-20-.06	Prescription form required	(1) When prescribing controlled substances, a PA, CRNP, or CNM <u>shall</u> use a prescription form which includes all of the following: (a) – (i)	Ala. Code § 20-2-260, 34-24-53	1
520-X-20-.07	Practice specific prescribing required	(1) The authority of a PA, a CRNP, or a CNM to prescribe, administer or authorize for administration a Schedule II controlled substance pursuant to an LPSP <u>shall</u> be practice specific.	Ala. Code § 20-2-260, 34-24-53	0
520-X-20-.07	Practice formulary required	(3) A specific practice formulary listing the specific Schedule II controlled substances to be prescribed, administered or authorized for administration by the PA, CRNP, or CNM <u>shall</u> be submitted with the application for the LPSP	Ala. Code § 20-2-260, 34-24-53	1
520-X-20-.07	Approval of formulary	and <u>shall</u> be approved by the Board prior to issuance of the LPSP.	Ala. Code § 20-2-260, 34-24-53	1
520-X-20-.07	Limitation of prescribing	The authority of the PA, CRNP, or CNM to prescribe, administer, or authorize for administration a Schedule II controlled substance <u>shall</u> be limited to the Schedule II controlled substances which are listed in the specific practice formulary and approved by the Board.	Ala. Code § 20-2-260, 34-24-53	0
520-X-20-.07	Prohibition of utilizing LPSP for stock supply or inventory	(4) A PA, CRNP or CNM <u>shall</u> not utilize the LPSP for the purchasing, obtaining, maintaining, or ordering of any stock supply or inventory of any controlled substance in any form.	Ala. Code § 20-2-260, 34-24-53	0
520-X-20-.07	Termination of LPSP by operation of law	(7) If the Alabama Controlled Substances Certificate of the supervising or collaborating physician under whose supervision the PA, CRNP, or CNM utilizes an LPSP becomes inactive, revoked, suspended, restricted, or placed on probation, then the LPSP of the PA, CRNP, or CNM <u>shall</u> be administratively terminated by operation of law.	Ala. Code § 20-2-260, 34-24-53	1
520-X-20-.09	Board hearings required	(1) Any hearings concerning the LPSP <u>shall</u> be before the Board.	Ala. Code § 20-2-260, 34-24-53	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-20, Limited Purpose Schedule II Permit

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
520-X-20-.09	Board hearings considered contested	(2) Any hearing before the Board shall be considered a contested case under the Alabama Administrative Procedure Act, Ala. Code § 41-22-1, et. seq.,	Ala. Code § 20-2-260, 34-24-53	1
520-X-20-.09	Conduct of Board hearings	and shall be conducted in accordance with the requirements of that Act.	Ala. Code § 20-2-260, 34-24-53	1
540-X-20-.10	Risk and abuse mitigation strategies as best practice	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.	Ala. Code § 20-2-260, 34-24-53	0
540-X-20-.10	Risk education required prior to prescribing	(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.	Ala. Code § 20-2-260, 34-24-53	1
540-X-20-.10	Requirement for risk and abuse mitigation strategies	(3) Every practitioner shall utilize medically appropriate risk and abuse mitigation strategies when prescribing controlled substances.	Ala. Code § 20-2-260, 34-24-53	1
540-X-20-.10	Requirement to review patient prescribing history for certain MME	(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.	Ala. Code § 20-2-260, 34-24-53	1
540-X-20-.10	Additional requirement to query PDMP	(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.	Ala. Code § 20-2-260, 34-24-53	1
540-X-20-.10	CME requirement for controlled substance prescribers	(8) Effective January 1, 2018, each holder of an Alabama Controlled Substances Certificate (ACSC) 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.	Ala. Code § 20-2-260, 34-24-53	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners
540-X-20, Limited Purpose Schedule II Permit
Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-20-.10	Content of required CME	The controlled substance prescribing education <u>shall</u> 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.	Ala. Code § 20-2-260, 34-24-53	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners
540-X-22, Joint Rules of the Alabama Board of Medical Examiners and the Medical Licensure Commission of
Alabama Concerning the Interstate Medical Licensure Compact

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-22-.02	Definitions	For the purposes of this rule, the following terms <u>shall</u> have the meanings ascribed to them: (1) – (15)	34-24-521	0
540-X-22-.03	Interstate Compact Expedited License	A physician who applies for an expedited license through the Interstate Medical Licensure Compact Commission and who meets the eligibility requirements as defined in Rule 540-X-22-.02(11) <u>shall</u> be granted an expedited license to practice medicine or osteopathy in the state of Alabama under the provisions of the Interstate Medical Licensure Compact set out in Ala. Code §§ 34-24-520, et. seq.	34-24-522, 34-24-524	0
540-X-22-.04	Primary source verification conducted	Upon receipt of an application for an expedited license submitted through the Interstate Medical Licensure Compact by a physician who has selected Alabama as the state of principal license, the Alabama Board of Medical Examiners <u>shall</u> cause to be conducted a primary source verification of the qualifications set out in Rule 540-X-.02(11) above, including a criminal background check in accordance with Ala. Code § 34-24-524(b)(2), as well as any other qualifications which may be required by the Interstate Medical Licensure Compact Commission from time to time.	34-24-524	0
540-X-22-.04	Issuance of letter of qualification	Upon the completion of the verification process, the Alabama Board of Medical Examiners <u>shall</u> issue a letter of qualification verifying or denying the physician’s eligibility to the interstate commission.	34-24-524	0
540-X-22-.05	Right to appeal when eligibility denied	A physician who receives a Letter of Qualification from the Alabama Board of Medical Examiners denying eligibility to obtain licensure through the Interstate Medical Licensure Compact <u>shall</u> have the right to appeal such decision in accordance with the procedures for a denial of a	34-24-524	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners
540-X-22, Joint Rules of the Alabama Board of Medical Examiners and the Medical Licensure Commission of
Alabama Concerning the Interstate Medical Licensure Compact

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		Certificate of Qualification set out in Board of Medical Examiners Rule 540-X-5-.08 and Medical Licensure Commission Rule 545-X-4-.01.		
540-X-22-.06	Issuance of expedited license	Upon the receipt of all applicable fees and a Letter of Qualification stating that the applicant meets qualifications set out in Rule 540-X-22-.02(11) above, including a criminal background check in accordance with Ala. Code § 34-24-524(b)(2), as well as any other qualifications which may be required by the Interstate Medical Licensure Compact Commission from time to time, the Medical Licensure Commission of Alabama shall issue an expedited license to the applying physician.	34-24-524	0
540-X-22-.06	Term of expedited license	The expedited license shall be valid for not more than one year	34-24-524	0
540-X-22-.06	Renewal of expedited license	and shall be renewed annually in accordance with Ala. Code § 34-24-526.	34-24-524	0
540-X-22-.07	Renewal of expedited license	Upon the receipt of the applicable renewal fees and correspondence from the Interstate Medical Licensure Compact Commission indicating that the applicant (1) continues to maintain a full and unrestricted license in a state of principal license; (2) has not been convicted, received adjudication, deferred adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction; (3) has not had a license authorizing the practice of medicine subject to discipline by a licensing agency in any state, federal or foreign jurisdiction, excluding any action related to nonpayment of fees related to a license; and (4) has not had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Agency, the Medical Licensure Commission of Alabama shall renew the physician's license.	34-24-526	0
540-X-22-.08	Fee for letter of qualification	(1) The Interstate Medical Licensure Compact Commission shall collect and the Alabama Board of Medical Examiners shall be distributed	34-24-525	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners
540-X-22, Joint Rules of the Alabama Board of Medical Examiners and the Medical Licensure Commission of
Alabama Concerning the Interstate Medical Licensure Compact

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		a fee in an amount as set out in Interstate Medical Licensure Compact Commission Rule 3.4 (1)(b), when designated as a state of principal licensure, in connection with the issuance of a letter of qualification.		
540-X-22-.08	Fee for expedited license	(2) The Interstate Medical Licensure Compact Commission shall collect a fee in an amount as set out in Rule 545-x-2-.01(1)...	34-24-525	0
540-X-22-.08	Fee for expedited license	and such fee shall be distributed as set out in Ala. Code § 34-24-340 when an expedited license to practice medicine in the State of Alabama is issued through the Interstate Medical Licensure Compact.	34-24-525	0
540-X-22-.08	Fee for renewal of expedited license	(3) The Interstate Medical Licensure Compact Commission shall collect a fee in an amount as set out in Rule 545-x-2-.03(2)...	34-24-525	0
540-X-22-.08	Fee for renewal of expedited license	and such fee shall be distributed as set out in Ala. Code § 34-24-340 when renewing an expedited license to practice medicine in the State of Alabama is issued through the Interstate Medical Licensure Compact.	34-24-525	0
540-X-22-.09	Automatic application of disciplinary status to expedited license	(1) If a license granted to a physician by the member board in the state of principal license is revoked, surrendered, or relinquished in lieu of discipline, or suspended, then all such licenses issued to the physician by member boards shall automatically be placed, without further action necessary by any member board, on the same status.	34-24-529	0
540-X-22-.09	Encumbrance on license lifted via member state medical practice act	(2) If the member board in the state of principal license subsequently reinstates the physician's license, a license issued to the physician by any other member board shall remain encumbered until that respective member board takes action to reinstate the license in a manner consistent with the medical practice act of that state.	34-24-529	0
540-X-22-.09	Reinstatement of expedited license via State of Alabama	Where the State of Alabama is the state of principal license, the procedure set out in Medical Licensure Commission Rule 545-X-3-.15 shall apply when a physician seeks reinstatement of his medical license.	34-24-529	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners
540-X-22, Joint Rules of the Alabama Board of Medical Examiners and the Medical Licensure Commission of
Alabama Concerning the Interstate Medical Licensure Compact

