## TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Rule No. 540-X-2601 Rule Title: Definitions	Niculeal Examiners
	Adopt by Reference
	Adopt by Reference
Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety?	NO
Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare?	YES
Is there another, less restrictive method of regulation available that could adequately protect the public?	NO
Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree?	NO
Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule?	NO
Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public?	YES
Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule?	NO
**************************************	NO
If the proposed rule has an economic impact, the proposed rule is requinate prepared in accordance with subsection (f) of Section 41-22-23, Co.	
**************************************	******************
I certify that the attached proposed rule has been proposed in full com Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all the Administrative Procedure Division of the Legislative Services Agend	applicable filing requirements of
Signature of certifying officer Collain in PalB	EC'D & FILED
Date: August 21, 2023	AUG 2 2 2023

LEGISLATIVE SVC AGENCY

#### NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-26-.01, Definitions

INTENDED ACTION: Amend the rule

<u>SUBSTANCE OF PROPOSED ACTION:</u> Amend to define "Acute, uncomplicated illness or injury."

TIME, PLACE, MANNER OF PRESENTING VIEWS: All interested persons may submit data, views, or arguments concerning the proposed new rule(s) and regulation(s) in writing to Carla Kruger, Office of the General Counsel, Alabama State Board of Medical Examiners, PO Box 946, Montgomery, Alabama 36101-0946 or by email to bme@albme.gov until and including October 5, 2023. Persons wishing to submit data, views, or comments in person should contact the Board of Medical Examiners at bme@albme.gov or (334) 242-4116. Copies of proposed rules may be obtained at the Board's website, www.albme.gov.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: Oct. 5, 2023

CONTACT PERSON AT AGENCY: Carla H. Kruger

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

#### 540-X-26-.01 Definitions.

- (1) The following definitions are applicable to collaborative drug therapy management:
- (a) "Agreement" means the Collaborative Drug Therapy Management Agreement.
- (b) "Board of Medical Examiners" means the State Board of Medical Examiners established pursuant to Ala. Code § 34-24-53.
- (c) "Board of Pharmacy" means the State Board of Pharmacy established pursuant to Ala. Code § 34-23-90.
- whereby an individual pharmacist licensed in this state jointly and voluntarily works with an individual physician licensed in this state under a Collaborative Drug Therapy Management Agreement to provide a range of services to a patient of the Collaborating Physician and the Collaborating Pharmacist intended to optimize therapeutic outcomes; detect and prevent adverse medication interactions and side effects; provide education on the patient's medications used to treat the disease state so that medications are taken correctly; monitor, modify, and discontinue drug therapy as directed by the physician; provide education on managing medication side effects; communicate with third party payors and insurers regarding prior authorization for prescription medications; and any other activity or service specified in a protocol approved by both the Board of Medical Examiners and the Board of Pharmacy, or otherwise authorized by this Chapter.
- (e) "Collaborating Pharmacist" means a pharmacist who is licensed to practice pharmacy in Alabama, who is a party to a Collaborative Drug Therapy Management

Agreement, and who has a direct pharmacist-patient relationship with the patient served by the Agreement.

- (f) "Collaborating Physician" means a doctor of medicine or a doctor of osteopathy licensed to practice medicine in Alabama who is a party to a Collaborative Drug Therapy Management Agreement, who has a direct physician-patient relationship, or otherwise authorized by this Chapter, with the patient served by the Agreement, and who has prepared the patient-specific, drug or drug class-specific, disease-specific, and condition-specific plan of care based on a physical examination of the patient where required under this Chapter.
- (g) "Covering Pharmacist" means a pharmacist licensed to practice pharmacy in Alabama who agrees in writing to be readily available to fulfill the duties of a Collaborating Pharmacist pursuant to a Collaborative Drug Therapy Management Agreement during the absence of the Collaborating Pharmacist. The Covering Pharmacist shall be an employee of the same pharmacy practice as the Collaborating Pharmacist, demonstrate the ability to provide the services listed in the Agreement, and abide by the rules and regulations of the Board of Medical Examiners and Board of Pharmacy.
- (h) "Covering Physician" means a doctor of medicine or a doctor of osteopathy licensed to practice medicine in Alabama who agrees in writing to be readily available to fulfill the duties of a Collaborating Physician pursuant to a Collaborative Drug Therapy Management Agreement during the absence of the Collaborating Physician. The covering physician shall 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 shall abide by the rules and regulations adopted by the Board of Medical Examiners and Board of Pharmacy.