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-22-.10	Incorporation and enforcement of IMLC Commission rules	The Interstate Medical Licensure Compact Commission rules are hereby incorporated by reference and <u>shall</u> be followed with regard to the Interstate Medical Licensure Compact in the State of Alabama and the processes concerning obtaining an expedited license through the Interstate Medical Licensure Compact.	34-24-530, 34-24-534, 34-24-543	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-23, Physician Reentry into Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-23-.01	Definition: Burden of proof	(3) Burden of Proof: The reentry candidate shall have the burden of providing appropriate proof of direct patient care.	34-24-53, 34-24-337	1
540-X-23-.02	Application of rule to applicants	(1) This rule shall apply in the following instances: (a) Physician applicants seeking a certificate of qualification, who otherwise qualify for a certificate of qualification, but who have been absent from clinical practice for two years or more may obtain a certificate of qualification by entering into a reentry agreement with the Board. (b) Licensees seeking reinstatement of a certificate of qualification may be ordered to complete a reentry plan as a condition of reinstatement.	34-24-53, 34-24-337	0
540-X-23-.02	Requirement for reentry plan within reinstatement order	Licensees whose reinstatement is contested and whose certificate of qualification is reinstated shall be required to complete a reentry plan as part of the reinstatement order.	34-24-53, 34-24-337	1
540-X-23-.02	Notice of contest requirement	(c) When a licensee who has been absent from clinical practice for two years or more is seeking reinstatement of a medical license by the Commission pursuant to Ala. Code § 34-24-337, the Board shall file a notice to contest such reinstatement.	34-24-53, 34-24-337	0
540-X-23-.02	Board requirement to recommend reentry plan upon reinstatement	In such cases, the Board shall recommend that the Commission order the licensee to complete a reentry plan as a condition of reinstatement.	34-24-53, 34-24-337	0
540-X-23-.02	Board requirement to recommend reentry plan in certain instances	(d) The Board shall recommend implementation of a reentry plan to the Commission as a condition of probation, as a restriction, or as a condition of reinstatement in any case where a licensee has violated Ala. Code § 34-24-360(20).	34-24-53, 34-24-337, 34-24-360, 34-24-360.1	0
540-X-23-.02	Application of rule to physicians	(2) This rule shall apply to physicians.	34-24-53, 34-24-337	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-23, Physician Reentry into Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-23-.03	Education requirement	(b) The physician <u>must</u> also obtain education.	34-24-53, 34-24-70, 34-24-337	1
540-X-23-.03	Areas included in education	Education <u>shall</u> address the applicant's area(s) of needed improvement and consist of a reentry period of retraining and education upon terms based on the factors set forth in Paragraph (3) of this rule.	34-24-53, 34-24-337	0
540-X-23-.03	Completion of residency or fellowship required	(4) A physician who fails to receive a passing score on the SPEX or COMVEX examination three times, whether in Alabama or other states, <u>must</u> successfully complete one year of an accredited residency or an accredited or Board-approved clinical fellowship before retaking the SPEX or COMVEX.	34-24-53, 34-24-70, 34-24-337	1
540-X-23-.03	Incorporation and execution of entry plan	(5) If the Board approves a physician's reentry plan, it <u>shall</u> be incorporated by reference into a reentry agreement and executed by the applicant, the Board, and any applicable Board agents assisting with the reentry agreement.	34-24-53, 34-24-337	1
540-X-23-.03	Issuance of restricted certificate of qualification	(6) After the reentry agreement has been executed and the applicant has completed all other requirements for licensure, the Board <u>shall</u> issue a restricted certificate of qualification.	34-24-53, 34-24-337	0
540-X-23-.03	Scope of practice restricted	The licensee <u>may not</u> practice outside the scope of the reentry agreement and its referenced reentry plan during the reentry period.	34-24-53, 34-24-337	1
540-X-23-.03	Meeting required for transition into active practice	(7) While the reentry agreement is in effect, the licensee <u>shall</u> meet with members of the Board at such dates, times, and places as directed by the Board to discuss the licensee's transition back into practice and any other practice related matters.	34-24-53, 34-24-337	1
540-X-23-.03	Petition required to lift restriction(s)	(8) Upon successful completion of the reentry agreement, the licensee <u>must</u> petition the Board to lift the restrictions from his or her certificate of qualification.	34-24-53, 34-24-337	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners
540-X-24, Physician Assistant Reentry into Practice
Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-24-.01	Definition: burden of proof	(3) Burden of Proof: The reentry candidate shall have the burden of providing appropriate proof of direct patient care.	34-24-293	1
540-X-24-.02	Applicability of rule	(1) This rule shall apply in the following instances: (a) Physician assistant applicants seeking a license to practice, who otherwise qualify for a license, but who have been absent from clinical practice for two years or more may obtain a license by entering into a reentry agreement with the Board. (b) Licensees seeking reinstatement of a license may be ordered to complete a reentry plan as a condition of reinstatement.	34-24-293	0
540-X-24-.02	Requirement for reentry plan for contested reinstatement licensees	Licensees whose reinstatement is contested and whose license is reinstated shall be required to complete a reentry plan as part of the reinstatement order.	34-24-293	1
540-X-24-.03	Education requirement	(b) The physician assistant must also obtain education.	34-24-293, 34-24-297	1
540-X-24-.03	Areas included in education	Education shall address the applicant's area(s) of needed improvement and consist of a reentry period of retraining and education upon terms based on the factors set forth in Paragraph (3) of this rule.	34-24-293	0
540-X-24-.03	Incorporation of reentry plan into reentry agreement	(4) If the Board approves a physician assistant's reentry plan, it shall be incorporated by reference into a reentry agreement and executed by the applicant, the Board, and any applicable Board agents assisting with the reentry agreement.	34-24-293	1
540-X-24-.03	Issuance of restricted license	(5) After the reentry agreement has been executed and the applicant has completed all other requirements for licensure, the Board shall issue a restricted license.	34-24-293, 34-24-298	1
540-X-24-.03	Meeting required for transition into active practice	(6) While the reentry agreement is in effect, the licensee shall meet with members of the Board at such dates, times, and places as directed by	34-24-293	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-24, Physician Assistant Reentry into Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		the Board to discuss the licensee’s transition back into practice and any other practice related matters.		
540-X-24-.03	Petition required to lift restriction(s)	(7) Upon successful completion of the reentry agreement, the licensee <u>must</u> petition the Board to lift the restrictions from his or her license.	34-24-293	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-25, Physician Recommendation for the Use of Medical Cannabis

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-25-.01	Preamble	This Chapter <u>shall</u> establish the eligibility requirements and process for a licensed physician to qualify as a registered certifying physician.	20-2A-31 through 34	0
		Nothing in this Chapter <u>shall</u> overrule, modify, or replace the Board's regulations on prescribing controlled substances and standards for pain management services, as these regulations also apply to a physician's recommendation of medical cannabis.	20-2A-31 through 34	0
540-X-25-.02	Definitions	The following definitions <u>shall</u> apply to the rules in this chapter:	20-2A-31 through 34	0
540-X-25-.02	Definitions: Medical Cannabis	(14) A medical grade product that contains a derivative of cannabis for medical use by a registered qualified patient and is in a form set forth in Code of Ala. 1975, §20-2A-3(14)a. and <u>shall not</u> include any of the forms prohibited by Code of Ala. 1975, §20-2A-3(14)b.	20-2A-3(14)	0
540-X-25-.03	Registration Of Physicians For Certifying The Use Of Medical Cannabis.	Every physician licensed to practice in Alabama who certifies or recommends a patient for the use of medical cannabis within Alabama pursuant to Code of Ala. 1975, §§20-2A-1, et. seq. or who proposes to certify or recommend a patient for the use of medical cannabis within Alabama <u>must</u> obtain annually an Alabama Medical Cannabis Certification Permit from the Board.	20-2A-3(23)	0
540-X-25-.04	Requirements For Initial Application For Alabama Medical Cannabis Certification Permit	To obtain an Alabama Medical Cannabis Certification Permit, a physician applicant <u>shall</u> submit the following to the Board: (a) A completed application on a form prescribed by the Board.	20-2A-31(c)	1
540-X-25-.04	Requirements For Initial Application For Alabama Medical Cannabis Certification Permit	(d) Proof of an active, unrestricted, Alabama-specific DEA registration.	20-2A-31(a)(4) and (c)	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-25, Physician Recommendation for the Use of Medical Cannabis

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-25-.04	Requirements For Initial Application For Alabama Medical Cannabis Certification Permit	(e) Proof of a current registration to query the Alabama Prescription Drug Monitoring Program (PDMP) that is established and maintained by the Alabama Department of Public Health.	20-2A-31(a)(4) and (c)	1
540-X-25-.04	Requirements For Initial Application For Alabama Medical Cannabis Certification Permit	(f) Proof of a current registration with the Alabama Medical Cannabis Patient Registry System that is established and maintained by the AMCC.	20-2A-31(a)(4) and (c)	1
540-X-25-.04	Requirements For Initial Application For Alabama Medical Cannabis Certification Permit	(h) The disclosure of any controlled substances certificate or registration denial, restriction, or discipline imposed on the physician applicant, or any disciplinary act against any medical or other professional license of the physician applicant.	20-2A-31(a)(4) and (c)	1
540-X-25-.04	Requirements For Initial Application For Alabama Medical Cannabis Certification Permit	(i) A list of all practice locations and/or addresses from which the physician applicant may certify or recommend a patient for the use of medical cannabis.	20-2A-31(a)(4) and (c)	1
540-X-25-.04	Requirements For Initial Application For Alabama Medical Cannabis Certification Permit	(j) An initial/reinstatement application fee of three hundred dollars (\$300), which shall be payable to the Board and non-refundable upon submission. An initial/reinstatement application fee is non-transferable.	20-2A-31(a)(4) and (c)	1
540-X-25-.04	Requirements For Initial Application For Alabama Medical Cannabis Certification Permit	(2) If a physician applicant does not complete the initial application process within ninety (90) days of his or her first submission to the Board, the application shall be closed, the application fees shall not be refunded or transferred, and the applicant shall be required to reapply for a permit.	20-2A-31(a)(4) and (c)	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-25, Physician Recommendation for the Use of Medical Cannabis

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-25-.04	Requirements For Initial Application For Alabama Medical Cannabis Certification Permit	(3) An application which is submitted to the Board may be withdrawn at any time prior to the granting or denial of registration; however, the application fees <u>shall</u> not be refunded or transferred.	20-2A-31(a)(4) and (c)	1
540-X-25-.04	Requirements For Initial Application For Alabama Medical Cannabis Certification Permit	(4) All initial applications for an Alabama Medical Cannabis Certification Permit are subject to approval by the voting members of the Board and <u>may not</u> be issued on a temporary or preliminary basis.	20-2A-31(a)(4) and (c)	1
540-X-25-.04	Requirements For Initial Application For Alabama Medical Cannabis Certification Permit	(5) No Alabama Medical Cannabis Certification Permit <u>shall</u> be issued until the AMCC has issued at least one license each for a cultivator, a processor, a secure transporter, and a dispensary	20-2A-31(a)(4) and (c)	1
540-X-25-.05	Physician Eligibility For An Alabama Medical Cannabis Certification Permit	No physician <u>shall</u> obtain an Alabama Medical Cannabis Certification Permit unless he or she: (2) Possesses an active, unrestricted ACSC registration;	20-2A-31(a)(4) and (c)	1
540-X-25-.05	Physician Eligibility For An Alabama Medical Cannabis Certification Permit	(3) Possesses an active, unrestricted, Alabama-specific DEA registration;	20-2A-31(a)(4) and (c)	1
540-X-25-.05	Physician Eligibility For An Alabama Medical Cannabis Certification Permit	(4) <u>Has satisfied</u> one of the following experience requirements: (a) Has been engaged in the active practice of medicine or osteopathy for at least three (3) years, excluding any practice in an internship, residency, fellowship, or other supervised training program; or (b) Has actively practiced medicine or osteopathy for at least one (1) year, excluding any practice in an internship, residency, fellowship, or other supervised training program, and is certified by a specialty board approved by the American Board of Medical Specialties (ABMS) or the	20-2A-31(a)(4) and (c)	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-25, Physician Recommendation for the Use of Medical Cannabis

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		American Osteopathic Association Bureau of Osteopathic Specialists (AOABOS);		
540-X-25-.05	Physician Eligibility For An Alabama Medical Cannabis Certification Permit	(5) <u>Is</u> registered to query the PDMP and has access to the PDMP in all locations where he or she certifies or recommends a patient for the use of medical cannabis;	20-2A-31(a)(4) and (c)	1
540-X-25-.05	Physician Eligibility For An Alabama Medical Cannabis Certification Permit	(6) <u>Is</u> a registered user of the Alabama Medical Cannabis Patient Registry and has access to the registry in all locations where he or she certifies or recommends a patient for the use of medical cannabis	20-2A-31(a)(4) and (c)	1
540-X-25-.06	Grounds For Denial Or Revocation Of An Alabama Medical Cannabis Certification Permit	(2) Any petition must be filed within thirty (30) days of denial of the permit. Upon receipt of the petition, the Board <u>shall</u> issue the permit or set a hearing thereon. The hearing shall be considered a contested case and <u>shall</u> be governed by the rules on reinstatement hearings in accordance with Ala. Admin. Code R. 540-X-6-.02(1)(b)(3).	20-2A-31(c)	0
540-X-25-.07	Renewal Of An Alabama Medical Cannabis Certification Permit	(1) Renewal of an Alabama Medical Cannabis Certification Permit <u>shall</u> be annually on or before December 31 of each year.	20-2A-31(c)	0
540-X-25-.07	Renewal Of An Alabama Medical Cannabis Certification Permit	(2) Annual permit renewal <u>shall</u> occur upon completion of a renewal application in a form prescribed by the Board and payment of a renewal fee.	20-2A-31(c)	1
540-X-25-.07	Renewal Of An Alabama Medical Cannabis Certification Permit	(3) The fee for annual permit renewal <u>shall</u> be two hundred dollars (\$200).	20-2A-31(c)	0
540-X-25-.07	Renewal Of An Alabama Medical Cannabis Certification Permit	(4) Any registered certifying physician who fails to renew an Alabama Medical Cannabis Certification Permit by December 31 of the year of its expiration <u>shall</u> be required to reinstate the certificate by reapplying for an initial Alabama Medical Cannabis Certification Permit under the provisions set forth in this Chapter.	20-2A-31(c)	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-25, Physician Recommendation for the Use of Medical Cannabis

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-25-.07	Renewal Of An Alabama Medical Cannabis Certification Permit	(5) Before renewing an Alabama Medical Cannabis Certification Permit, a physician <u>shall</u> have a current and appropriate registration issued by the DEA and a valid ACSC registration issued by the Board.	20-2A-31(c)	1
540-X-25-.07	Renewal Of An Alabama Medical Cannabis Certification Permit	(6) Before renewing an Alabama Medical Cannabis Certification Permit, a physician <u>shall</u> have a current registration to access and query in all locations where he or she certifies or recommends a patient for the use of medical cannabis	20-2A-31(c)	1
540-X-25-.07	Renewal Of An Alabama Medical Cannabis Certification Permit	(7) Before renewing an Alabama Medical Cannabis Certification Permit, the physician <u>shall</u> have completed within the last 24 months a continuing medical education (CME) course related to medical cannabis of at least two (2) AMA PRA Category 1 Credits™ that is approved by the Board and is offered by a multi-specialty statewide professional organization of physicians in this state that is recognized to accredit intrastate organizations to provide AMA PRA Category 1 Credit™.	20-2A-31(a)(2)	0
540-X-25-.08	Continuing Medical Education Requirements	(1) Prior to the initial issuance of, or reinstatement thereof, an Alabama Medical Cannabis Certification Permit, a physician <u>shall</u> have, within the two (2) years preceding their application, completed a four (4) hour course related to medical cannabis, and have received a passing grade on a subsequent examination, which has been approved by the Board and offered by a multi-specialty statewide professional organization of physicians in this state that is recognized to accredit intrastate organizations to provide AMA PRA Category 1 Credit™.	20-2A-31(a)(2)	0
540-X-25-.08	Continuing Medical Education Requirements	(2) In order to maintain or renew an Alabama Medical Cannabis Certification Permit, a registered certifying physician <u>shall</u> , every two (2) years, complete a two (2) hour refresher course related to medical cannabis which has been approved by the Board and offered by a multi-specialty statewide professional organization of physicians in this state	20-2A-31(a)(2)	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-25, Physician Recommendation for the Use of Medical Cannabis

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		that is recognized to accredit intrastate organizations to provide AMA PRA Category 1 Credit™.		
540-X-25-.09	Limitations Upon Registered Certifying Physicians.	(1) Except for the limited purpose of performing a medical cannabis-related study, a registered certifying physician shall not accept, solicit, or offer any form of remuneration from or to a qualified patient, designated caregiver, or any licensee of the AMCC, including a principal officer, board member, agent, or employee of the licensee, to certify a patient, other than accepting payment from a patient for a fee, not to exceed that which is customarily charged in the locality for physician services, associated with the examination, medical consultation, or other treatment, including, but not limited to, any third party reimbursement for the same.	20-2A-32(1)	0
540-X-25-.09	Limitations Upon Registered Certifying Physicians.	(2) A registered certifying physician shall not accept, solicit, or offer any form of remuneration from or to a dispensary for the purpose of referring a patient to a specific dispensary.	20-2A-32(2)	0
540-X-25-.09	Limitations Upon Registered Certifying Physicians.	(3) A registered certifying physician shall not offer a discount of any other item of value to a qualified patient who uses or agrees to designate a specific registered caregiver or use a specific dispensary to obtain medical cannabis.	20-2A-32(3)	0
540-X-25-.09	Limitations Upon Registered Certifying Physicians.	(4) A registered certifying physician shall not hold a direct or indirect economic interest in a licensee of the AMCC.	20-2A-32(4)	0
540-X-25-.09	Limitations Upon Registered Certifying Physicians.	(5) A registered certifying physician shall not serve on the Board of Directors or as an employee of a licensee of the AMCC.	20-2A-32(5)	0
540-X-25-.09	Limitations Upon Registered Certifying Physicians.	(6) A registered certifying physician shall not refer qualified patients to a specific caregiver or a specific dispensary.	20-2A-32(6)	0
540-X-25-.09	Limitations Upon Registered Certifying Physicians.	(7) A registered certifying physician shall not advertise in a dispensary.	20-2A-32(7)	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-25, Physician Recommendation for the Use of Medical Cannabis

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-25-.09	Limitations Upon Registered Certifying Physicians.	(8) A registered certifying physician, or any practice, facility, business, or other entity with which they are affiliated, <u>shall not</u> advertise on a website, in brochures, or via any other media that generally describe the scope of practice of the physician as a “medical cannabis” or “medical marijuana” physician or doctor, or otherwise advertises his or her status as a registered certifying physician, other than stating the following: “Dr. _____ is qualified by the State of Alabama to certify patients for medical cannabis use under the Alabama Compassion Act.”	20-2A-32(8)	0
540-X-25-.09	Limitations Upon Registered Certifying Physicians.	(9) A registered certifying physician <u>shall not</u> be located in the same office space as a dispensary.	20-2A-31(c)	1
540-X-25-.09	Limitations Upon Registered Certifying Physicians.	(10) A registered certifying physician <u>shall not</u> certify or recommend a patient for the use of medical cannabis unless both the registered certifying physician and the patient are physically located in Alabama, and any examination, visit, or other consultation occurs while both parties are physically located in Alabama.	20-2A-31(c)	
540-X-25-.09	Limitations Upon Registered Certifying Physicians.	(11) At all times in the certification or recommendation of medical cannabis, a registered certifying physician <u>shall</u> only evaluate, diagnose, or certify those qualifying medical conditions for which he or she possesses the education, training, experience, and specialty training to evaluate, diagnose, or treat in his or her usual medical practice.	20-2A-31(c)	1
540-X-25-.09	Limitations Upon Registered Certifying Physicians.	A physician who recommends medical cannabis to a patient for treatment of a qualifying medical condition that the physician is not trained to treat with conventional medical treatment <u>shall</u> be in violation of these rules	20-2A-31(c)	1
540-X-25-.10	Requirements For Physician Recommendation Or	(1) In order to recommend a patient for the use of medical cannabis, a registered certifying physician <u>shall</u> , within the scope of his or her usual medical practice or specialty, diagnose a patient with at least one	20-2A-33(a)	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-25, Physician Recommendation for the Use of Medical Cannabis

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
	Certification For The Use Of Medical Cannabis	qualifying medical condition or shall confirm, through personal, direct observation and assessment and primary source verification, that the patient has been medically diagnosed, by a physician, with at least one qualifying medical condition.		
540-X-25-.10	Requirements For Physician Recommendation Or Certification For The Use Of Medical Cannabis	(2) A registered certifying physician shall establish a bona fide physician-patient relationship with the patient for the provision of medical services in an in-person visit that complies with this Chapter and for which there is an expectation that the physician will provide care to the patient on an ongoing basis.	20-2A-33(b)(1)	1
540-X-25-.10(2)(a)	Requirements For Physician Recommendation Or Certification For The Use Of Medical Cannabis	Prior to certifying or recommending, or recertifying or re-recommending, a patient for the use of medical cannabis, the registered certifying physician shall have conducted a physical examination while physically present in the same room as the patient and obtained a full assessment of the patient's medical history.	20-2A-33(b)(1)	1
540-X-25-.10	Requirements For Physician Recommendation Or Certification For The Use Of Medical Cannabis	(3) A registered certifying physician shall create and maintain a medical record that satisfies the provisions of Ala. Admin Code R. 545-X-4-.09 and shall also include, at a minimum, the following: (a) The patient's name and date or dates of office visits or treatments; (b) A description of the patient's qualifying medical condition; (c) Documented assessment of the patient's medical history, including relevant prescription history and any history of substance use disorder; (d) Documented review of any available relevant diagnostic test results; (e) Documented review of prior treatment and the patient's response to the treatment; (f) Documented review of the patient's current medication to identify possible drug interactions, including all controlled substances; (g) Documented review that conventional medical treatment or therapy has been attempted;	20-2A-33(b)(2)	11