- (i) "Formulary" means a list of legend drugs or drug classes that may be utilized under a Collaborative Drug Therapy Management Agreement.
- (j) "Joint Committee" means the Joint Committee on Pharmacy Collaborative Practice, established 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.
- (k) "Licensed Healthcare Facility" means a hospital, as defined in Ala. Code § 22-21-20(1), licensed by the Alabama Department of Public Health, or a Federally Qualified Health Center, as defined by ALA. ADMIN. CODE r. 560-X-48-.01(1).
- (I) "Patient Care Services" means services rendered by Collaborating Physicians and Collaborating Pharmacists for the benefit of the patient and which must be within the professional training and experience of the Collaborating Physician and Collaborating Pharmacist and be covered by the Collaborative Drug Therapy Management Agreement.
- (m) "Protocol" means a document approved by the Board of Medical Examiners and Board of Pharmacy establishing the permissible functions and activities to be performed by a Collaborating Pharmacist and signed by the parties to the Collaborative Drug Therapy Management Agreement.
- (n) "Quality Assurance" means documented evaluation by the Collaborating Physician of the parties' adherence to the Agreement and patient outcomes against defined quality outcome measures, using a selected, meaningful sample of patient

records, which will identify outcomes needing improvement, set performance goals, and assess progress towards meeting established goals, with a summary of findings, conclusions, and, if indicated, recommendations for change. The physician's signature on the patient record does not constitute quality assurance monitoring.

- (o) "Routine Scope of Practice and Services" means any patient care service provided by the Collaborating Physician and his or her practice in compliance with his or her medical education, training, experience, and the Board of Medical Examiners' laws, rules, policies, and procedures, and that of the collaborating pharmacist and his or her practice in compliance with his or her pharmacy education, training, experience, and the Board of Pharmacy's laws, rules, policies, and procedures.
- (p) "Unrestricted," for the purpose of this Chapter, means an active pharmacy permit, pharmacy Drug Enforcement Administration (DEA) registration, pharmacist license, medical license, and Alabama Controlled Substances Certificate that is not revoked, suspended, or on probation at the time of application and is not subject to any conditions, restrictions, or limitations imposed by the applicable licensing board which relate directly to the delivery of health care services. A condition, restriction, or limitation directly relates to the delivery of health care services when it prevents a provider from treating certain types of patients or certain types of ailments or injuries, or otherwise limits a provider from fully engaging in the practice which would otherwise be authorized pursuant to his or her license.
- (q) "Acute, uncomplicated illness or injury" means a recent or new short-term problem with low risk of morbidity for which treatment is considered and full recovery

without functional impairment is expected. For the purposes of this section, an acute, uncomplicated illness or injury includes:

- (a) Influenza.
- (b) Streptococcus.
- (c) Any other condition as recommended by the Joint Committee.

Under this definition, a pharmacist may use any tests which the Centers for Medicare and Medicaid Services has determined qualifies for a waiver under the federal Clinical Laboratory Improvement Amendments of 1988, or the federal rules adopted thereunder, or any established screening procedures that can safely be performed by a pharmacist.

**Author:** Alabama Board of Medical Examiners

Statutory Authority: Ala. Code § 34-24-53; Act 2019-368 (Ala. Code § 34-23-77) History: Approved for publication: April 15, 2021. Certified Rule Filed August 20,

2021. Effective Date: October 15, 2021.

# TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control 540 Department or Agency Alabama State Board of Medical Examiners  Rule No. 540-X-2604				
Rule Title: Collaborative Drug Therapy Management Agreement: Required Terms				
New	X	Amend	Repeal	Adopt by Reference
Would the absence of the harm or endanger the p				NO
Is there a reasonable repolice power and the p safety, or welfare?				YES
Is there another, less re regulation available that the public?				NO
Does the proposed rule or indirectly increasing services involved and,	the costs of any	goods or		NO
Is the increase in cost, public than the harm the absence of the propose	at might result fi		-	NO
Are all facets of the rul solely for the purpose of their primary effect, the	of, and so they ha	ave, as	·	YES
Does the proposed acti manner any litigation v concerning the subject	which the agency	is a party	to	NO
**************************************				**************************************
If the proposed rule ha note prepared in accord	s an economic in lance with subse	npact, the ction (f) o	proposed rule is require f Section 41-22-23, <u>Code</u>	d to be accompanied by a fiscal of Alabama 1975.
**************************************		******	********	********
Chapter 22, Title 41, C the Administrative Pro-	Code of Alabama cedure Division of	1975, and of the Leg	d that it conforms to all a sislative Services Agency	
Signature of certifying	officer (	كتكلقوس	i - 7-1/4	REC'D & FILED
Date: August 21, 2	.023			AUG 2 2 2023

#### NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-26-.04, Collaborative Drug Therapy Management

**Agreement: Required Terms** 

INTENDED ACTION: Amend the rule

<u>SUBSTANCE OF PROPOSED ACTION:</u> Amend to provide that care and services related to an acute, uncomplicated illness or injury are exempt from the requirement to be performed pursuant to a diagnosis made by the Collaborating Physician.

TIME, PLACE, MANNER OF PRESENTING VIEWS: All interested persons may submit data, views, or arguments concerning the proposed new rule(s) and regulation(s) in writing to Carla Kruger, Office of the General Counsel, Alabama State Board of Medical Examiners, PO Box 946, Montgomery, Alabama 36101-0946 or by email to bme@albme.gov until and including October 5, 2023. Persons wishing to submit data, views, or comments in person should contact the Board of Medical Examiners at bme@albme.gov or (334) 242-4116. Copies of proposed rules may be obtained at the Board's website, www.albme.gov.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: Oct. 5, 2023

CONTACT PERSON AT AGENCY: Carla H. Kruger

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

540-X-26-.04 <u>Collaborative Drug Therapy Management Agreement: Required Terms.</u>

- (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. The Agreement shall state the procedure to be followed to indicate changes in the collaborating providers participating in the Agreement. Unless expressly stated in the Agreement, changes to the list of collaborating providers bound by the Agreement shall not automatically void the Agreement. Signatures may be handwritten, electronic, or any other method authorized by the Board of Pharmacy and the Board of Medical Examiners.
- 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. All care and services to be provided shall be within the routine scope of practice and services delivered by the Collaborating Physician; provided, however, that the authorized care and services may not be broader in scope than the permissible functions and activities authorized under the Collaborating Pharmacist's license, training, experience, and Board of Pharmacy's laws, rules, policies, and procedures. All care and services provided, with the exception of immunizations, opioid antagonists, and screening or testing which do not require such patient specific plansacute, uncomplicated illness or injury, must be pursuant to a diagnosis appropriately

made and documented by the Collaborating Physician. 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.

(c) Documentation and Communication.

1. \_\_\_The Collaborating Physician shall be responsible for documenting the communication in the patient medical record maintained by the Collaborating Physician. 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. The collaborating pharmacist shall, within 24 hours, communicate to the collaborating physician and any physician(s) designated by the patient any changes to a patient's drug therapy and/or individual patient care services as set out in the Agreement. 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 Agreement, and for communication and feedback between the Collaborating Pharmacist and the 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, 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. 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.

- 2. A pharmacist performing testing or screening for and treatment of acute, uncomplicated illness or injury conditions shall also:
- (i) Provide each patient with written information to advise the patient to seek follow-up care from either a physician with whom the patient has a pre-existing relationship, or, if no pre-existing relationship exists, to seek follow-up care from the collaborating physician.
- (ii) Provide the patient with a consent form allowing any changes to a patient's drug therapy and/or individual patient care services as set out in the Agreement to be provided to the collaborating physician and the physician with whom the patient has a pre-existing relationship.
- (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. 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.
- (e) Expiration, Modification, and Termination. The effective date of the Agreement shall be stated in the Agreement. Each Agreement must contain a term or expiration date upon which the Agreement will expire if not renewed; 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. Every Agreement must contain a provision stating the process for modification or termination of

the Agreement by any of the parties. An Agreement may be amended upon mutual approval by the Collaborating Physician and Collaborating Pharmacist who have been 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. Any amendment executed shall not automatically void the terms and conditions of the existing Agreement unless expressly stated. 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.

- (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, 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.
- (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. Quality Assurance shall include, and the Agreement shall provide for, a quarterly review by the Collaborating Physician of a meaningful sample of patient records. 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. 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.
- (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.
- (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. All Agreements shall specify when patients served by an Agreement are to be notified of changes to the Agreement. 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, 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.