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-25, Physician Recommendation for the Use of Medical Cannabis

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(h) A registered certifying physician may obtain a drug screen on the patient. It is within the physician's discretion to decide the nature of the screen and which type of drug to be screened. Results of any such drug screen shall be maintained in the medical record along with documentation of any proscriptive measures taken due to an unsatisfactory screen;</p> <p>(i) The registered certifying physician's performance of a physical examination relevant to the patient's current medical condition;</p> <p>(j) The physician's diagnosis of the patient's qualifying medical condition;</p> <p>(k) The registered certifying physician shall maintain a copy of any record or report of any other physician on which the registered certifying physician relied for purposes of meeting the requirements under this paragraph.</p>		
540-X-25-.10	Requirements For Physician Recommendation Or Certification For The Use Of Medical Cannabis	The registered certifying physician shall verify and document the diagnosing physician's continuing diagnosis of the patient's qualifying medical condition prior to each recertification.	20-2A-33(b)(2)	1
540-X-25-.10	Requirements For Physician Recommendation Or Certification For The Use Of Medical Cannabis	<p>(4) If the registered certifying physician diagnoses or confirms the diagnosis of a qualifying medical condition, the physician shall document in the medical record compliance with all of the following actions when certifying or recommending treatment with medical cannabis:</p> <p>(a) Development of a treatment plan, including consideration of whether treatment with medical marijuana is complementary to standard medical treatment</p>	20-2A-33(b)(2)	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-25, Physician Recommendation for the Use of Medical Cannabis

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-25-.10	Requirements For Physician Recommendation Or Certification For The Use Of Medical Cannabis	(b) The review of the patient's controlled drug prescription history in the PDMP. The review shall cover at least the twenty-four (24) months immediately preceding the date of the certification or recertification.	20-2A-33(b)(2)	1
540-X-25-.10	Requirements For Physician Recommendation Or Certification For The Use Of Medical Cannabis	(c) Discussion with the patient regarding any indicators of possible abuse or diversion of controlled substances that are reflected on the PDMP report.	20-2A-33(b)(2)	
540-X-25-.10	Requirements For Physician Recommendation Or Certification For The Use Of Medical Cannabis	(d) The explanation of the risks and benefits of treatment with medical cannabis as it pertains to the patient's qualifying medical condition and medical history.	20-2A-33(b)(2)	
540-X-25-.10	Requirements For Physician Recommendation Or Certification For The Use Of Medical Cannabis	(e) The registered qualified patient's voluntary and informed written consent prior to completing a certification or recommendation for treatment with medical cannabis.	20-2A-33(b)(5)	0
540-X-25-.10	Requirements For Physician Recommendation Or Certification For The Use Of Medical Cannabis	If the patient is a minor, the physician shall obtain the voluntary and informed written consent of the patient's parent or legal guardian prior to completing a certification or recommendation for treatment with medical cannabis for the patient.	20-2A-33(b)(5)	1
540-X-25-.10	Requirements For Physician Recommendation Or Certification For The Use Of Medical Cannabis	The voluntary and informed written consent for all registered qualified patients and/or legal guardians shall be memorialized on a form authorized by the Board, a copy of which shall also be provided to the patient or legal guardian. The voluntary and informed written consent form shall, at a minimum, include: ((1) - (11))	20-2A-33(b)(5)	1
540-X-25-.10	Requirements For Physician Recommendation Or	(5) In certifying or recommending treatment with medical cannabis, a registered certifying physician or his or her delegate shall determine	20-2A-33(b)(4)	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-25, Physician Recommendation for the Use of Medical Cannabis

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
	Certification For The Use Of Medical Cannabis	from the patient registry whether the patient has an active registration for the use of medical cannabis.		
540-X-25-.10	Requirements For Physician Recommendation Or Certification For The Use Of Medical Cannabis	(a) If the patient is not registered or if the patient’s registration will expire within thirty (30) days, the registered certifying physician shall submit the patient’s application for registration or renewal to the patient registry.	20-2A-33(b)(6)	1
540-X-25-.10	Requirements For Physician Recommendation Or Certification For The Use Of Medical Cannabis	(b) The electronic certification or recommendation for treatment with medical cannabis that is submitted to the patient registry shall include: 1. The registered qualified patient’s full legal name, date of birth, and home address; 2. The registered qualifying physician’s name and Alabama Medical Cannabis Certification Permit number; 3. The name of the patient’s registered caregiver, if applicable; 4. A description of the qualifying medical condition(s) and indication whether the qualifying condition is a terminal illness for which the registered qualified patient has a life expectancy of six (6) months or less; 5. The daily dosage of medical cannabis (as measured by potency of delta-9-tetrahydrocannabinol) that the registered certifying physician is recommending to the registered qualified patient. Any daily dosage recommended by a registered certifying physician shall not exceed the limitations set forth by the AMCC for each of the qualifying medical conditions; 6. The type or permissible forms of medical cannabis that the registered certifying physician recommends; 7. The permissible length of duration of the certification, which shall not exceed ninety (90) days;	20-2A-33(c)	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-25, Physician Recommendation for the Use of Medical Cannabis

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>8. A statement from the registered certifying physician certifying that a bona fide physician-patient relationship exists between the registered certifying physician and registered qualified patient;</p> <p>9. A statement from the registered certifying physician affirming that the registered qualified patient has been diagnosed with at least one qualifying medical condition by either the registered certifying physician or another qualified physician;</p> <p>10. A statement from the registered certifying physician that, prior to certifying the use of medical cannabis, he or she has, or has confirmed through primary source verification of the patient’s medical records that another qualified physician has, attempted conventional medical treatments or therapies for the patient’s qualifying medical condition, and that said conventional treatments and/or therapies have failed to result in successful outcomes, or that current conventional medical treatment indicates that the use of medical cannabis is the standard of care for the patient’s qualifying medical condition;</p> <p>11. If the qualifying medical condition is based upon a terminal illness as defined in this Chapter, a statement from the registered qualifying physician that the patient is suffering from an illness or physical condition which the registered qualifying physician professionally and reasonably expects to result in the patient’s death in six (6) months or less after the date of the certification; provided, a registered certifying physician shall not recertify a patient as having a terminal illness if the patient has been certified as having a terminal illness for a period of twenty-four (24) months or more;</p> <p>12. An affirmation from the registered certifying physician that he or she, or his or her delegate, has obtained from the PDMP a report of information related to the registered qualified patient that includes, at a</p>		

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-25, Physician Recommendation for the Use of Medical Cannabis

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		minimum, the twenty-four (24) months immediately preceding the date of the certification or recertification; and 13. An affirmation from the registered certifying physician that he or she has informed the registered qualified patient of the risks and benefits of medical cannabis as it pertains to the patient's qualifying medical condition and medical history.		
540-X-25-.10	Requirements For Physician Recommendation Or Certification For The Use Of Medical Cannabis	(10)(c) Absent any extenuating circumstances, a registered certifying physician shall , within twenty-four (24) hours, input into the patient registry any certification, recertification, or any updates thereto.	20-2A-33(c)	1
540-X-25-.10	Requirements For Physician Recommendation Or Certification For The Use Of Medical Cannabis	Any deactivation shall be entered into the patient registry immediately upon the registered certifying physician becoming aware of the reason for the deactivation.	20-2A-33(b)(6)	1
540-X-25-.10	Requirements For Physician Recommendation Or Certification For The Use Of Medical Cannabis	(6) A registered certifying physician who certifies or recommends treatment with medical cannabis shall be available to provide follow-up care and treatment to the patient, including physical examinations relevant to the patient's condition to determine the efficacy of medical cannabis in treating the patient's qualifying medical condition.	20-2A-33	1
540-X-25-.10	Requirements For Physician Recommendation Or Certification For The Use Of Medical Cannabis	(7) A registered certifying physician shall deactivate a current certification or decline to issue a new certification for medical cannabis under any of the following circumstances: (a) The registered certified patient no longer has the diagnosis of or symptoms of the qualifying medical condition.	20-2A-33(b)(6)	1
540-X-25-.10	Requirements For Physician Recommendation Or	(b) The registered certifying physician no longer possesses a valid Alabama Medical Cannabis Certification Permit.	20-2A-33(b)(6)	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-25, Physician Recommendation for the Use of Medical Cannabis

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
	Certification For The Use Of Medical Cannabis			
540-X-25-.10	Requirements For Physician Recommendation Or Certification For The Use Of Medical Cannabis	(c) Based on the registered certifying physician’s clinical judgment, the registered qualified patient or registered caregiver is abusing or diverting medical cannabis.	20-2A-33(b)(6)	1
540-X-25-.10	Requirements For Physician Recommendation Or Certification For The Use Of Medical Cannabis	(d) The registered qualified patient is deceased.	20-2A-33(b)(6)	1
540-X-25-.10	Requirements For Physician Recommendation Or Certification For The Use Of Medical Cannabis	(9) The registered certifying physician shall submit to the Board an annual report, in a manner prescribed by the Board, describing the physician’s observations regarding the effectiveness of medical cannabis in treating patients. The report shall not contain patient-identifying information.	20-2A-33	1
540-X-25-.11	Dosage Limitations Of Medical Cannabis Recommendations	(1) A registered certifying physician may not lawfully recommend the use of medical cannabis with a potency greater than three percent (3%) tetrahydrocannabinol to any minor for any qualifying medical condition.	20-2A-33(g)	0
540-X-25-.11	Dosage Limitations Of Medical Cannabis Recommendations	(2) A registered certifying physician shall not recommend a dosage of tetrahydrocannabinol content which exceeds the maximum daily dosage of medical cannabis for the applicable qualifying medical condition, as established by rule of the AMCC.	20-2A-33(f)(1)	0
540-X-25-.11	Dosage Limitations Of Medical Cannabis Recommendations	Subject to the maximum daily dosages established by rule of the AMCC, a maximum daily dosage shall not exceed 50 mg of delta-9-tetrahydrocannabinol; provided, however, that the maximum daily dosage may be increased but still subject to the maximum daily dosages	20-2A-33(f)(2)	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-25, Physician Recommendation for the Use of Medical Cannabis

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		established by rule of the AMCC under either of the following circumstances:		
540-X-25-.11	Dosage Limitations Of Medical Cannabis Recommendations	(a) A registered certifying physician may increase a patient’s daily dosage if, after 90 days of continuous care under the physician during which time the patient was using medical cannabis, the physician determines that a higher daily dosage is medically appropriate; provided that the maximum daily dosage under this paragraph may not exceed 75 mg of delta-9-tetrahydrocannabinol, and that the physician shall clearly articulate in the patient’s medical record the justification for the higher daily dosage; or	20-2A-33(f)(2)(a)	0
540-X-25-.11	Dosage Limitations Of Medical Cannabis Recommendations	(b) A registered certifying physician may increase a patient’s daily dosage if the patient has been diagnosed with a terminal illness; provided that, if the recommended daily dosage exceeds 75 mg of delta-9-tetrahydrocannabinol, the physician shall notify the patient that the patient’s driver’s license will be suspended.	20-2A-33(f)(2)(b)	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-26, Collaborative Pharmacy Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-26-.02	Initial requirements for collaborative drug therapy management agreement	(1) Physicians and pharmacists <u>may only</u> engage in Collaborative Drug Therapy Management when: (a) An Agreement has been appropriately executed and a written attestation has been filed with and approved by the Board of Pharmacy and the Board of Medical Examiners; and (b) The patient or the patient's authorized representative has signed an Agreement-specific consent that the patient is to receive services from a healthcare team, including a Collaborating Pharmacist.	34-23-77	1
540-X-26-.02	Patient's consent to treatment included in patient record	(2) The patient's consent to treatment under a Collaborative Drug Therapy Management Agreement <u>shall</u> be made part of the patient record.	34-23-77	0
540-X-26-.02	Information required for written attestation	(3) The written attestation <u>shall</u> include the names of the Collaborating Pharmacist, Collaborating Physician, and any Covering Physician or Covering Pharmacist, if applicable, participating in the Agreement, the date of the Agreement, and a description of the scope of the services covered by the Agreement.	34-23-77	1
540-X-26-.02	Additional information required for written attestation	(4) The written attestation <u>shall</u> include a formulary and a list of services authorized by the Agreement.	34-23-77	1
540-X-26-.02	Deadline for submitting agreement and written attestation	(5) The Agreement and written attestation <u>must</u> be provided to the Board of Pharmacy and the Board of Medical Examiners no later than ten (10) days after the Agreement is signed by the parties.	34-23-77	1
540-X-26-.02	Availability of agreement for review	(6) A copy of the Agreement, including any addendum, modification, or termination <u>shall</u> be accessible at each practice site	34-23-77	0
540-X-26-.02	Availability of agreement for review	and <u>shall</u> be made available to the Board of Pharmacy and Board of Medical Examiners for review upon request.	34-23-77	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-26, Collaborative Pharmacy Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-26-.03	Licensure requirement for collaborating physician and collaborating pharmacist	(1) <u>No</u> physician or pharmacist <u>may</u> engage in a Collaborative Drug Therapy Management Agreement <u>unless</u> each Collaborating Physician and Collaborating Pharmacist who is a party to the Agreement holds an active, unrestricted license in Alabama.	34-23-77	0
540-X-26-.03	Collaborating pharmacist eligibility requirements	(2) <u>No</u> physician <u>may</u> enter into an Agreement with a Collaborating Pharmacist who is not licensed by the Board of Pharmacy, does not have an active, unrestricted license, is not employed by a pharmacy with an unrestricted permit (where applicable), and does not comply with each term and requirement of the Board of Pharmacy's rule(s) regarding Collaborative Drug Therapy Management.	34-23-77	4
540-X-26-.03	Collaborating physician eligibility requirements	(3) <u>No</u> pharmacist <u>may</u> enter into an Agreement with a Collaborating Physician who is not licensed by the Board of Medical Examiners, does not have an active, unrestricted license, and not comply with each term and requirement of the Board of Medical Examiners' rule(s) regarding Collaborative Drug Therapy Management.	34-23-77	3
540-X-26-.03	Physician and pharmacist eligibility requirements for collaborative drug therapy management agreement	(4) A physician or pharmacist engaged in an Agreement <u>shall</u> have: (a) An active, unrestricted license to practice medicine or pharmacy in the State of Alabama; (b) An active, unrestricted Alabama Controlled Substances Certificate issued by the Board of Medical Examiners or Board of Pharmacy; (c) As to pharmacists providing services in a facility permitted pursuant to Ala. Code § 34-23-30 only, the pharmacy <u>must</u> maintain an active unrestricted pharmacy permit and DEA registration; (d) As to physicians only, <u>shall</u> have practiced medicine for at least three years, or have practiced medicine for at least one year, if the physician is certified by a specialty board approved by the American	34-23-77	4

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-26, Collaborative Pharmacy Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		Board of Medical Specialties (ABMS) or American Osteopathic Association Bureau of Osteopathic Specialists (AOABOS); and (e) Paid all collaborative practice fees due to the Board of Medical Examiners and the Board of Pharmacy.		
540-X-26-.04	Required agreement terms: Names and Titles of Collaborating Providers	(1) Each Agreement shall contain the following elements, at a minimum: (a) Names and Titles of Collaborating Providers. The Agreement must contain identification of the Collaborating Pharmacist, the Collaborating Physician, Covering Physician(s), and Covering Pharmacist(s) who are parties (“collaborating providers”) to the Agreement.	34-23-77	1
540-X-26-.04	Required agreement terms: Procedure	The Agreement shall state the procedure to be followed to indicate changes in the collaborating providers participating in the Agreement.	34-23-77	1
540-X-26-.04	Changes to list of collaborating providers	Unless expressly stated in the Agreement, changes to the list of collaborating providers bound by the Agreement shall not automatically void the Agreement.	34-23-77	0
540-X-26-.04	Required agreement terms: Authorized Care and Services	(b) Authorized Care and Services. The Agreement must contain an “Authorized Care and Services” section defining the nature and scope of patient care services and activities, including screening, prevention, assessment, management, and care, authorized or restricted, to be provided by the Collaborating Pharmacist pursuant to approved Protocol(s) under the Agreement.	34-23-77	1
540-X-26-.04	Required agreement terms: Scope of practice and services	All care and services to be provided shall be within the routine scope of practice and services delivered by the Collaborating Physician;	34-23-77	1
540-X-26-.04	Required agreement terms: Scope of practice and services	provided, however, that the authorized care and services may not be broader in scope than the permissible functions and activities authorized	34-23-77	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-26, Collaborative Pharmacy Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		under the Collaborating Pharmacist's license, training, experience, and Board of Pharmacy's laws, rules, policies, and procedures.		
540-X-26-.04	Diagnosis by collaborating physician required	All care and services provided, with the exception of immunizations, opioid antagonists, and screening or testing which do not require such patient-specific plans, must be pursuant to a diagnosis appropriately made and documented by the Collaborating Physician.	34-23-77	1
540-X-26-.04	Specific authorization and formulary required	An Agreement which includes a Protocol authorizing the Collaborating Pharmacist to modify or discontinue drug therapy must include specific authorization in the authorized care and services portion of the Agreement and must contain a Formulary that may be modified or discontinued by the Collaborating Pharmacist under the terms of the Agreement.	34-23-77	2
540-X-26-.04	Required agreement terms: Documentation and Communication	(c) Documentation and Communication. The Collaborating Physician shall be responsible for documenting the communication in the patient medical record maintained by the Collaborating Physician.	34-23-77	1
540-X-26-.04	Communication of changes in drug therapy to pharmacist	The Collaborating Physician shall , within 24 hours, communicate to the Collaborating Pharmacist any changes initiated to a patient's drug therapy that is subject to an Agreement; a written, telephonic, or electronic prescription which contains specific dosage information may satisfy this requirement.	34-23-77	0
540-X-26-.04	Communication of changes in drug therapy to physician	The collaborating pharmacist shall , within 24 hours, communicate to the collaborating physician any changes to a patient's drug therapy and/or individual patient care services as set out in the Agreement.	34-23-77	0
540-X-26-.04	Methods for documenting medical records	The Agreement shall describe the methods for documenting the patient medical record by the Collaborating Pharmacist and the Collaborating Physician, for documentation of services performed pursuant to the	34-23-77	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-26, Collaborative Pharmacy Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		Agreement, and for communication and feedback between the Collaborating Pharmacist and the Collaborating Physician.		
540-X-26-.04	Record retention policy for collaborating physician	All such records shall be maintained by the Collaborating Physician for a period of not less than six (6) years from the date of the last patient contact,	34-23-77	0
540-X-26-.04	Record retention policy for collaborating physician	or if the patient is a minor, the record shall be maintained for a period of not less than eight (8) years from the date of the last patient contact.	34-23-77	0
540-X-26-.04	Record retention policy for collaborating pharmacist	All such records shall be maintained by the Collaborating Pharmacist within the employing pharmacy for a period of not less than two (2) years from the date of the last patient contact.	34-23-77	0
540-X-26-.04	Required agreement terms: Override Clause	(d) Override Clause. A provision must be included in the Agreement providing for the Collaborating Physician to override the actions taken by the Collaborating Pharmacist specific to services provided under the Agreement.	34-23-77	1
540-X-26-.04	Documentation and communication of overrides	This provision must state how such overrides shall be documented and communicated to the Collaborating Pharmacist and the patient in a timely manner, as defined in the Agreement.	34-23-77	1
540-X-26-.04	Effective date of agreement	The effective date of the Agreement shall be stated in the Agreement.	34-23-77	1
540-X-26-.04	Agreement expiration and renewal option	Each Agreement must contain a term or expiration date upon which the Agreement will expire if not renewed;	34-23-77	1
540-X-26-.04	Agreement expiration and renewal option	however, in any event, all Agreements must be reviewed, updated where applicable, and renewed by December 31 at least every two (2) years as evidenced by signatures of the parties.	34-23-77	1
540-X-26-.04	Modification or termination of agreement	Every Agreement must contain a provision stating the process for modification or termination of the Agreement by any of the parties.	34-23-77	1
540-X-26-.04	Requirements for agreement amendments	An Agreement may be amended upon mutual approval by the Collaborating Physician and Collaborating Pharmacist who have been	34-23-77	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-26, Collaborative Pharmacy Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		duly authorized to execute, modify, or change the Agreement. Such amendments shall include, at a minimum, a description of the desired change and the effective date of the change.		
540-X-26-.04	No automatic voids due to amendment	Any amendment executed shall not automatically void the terms and conditions of the existing Agreement unless expressly stated.	34-23-77	0
540-X-26-.04	Deadline for amendments	Amendments to the authorized care and services which establish substantive additions or reductions to the scope of patient care services provided under the Agreement, including new therapeutic classes of drugs added to the authorized Formulary, must be provided to the Board of Pharmacy and Board of Medical Examiners no later than ten (10) days from the date the amendment is signed by the parties.	34-23-77	1
540-X-26-.04	Required agreement terms: Automatic Exclusions	(f) Automatic Exclusions. Agreements must have a provision that identifies any terms under which a provider will be automatically excluded from participation in the Agreement,	34-23-77	1
540-X-26-.04	Required agreement terms: Automatic Exclusions	which shall include, but are not limited to: death; the suspension, surrender, revocation, or retirement of license; loss or restriction of prescriptive authority; the suspension, surrender, or revocation of a Drug Enforcement Administration registration or Alabama Controlled Substances Certificate; or exclusion from any federally-funded health programs.	34-23-77	1
540-X-26-.04	Required agreement terms: Quality Assurance	(g) Quality Assurance. The Collaborating Physician and Collaborating Pharmacist shall engage in a quality assurance review of the care provided for patients pursuant to the Agreement on a quarterly basis.	34-23-77	1
540-X-26-.04	Requirement for quarterly review	Quality Assurance shall include, and the Agreement shall provide for, a quarterly review by the Collaborating Physician of a meaningful sample of patient records.	34-23-77	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-26, Collaborative Pharmacy Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-26-.04	Requirement for meaningful sample in quality assurance	A “meaningful sample” shall consist of: 1. Not less than twenty-five percent (25%) of the patients treated pursuant to the Agreement for the first two years of the Agreement; 2. Not less than ten percent (10%) of the patients treated pursuant to the Agreement after the Agreement has been in effect for two years; and 3. All adverse outcomes of the patients treated pursuant to the Agreement.	34-23-77	3
540-X-26-.04	Documentation and retainment of quality assurance	The quality assurance review shall be properly documented, retained by the participating parties of the Agreement, and available for review by representatives of the Board of Medical Examiners for at least five (5) years and the Board of Pharmacy for at least two (2) years.	34-23-77	3
540-X-26-.04	Requirement of confidential consultation area	(h) All Agreements shall require the Collaborating Pharmacist to use an area for in-person or other approved consultations with patients that ensures the confidentiality of the communication and complies with the requirements and standards set forth by the Board of Pharmacy in ALA. ADMIN. CODE r. 680-X-2-.27.	34-23-77	1
540-X-26-.04	Required agreement terms: Notice	(i) Notice. All Agreements shall include a provision stating which party or parties shall bear the costs and responsibility of promptly notifying affected individuals in the event that an Agreement expires or is terminated.	34-23-77	1
540-X-26-.04	Notification to patients of changes	All Agreements shall specify when patients served by an Agreement are to be notified of changes to the Agreement.	34-23-77	1
540-X-26-.04	Notification of physician or pharmacist departure requirement	Any provision of the Agreement notwithstanding, the patients served by an Agreement shall be promptly notified when a Collaborating Physician or Collaborating Pharmacist departs from or is terminated from an Agreement,	34-23-77	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-26, Collaborative Pharmacy Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-26-.04	Notification of physician or pharmacist departure requirement	and said notice shall include the Collaborating Physician's or Collaborating Pharmacist's contact information as well as instructions for how patients may obtain copies of their records or have them forwarded to the physician or pharmacist of their choice.	34-23-77	1
540-X-26-.05	Items not included in the scope of an agreement	(1) The scope of an Agreement shall NOT include: (a) Any person or patient of a Collaborating Physician for whom such Collaborating Physician has not prepared a patient-specific, drug- or drug class-specific, disease-specific, or condition-specific plan of care based on a physical examination of the patient by the Collaborating Physician within the past twelve (12) months, with the exception of immunizations and screening or testing which do not require such patient-specific plans, as well as the dispensing of opioid antagonists as defined in Ala. Code § 20-2-280; or (b) The prescribing of controlled substances listed or to be listed in the schedules under federal law and in Ala. Code §§ 20-2-23, 20-2-25, 20-2-27, 20-2-29, and 20-2-31 and/or ALA. ADMIN. CODE r. 420-7-2 and its Appendix.	34-23-77	0
540-X-26-.05	Prohibited physician employment	(2) No retail pharmacy may employ a physician for the purpose of maintaining, establishing, or entering into a collaborative practice agreement.	34-23-77	0
540-X-26-.05	Allowed physician employment	Nothing shall prohibit a retail pharmacy from hiring a physician or licensed medical practitioner for the purpose of conducting quality assurance reviews of its pharmacists that are engaged in the practice of collaborative drug therapy.	34-23-77	0
540-X-26-.06	Standards of physicians in collaborative pharmacy agreement	(1) Physicians engaged in an Agreement shall : (a) Provide professional medical oversight and instruction to the Collaborating Pharmacist;	34-23-77	4

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-26, Collaborative Pharmacy Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		<p>(b) Establish and maintain a physician-patient relationship with each patient receiving services under the Agreement;</p> <p>(c) Be readily available to the Collaborating Pharmacist through direct telecommunication for consultation, assistance, and direction, or shall make arrangements for a substitute physician to be readily available who is pre-approved by the Board of Medical Examiners, who practices in a specialty substantially similar to that of the Collaborating Physician, and who is familiar with these rules; and</p> <p>(d) Collaborate with pharmacist(s) who agree to be readily available to the physician through direction telecommunication for consultation, assistance, and collaboration.</p>		
540-X-26-.06	Requirement for covering physician	(2) In the event the Collaborating Physician is not readily available, provisions shall be made for professional medical oversight and direction by a Covering Physician who is readily available, who is pre-approved by the Board of Medical Examiners, and who is familiar with these rules.	34-23-77	1
	Annual certification of covering physician	The Collaborating Physician shall certify to the Board of Medical Examiners at least annually that any approved Covering Physician continues to agree to serve in that capacity...	34-23-77	1
540-X-26-.06	Notification of covering physician termination	...and shall inform the Board of Medical Examiners of the termination of a Covering Physician within ten (10) days of the termination.	34-23-77	1
540-X-26-.07	Standards of pharmacists in collaborative pharmacy agreement	<p>(1) Pharmacists engaged in an Agreement shall:</p> <p>(a) Establish and maintain a pharmacist-patient relationship with each patient receiving services under the Agreement;</p> <p>(b) Be readily available to the Collaborating Physician through direct telecommunication for consultation, assistance, and direction; and</p>	34-23-77	3

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-26, Collaborative Pharmacy Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		(c) Collaborate with physician(s) who agree to be readily available to the pharmacist through direct telecommunication for consultation, assistance, and collaboration.		
540-X-26-.07	Requirement for covering pharmacist	(2) In the event the Collaborating Pharmacist is not readily available, provisions <u>shall</u> be made for a Covering Pharmacist who is readily available, who is pre-approved by the Board of Pharmacy, and who is familiar with these rules.	34-23-77	1
540-X-26-.07	Annual certification of covering pharmacist	The Collaborating Pharmacist <u>shall</u> certify to the Board of Pharmacy at least annually that any approved Covering Pharmacist continues to agree to serve in that capacity...	34-23-77	1
540-X-26-.07	Notification of covering pharmacist termination	...and <u>shall</u> inform the Board of Pharmacy of the termination of a Covering Pharmacist within ten (10) days of the termination.	34-23-77	1
540-X-26-.08	Approval of agreement required	(1) A physician and pharmacist <u>shall not</u> engage in Collaborative Drug Therapy Management until the Agreement is approved by both the Board of Medical Examiners and the Board of Pharmacy.	34-23-77	0
540-X-26-.08	Deadline for agreement submissions	(2) Agreements <u>must</u> be submitted to the Board of Medical Examiners and the Board of Pharmacy within ten (10) days after the Agreement is signed by all parties.	34-23-77	0
540-X-26-.08	Deadline for amendments or addendums	(3) Any amendment or addendum to an Agreement <u>must</u> be submitted to the Board of Medical Examiners and Board of Pharmacy within ten (10) days after the amendment is signed by all parties.	34-23-77	0
540-X-26-.08	Approval required prior to agreement in effect	(4) <u>No</u> Agreement, nor any amendment or addendum thereto, <u>shall</u> be effective until it is approved by both the Board of Pharmacy and the Board of Medical Examiners.	34-23-77	0
540-X-26-.08	Fee submitted to Board of Medical Examiners	(5) Each Agreement submitted to the Board of Medical Examiners <u>shall</u> be accompanied by a fee of three hundred dollars (\$300), except those Agreements submitted by a physician who is engaging in	34-23-77	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-26, Collaborative Pharmacy Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		Collaborative Drug Therapy Management at an indigent clinic, in which case the fee may be \$1.		
540-X-26-.08	Fee submitted to Board of Pharmacy	(6) Each Agreement submitted to the Board of Pharmacy shall be accompanied by a fee of one hundred dollars (\$100), except those Agreements submitted by a pharmacist who is engaging in Collaborative Drug Therapy Management at an indigent clinic, in which case the fee may be \$1.	34-23-77	0
540-X-26-.09	Hearing required prior to denial of agreement	(2) Before denying an Agreement on any of the grounds specified in this Chapter, the Board of Medical Examiners and/or Board of Pharmacy shall conduct a hearing in accordance with Chapter 6 of the Rules of the Board of Medical Examiners, or pursuant to any applicable provisions of the Alabama Pharmacy Practice Act, respectively, and the Alabama Administrative Procedure Act.	34-23-77	0
540-X-26-.09	Grounds for denial of agreement	(3) The following acts shall constitute grounds for the denial of approval of an Agreement: (a) – (h)	34-23-77	0
540-X-26-.10	Prosecution of violations of rules	A violation of this Chapter is grounds for disciplinary action and sanctions against a Collaborating Physician, Collaborating Pharmacist, Covering Physician, Covering Pharmacist, or pharmacy permit, and shall be prosecuted against and in the name of the Collaborating Physician, Collaborating Pharmacist, Covering Physician, or Covering Pharmacist participating in the alleged violation.	34-23-77	0
540-X-26-.10	Hearing required prior to certain actions by the Board of Medical Examiners or Board of Pharmacy	(3) Before modifying, restricting, or terminating an Agreement, disciplining a license or permit, or assessing a fine, the Board of Medical Examiners and/or Board of Pharmacy shall conduct a hearing in accordance with Chapter 6 of the Rules of the Board of Medical Examiners, or pursuant to any applicable provisions of the Alabama	34-23-77	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-26, Collaborative Pharmacy Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		Pharmacy Practice Act, respectively, and the Alabama Administrative Procedure Act.		
540-X-26-.10	Effective date of emergency suspension	(5) An order of emergency suspension of the Agreement <u>shall</u> become effective immediately, unless otherwise stated in the order.	34-23-77	0
540-X-26-.10	Requirement to serve suspension and hearing information simultaneously	Simultaneously with the issuance of an order of emergency suspension, there <u>shall</u> be service of a statement of charges and notice of hearing.	34-23-77	0
540-X-26-.10	Acts that constitute violations of 540-X-26	6) The following acts <u>shall</u> constitute violations of this Chapter: (a) – (h)	34-23-77	0
540-X-26-.11	Physician subject to discipline	(1) Any physician engaging in a Collaborative Drug Therapy Management Agreement <u>shall</u> be subject to disciplinary action by the Board of Medical Examiners if he or she violates the terms of this Chapter or the terms of the Agreement.	34-23-77	0
540-X-26-.11	Reporting requirement by Board of Medical Examiners	The Board of Medical Examiners <u>shall</u> report to the Board of Pharmacy the initiation of any proceeding against the physician or any conduct which it believes to be in violation of any such Agreement.	34-23-77	0
540-X-26-.11	Pharmacist subject to discipline	(2) Any pharmacist engaging in a Collaborative Drug Therapy Management Agreement <u>shall</u> be subject to disciplinary action by the Board of Pharmacy if he or she violates the terms of this Chapter or the terms of the Agreement.	34-23-77	0
540-X-26-.11	Reporting requirement by Board of Pharmacy	The Board of Pharmacy <u>shall</u> report to the Board of Medical Examiners the initiation of any proceeding against the pharmacist or any conduct which it believes to be in violation of any such Agreement.	34-23-77	0
540-X-26-.11	Notification of voluntary termination of agreement	(3) Any party to an Agreement which is voluntarily terminated <u>shall</u> , within ten (10) days of the termination, notify their respective board.	34-23-77	0
540-X-26-.11	Termination of agreement due to action on collaborating	(4) If the Alabama medical license of a Collaborating Physician becomes inactive, revoked, suspended, restricted, or placed on probation,	34-23-77	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-26, Collaborative Pharmacy Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
	physician license cause for termination of agreement	then that physician's participation in any and all Agreements <u>shall</u> be administratively terminated by operation of law.		
540-X-26-.11	Notification requirement of disciplinary action against collaborating physician	The Board of Medical Examiners <u>shall</u> notify the Board of Pharmacy whenever disciplinary action is taken against a Collaborating Physician's license or when a Collaborating Physician's participation in an Agreement is terminated by operation of law	34-23-77	0
540-X-26-.11	Termination of agreement due to action on collaborating pharmacist license cause of termination of agreement	(5) If the Alabama pharmacy license of a Collaborating Pharmacist becomes inactive, revoked, suspended, restricted, or placed on probation, then that pharmacist's participation in any and all Agreements <u>shall</u> be administratively terminated by operation of law.	34-23-77	0
540-X-26-.11	Notification requirement of disciplinary action against collaborating pharmacist	The Board of Pharmacy <u>shall</u> notify the Board of Medical Examiners whenever disciplinary action is taken against a Collaborating Pharmacist's license or when a Collaborating Pharmacist's participation in an Agreement is terminated by operation of law.	34-23-77	0
540-X-26-.11	Notification requirement by collaborating physician of disciplinary action	(6) A Collaborating Physician whose Alabama medical license becomes inactive, revoked, suspended, restricted, or placed on probation, or who is administratively terminated from an Agreement <u>shall</u> be required to notify each party to the Agreement of said action.	34-23-77	0
540-X-26-.11	Patient notification requirement	The Collaborating Physician <u>shall</u> additionally be responsible for notifying each patient served by the Agreement	34-23-77	0
540-X-26-.11	Cost of patient notification	and <u>shall</u> bear the costs of such notice.	34-23-77	0
540-X-26-.12	Renewal requirements	(1) Agreements <u>shall</u> be renewed by December 31 every two (2) years.	34-23-77	1
540-X-26-.12	Review of agreement upon renewal	(2) Each Collaborating Physician and Collaborating Pharmacist renewing an Agreement <u>shall</u> review the terms, conditions, protocols, parties, and content of the Agreement	34-23-77	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-26, Collaborative Pharmacy Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-26-.12	Certification of agreement upon renewal	and shall certify that the information is accurate and complies with this Chapter.	34-23-77	1
540-X-26-.12	Renewal fee to Board of Medical Examiners	(3) The fee for renewing an Agreement with the Board of Medical Examiners shall be two hundred dollars (\$200).	34-23-77	0
540-X-26-.12	Renewal fee to Board of Pharmacy	(4) The fee for renewing an Agreement with the Board of Pharmacy shall be fifty dollars (\$50).	34-23-77	0
540-X-26-.13	Establishment of Joint Committee on Pharmacy Collaborative Practice	(1) There shall be established a Joint Committee on Pharmacy Collaborative Practice for the purpose of enabling a mechanism for the exchange of information between the Board of Medical Examiners and the Board of Pharmacy on matters related to physician-pharmacist collaboration.	34-23-77	0
540-X-26-.13	Composition of the Joint Committee	(2) The Joint Committee shall be composed of the following: (a) Two (2) voting members of the Board of Medical Examiners appointed by the Chairman of the Board of Medical Examiners.	34-23-77	0
540-X-26-.13	Composition of the Joint Committee	b) The President and Vice-President of the Board of Pharmacy, or his or her appointee, the terms of which shall coincide with their term as President or Vice-President of the Board of Pharmacy.	34-23-77	0
540-X-26-.13	Terms of Board of Medical Examiners physician members	For the initial term, one member shall be appointed to a term concluding on December 31, 2022, and one member shall be appointed to a term concluding on December 31, 2023.	34-23-77	0
540-X-26-.13	Terms of Board of Medical Examiners physician members	Thereafter, each appointee shall serve a term of two (2) years.	34-23-77	0
540-X-26-.13	Reappointment eligibility of committee members	(3) Members of the Joint Committee shall be eligible for reappointment.	34-23-77	0
540-X-26-.13	Appointment for unexpired term	Should a vacancy occur on the Joint Committee, a successor shall be appointed by the original appointing authority to serve the unexpired term.	34-23-77	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-26, Collaborative Pharmacy Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-26-.13	Selection & term of chairperson	The committee <u>shall</u> select one of its members to serve as chairperson for a one-year term.	34-23-77	0
540-X-26-.13	Alternation of chairperson	The chairperson <u>shall</u> alternate between a physician member of the committee and a pharmacist member of the committee.	34-23-77	0
540-X-26-.13	Prior consent or full member presence required for meetings	(4) The Joint Committee <u>shall not</u> meet without the consent of both the Board of Medical Examiners and Board of Pharmacy unless all four (4) Joint Committee Members are present.	34-23-77	0
540-X-26-.13	Meeting frequency of Joint Committee	(5) The Joint Committee <u>shall</u> meet at least on a quarterly basis, or more or less frequently pursuant to a joint resolution by the Board of Medical Examiners and the Board of Pharmacy.	34-23-77	0
540-X-26-.13	Official functions of Joint Committee members	(6) A member's participation in a Joint Committee meeting <u>shall</u> constitute official functions of and the performance of the duties of the boards	34-23-77	0
540-X-26-.13	Eligibility for compensation	and <u>shall</u> be eligible for the compensation, per diem, and travel allowance allowed to members of the Board of Medical Examiners under Ala. Code § 34-24-54, and members of the Board of Pharmacy under Ala. Code § 34-23-91.	34-23-77	0
540-X-26-.13	Board of Medical Examiners & Board of Pharmacy to provide compensation	The Board of Medical Examiners and Board of Pharmacy <u>shall</u> pay compensation, per diem, and travel allowance of their respective members	34-23-77	0
540-X-26-.13	Board of Medical Examiners & Board of Pharmacy to provide support	and <u>shall</u> furnish necessary clerical, legal, and administrative support for operation of the committee.	34-23-77	0
540-X-26-.13	Advisory capacity of Joint Committee	(8) Notwithstanding any other provision of this Chapter, the Joint Committee <u>shall</u> serve in an advisory capacity only	34-23-77	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-26, Collaborative Pharmacy Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-26-.13	Approval of Joint Committee recommendations	and any recommendation made by the Committee shall be subject to approval by both the Board of Medical Examiners and the Board of Pharmacy.	34-23-77	0
540-X-26-.14	Promulgation of standard protocols	(1) The Board of Medical Examiners and the Board of Pharmacy shall promulgate standard protocols consistent with the recommendation of the Joint Committee establishing the patient care services that may be rendered under an Agreement.	34-23-77	0
540-X-26-.14	Approval of non-standard protocols	(2) Protocols deviating from the standard protocols shall be submitted to the Joint Committee for recommendation for approval.	34-23-77	1
540-X-26-.14	Factors for approval of non-standard protocols	When evaluating whether to recommend the approval or denial of a non-standard Protocol, the Joint Committee shall consider certain factors, including, but not limited to: (a) - (f)	34-23-77	0
540-X-26-.15	Promulgation of standard formulary	(1) The Board of Medical Examiners and the Board of Pharmacy shall promulgate a standard formulary of legend drugs and/or drug classes consistent with the recommendations of the Joint Committee that may be utilized under an Agreement.	34-23-77	0
540-X-26-.15	Approval of non-standard formulary	(2) Any Formulary that includes prescription drugs and/or drug classes additional to the standard Formulary shall be submitted to the Joint Committee for recommendation for approval.	34-23-77	1
540-X-26-.15	Factors for approval of non-standard formularies	When evaluating whether to recommend the approval or denial of the addition of a drug or drug class to a Formulary, the Joint Committee shall consider certain factors, including, but not limited to: (a) - (f)	34-23-77	0
540-X-26-.16	Exclusion for employees of licensed healthcare facilities	(1) The foregoing provisions of this Chapter shall not apply to a pharmacist licensed by the Alabama State Board of Pharmacy who is employed by a Licensed Healthcare Facility.	34-23-77	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners
540-X-26, Collaborative Pharmacy Practice

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-26-.16	Authority to determine exempt practitioners	(2) The Board of Medical Examiners and/or the Board of Pharmacy <u>shall</u> each have the authority to identify those licensees who are exempt under this Rule.	34-23-77	0
540-X-26-.17	Deadline for full compliance with rules	Any physician and/or pharmacist currently participating in any activities described by this Chapter <u>must</u> be in full compliance with these rules no later than April 30, 2022.	34-23-77	1
540-X-26-.17	Enforceable date of rules	The provisions of this Chapter <u>shall</u> become enforceable by the Board of Medical Examiners and Board of Pharmacy on May 1, 2022.	34-23-77	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners
540-X-28, Physician Supervision of Athletic Trainers
Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-28-.02	Advisory Council composition & appointments	(2) The Advisory Council shall consist of the following: (a) Three (3) physicians appointed by the Board of Medical Examiners. (b) Three (3) athletic trainers appointed by the Board of Athletic Trainers.	34-40-3.2	0
540-X-28-.02	Advisory Council member terms	(a) For the initial term, one member shall be appointed to a term concluding on June 30, 2022, one member shall be appointed to a term concluding on June 30, 2023, and one member shall be appointed to a term concluding on June 30, 2024.	34-40-3.2	0
540-X-28-.02	Advisory Council member terms	Thereafter, each appointee shall serve a term of three (3) years.	34-40-3.2	0
540-X-28-.02	Advisory Council member terms	(b) For the initial term, one member shall be appointed to a term concluding on June 30, 2022, one member shall be appointed to a term concluding on June 30, 2023, and one member shall be appointed to a term concluding on June 30, 2024.	34-40-3.2	0
540-X-28-.02	Advisory Council member terms	Thereafter, each appointee shall serve a term of three (3) years.	34-40-3.2	0
540-X-28-.02	Advisory Council vacancies	(3) Members of the Advisory Council shall be eligible for reappointment.	34-40-3.2	0
540-X-28-.02	Advisory Council vacancies	Should a vacancy occur on the Advisory Council, a successor shall be appointed by the original appointing authority to serve the unexpired term.	34-40-3.2	0
540-X-28-.02	Advisory Council chairperson	(4) The Advisory Council shall select one of its members to serve as chairperson for a term of one year.	34-40-3.2	0
540-X-28-.02	Advisory Council chairperson	The office of chair shall alternate between a physician member and an athletic trainer member of the council.	34-40-3.2	0
540-X-28-.02	Advisory Council chairperson	The chairperson shall preside over all meetings of the Advisory Council.	34-40-3.2	0

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners
540-X-28, Physician Supervision of Athletic Trainers
Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-28-.02	Advisory Council member compensation & reimbursement	(5) Meetings of the Advisory Council <u>shall</u> be considered official functions of the Board of Athletic Trainers and Board of Medical Examiners.	34-40-3.2	0
540-X-28-.02	Advisory Council member compensation & reimbursement	Any member of the Board of Athletic Trainers or Board Medical Examiners attending or participating in a meeting of the Advisory Council <u>shall</u> be entitled to their regular compensation as board members, pursuant to Ala. Code §§ 34-40-3 and 34-24-54, respectively.	34-40-3.2	0
540-X-28-.02	Advisory Council member compensation & reimbursement	Any member of the Advisory Council who is not a member of the Board of Athletic Trainers or Board of Medical Examiners <u>shall</u> receive per diem at a rate of one hundred dollars (\$100) per day or any portion thereof that the Advisory Council member is attending an official meeting or function of the Advisory Council.	34-40-3.2	0
540-X-28-.02	Advisory Council member compensation & reimbursement	All members of the Advisory Council <u>shall</u> receive reimbursement for subsistence and travel in accordance with state law as provided for state employees.	34-40-3.2	0
540-X-28-.02	Advisory Council member compensation & reimbursement	Compensation of the members of the Advisory Council <u>shall</u> be paid by the appointing authority.	34-40-3.2	0
540-X-28-.02	Advisory Council capacity of service	(7) Notwithstanding any other provision of this Chapter, the Advisory Council <u>shall</u> serve in an advisory capacity only	34-40-3.2	0
540-X-28-.02	Advisory Council recommendation approval	and any recommendation made by the Council <u>shall</u> be subject to approval by both the Board of Athletic Trainers and the Board of Medical Examiners.	34-40-3.2	0
540-X-28-.03	Standard practice protocol requirement	(1) There <u>shall</u> be a standard general practice protocol, approved by both the Board of Athletic Trainers and the Board of Medical Examiners, which <u>shall</u> set forth the baseline scope of practice, privileges, and permissible skills of all athletic trainers licensed to practice in this state.	34-40-3.2	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners
540-X-28, Physician Supervision of Athletic Trainers
Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-28-.03	Standard general and specialty practice protocol development requirements	(3) In developing and evaluating the standard general and specialty practice protocols, the Advisory Council shall consider the level of education, training, and experience required of an athletic trainer or physician to safely perform the duties/procedures, the risks associated with the duties/procedures, the effectiveness and necessity of the duties/procedures, and the likelihood of positive patient outcomes.	34-40-3.2	1
540-X-28-.03	Approval for deviation from model practice protocol	(4) Both the Board of Athletic Trainers and the Board of Medical Examiners must approve any request to deviate from the model practice protocol.	34-40-3.2	1
540-X-28-.03	Submission of non-protocols for approval or denial	(5) Protocols deviating from the standard protocols shall be submitted to the Advisory Council for review and recommendation for approval or denial.	34-40-3.2	0
540-X-28-.03	Factors for consideration of approval or denial of non-standard protocols	When evaluating whether to recommend the approval or denial of a non-standard protocol, the Advisory Council shall consider certain factors, including, but not limited to: (a) The supervising physician's and athletic trainer(s)'s education, training, experience, and specialty; (b) The supervising physician's and athletic trainer(s)'s disciplinary history and any licensure restrictions; (c) Whether a proposed protocol is within the current standard of care for treatment of the disease or condition specified in the protocol, including usages known as "off-label," and whether the use is supported by evidence-based research; (d) Whether the proposed protocol creates an undue risk of harm to patients; and (e) The routine scope of practice and services provided by the collaborating physician and the athletic trainer(s).	34-40-3.2	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners
540-X-28, Physician Supervision of Athletic Trainers
Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-28-.04	Requirement for licensure and registration of athletic trainers	Each athletic trainer <u>shall</u> be licensed by the Board of Athletic Trainers and be registered with a supervising physician prior to engaging in athletic training practice as defined by 34-40-2(4).	34-40-2, 34-40-3.2	1
540-X-28-.04	Requirements for registration with a supervising physician	Registration of an athletic trainer with a supervising physician for the practice of athletic training <u>shall</u> be accomplished in the following manner: (1) A completed application for registration <u>shall</u> be submitted to the Board of Athletic Trainers; and (2) A detailed protocol(s) which sets forth the anticipated functions and activities of the athletic trainer and is signed by the supervising physician and the athletic trainer <u>shall</u> accompany the application. (3) The athletic trainer and the supervising physician may be personally interviewed at the discretion of the Board of Athletic Trainers, Board of Medical Examiners, or the Advisory Council.	34-40-3.2	2
540-X-28-.05	Requests for increased supervision	(2) Requests to supervise more than fifteen (15) athletic trainers <u>must</u> be submitted to the Advisory Council and approved in writing by the Board of Athletic Trainers and Board of Medical Examiners.	34-40-3.2	1
540-X-28-.05	Factors for consideration or increased supervision requests	(2) ...When evaluating whether to recommend the approval or denial of a physician's request to supervise more than fifteen (15) athletic trainers, the Advisory Council <u>shall</u> consider certain factors, including, but not limited to: (a) The supervising physician's availability; (b) The parties' disciplinary history and any licensure restrictions; (c) The parties' practice settings; (d) The parties' educational preparation, experience, and specialty;	34-40-3.2	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners
540-X-28, Physician Supervision of Athletic Trainers
Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
		(e) Whether the proposed protocol creates an undue risk of harm to patients; and (f) The complexity and risk of procedures to be performed.		
540-x-28-.05	Requirement of supervising physician	(3) A supervising physician shall maintain independent medical judgment related to the practice of medicine at all times, irrespective of employment structure or business model.	34-40-3.2	1
540-X-28-.06	Qualifications of the supervising physician	The physician to whom an athletic trainer is registered shall : (1) Possess a current, unrestricted license to practice medicine in the State of Alabama; (2) Be willing to accept responsibility for the athletic trainer's practice; and (3) On the date of the application, have satisfied one of the following experience requirements: (a) Have practiced medicine for at least three years, excluding any practice in an internship, residency, fellowship, or other supervised training program; (b) Have practiced medicine for at least one year, excluding any practice in an internship, residency, fellowship, or other supervised training program, and certified by one or more of the specialty boards recognized by the American Board of Medical Specialties or the American Osteopathic Association; or (c) Have completed a fellowship accredited by the Accreditation Council for Graduate Medical Education (ACGME) in Sports Medicine.	34-40-3.2	3
540-X-28-.07	Restriction on independent practice	(2) There shall be no independent, unsupervised, or unregistered practice by an athletic trainer.	34-40-2, 34-40-3.2	0
540-X-28-.07	Readily available requirement	(3) The supervising physician shall be readily available for communication either direct or by telephone or telecommunication.	34-40-3.2	1

Phase I: Administrative Rule Inventory for Alabama State Board of Medical Examiners

540-X-28, Physician Supervision of Athletic Trainers

Due date: September 15, 2023 | Inventory current as of September 1, 2023

Rule Citation	Short Description	Regulatory Text	Statutory Authority	# of Discretionary Regulatory Restrictions
540-X-28-.07	Supervising physician availability	(4) The supervising physician shall be available for consultation or referrals of patients from the athletic trainer.	34-40-3.2	1
540-X-28-.07	Review of emergency action plan	(5) An athletic trainer and their supervising physician shall meet at least once each calendar year to review emergency action plan(s).	34-40-3.2	1
540-X-28-.07	Requirement of supervising physician	(7) A supervising physician shall maintain independent medical judgment related to the practice of medicine at all times, irrespective of employment structure or business model.	34-40-3.2	1
540-X-28-.10	Requirement to notify of termination of supervision	(1) The athletic trainer shall immediately inform the Board of Athletic Trainers in writing of the effective date of the termination of any physician supervision.	34-40-3.2	1
540-X-28-.11	Involuntary termination of registration	The commission by an athletic trainer or a supervising physician of any act, offense, or condition set forth in Rule 540-X-28-.08 shall be grounds, within the discretion of the Board of Athletic Trainers or the Board of Medical Examiners, to terminate the registration of an athletic trainer to engage in athletic training practice under the supervision of a physician.	34-40-3.2	1
540-X-28-.12	Requirement for temporary approval	Under a temporarily approved registration, an athletic trainer shall only be permitted to practice pursuant to a standard general protocol.	34-40-3.2	1
540-X-28-.13	Requirement for quarterly reporting by Board of Athletic Trainers	The Board of Athletic Trainers shall , not less than quarterly, prepare and submit a report to the Board of Medical Examiners detailing any applications for registration, protocols, amendments thereto, or terminations received under this Chapter, along with a report of any actions taken by the Board of Athletic Trainers on these items.	34-40-3.2	0
540-X-28-.14	Implementation requirement	All athletic trainers and supervising physicians shall be in full compliance with the provisions of this Chapter no later than January 1, 2023.	34-40-3.2	0