- (2) Agreements that include the testing or screening for and treatment of acute, uncomplicated illness or injury shall also include:
- (a) Patient selection criteria, which shall include the physician's instructions for obtaining relevant patient medical history for the purpose of identifying disqualifying health conditions, adverse reactions, and contraindications to the approved course of treatment.
- (b) Treatment protocols, which shall include the physician's instructions for the treatment of acute, uncomplicated illness or injury based on the patient's age, symptoms.

  and test results, including negative results.
- (c) Any other requirements as established by the Board of Pharmacy and Board of Medical Examiners.

Author: Alabama Board of Medical Examiners

Statutory Authority: Ala. Code § 34-24-53; Act 2019-368 (Ala. Code § 34-23-77)

History: Approved for publication: April 15, 2021. Certified Rule Filed August 20, 2021. Effective Date: October 15, 2021. Amended/Approved for Publication February 16, 2023. Certified Rule Filed May 11, 2023. Effective Date: July 16, 2023. Approved for Publication February 16, 2023. Certified Rule Filed May 11, 2023. Effective Date: July

16, 2023.

# TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control 540 Department or Agency Alabama State Boar Rule No. 540-X-2605	d of Medical Examiners
Rule Title: Limitations	
NewX Amend Repeal	Adopt by Reference
Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety?	NO
Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare?	YES
Is there another, less restrictive method of regulation available that could adequately protect the public?	NO NO
Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree?	NO
Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule?	NO
Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public?	YES
Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule?	NO
******************	
Does the proposed rule have an economic impact?	************ NO
If the proposed rule has an economic impact, the proposed rule is requote prepared in accordance with subsection (f) of Section 41-22-23, C	uired to be accompanied by a fiscal Code of Alabama 1975.
*****************	*********
Certification of Authorized Official	
I certify that the attached proposed rule has been proposed in full conforms to Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to the Administrative Procedure Division of the Legislative Services Age	all applicable filing requirements of
Signature of certifying officer	
Date:August 21, 2023	AUG 2 2 2023

**LEGISLATIVE SVC AGENCY** 

#### NOTICE OF INTENDED ACTION

AGENCY NAME:

Alabama Board of Medical Examiners

RULE NO. & TITLE:

540-X-26-.05, Limitations

INTENDED ACTION: Amend the rule

SUBSTANCE OF PROPOSED ACTION: Amend to authorize the inclusion in the Collaborative Drug Therapy Management Agreement of testing and/or treating acute, uncomplicated illness or injury in a person for whom the Collaborating Physician has not prepared a patient-specific plan of care based on a physical examination in the past 12 months.

TIME, PLACE, MANNER OF PRESENTING VIEWS: All interested persons may submit data, views, or arguments concerning the proposed new rule(s) and regulation(s) in writing to Carla Kruger, Office of the General Counsel, Alabama State Board of Medical Examiners, PO Box 946, Montgomery, Alabama 36101-0946 or by email to bme@albme.gov until and including October 5, 2023. Persons wishing to submit data. views, or comments in person should contact the Board of Medical Examiners at bme@albme.gov or (334) 242-4116. Copies of proposed rules may be obtained at the Board's website, www.albme.gov.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: Oct. 5, 2023

**CONTACT PERSON AT AGENCY:** 

Carla H. Kruger

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

540-X-26-.05 Limitations.

(1) The scope of an Agreement shall NOT include:

Any person or patient of a Collaborating Physician for whom such (a)

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 plansacute, uncomplicated illness or injury, as well as the dispensing of opioid

antagonists as defined in Ala. Code § 20-2-280; or

The prescribing of controlled substances listed or to be listed in the (b)

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.

No retail pharmacy may employ a physician for the purpose of maintaining, (2)

establishing, or entering into a collaborative practice agreement. 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.

Author: Alabama Board of Medical Examiners

Statutory Authority: Ala. Code § 34-24-53; Act 2019-368 (Ala. Code § 34-23-77)

History: Approved for publication: April 15, 2021. Certified Rule Filed August 20,

2021. Effective Date: October 15, 2021.

# TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Rule No540-X-2606	f Medical Examiners
Rule Title: Standards for Physicians	
New X Amend Repeal	Adopt by Reference
Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety?	NO
Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare?	YES
Is there another, less restrictive method of regulation available that could adequately protect the public?	NO
Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree?	NO
Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule?	NO
Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public?	YES
Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule?	NO
**************************************	**************************************
If the proposed rule has an economic impact, the proposed rule is required note prepared in accordance with subsection (f) of Section 41-22-23, Cod	ed to be accompanied by a fiscal le of Alabama 1975.
**************************************	**********
certify that the attached proposed rule has been proposed in full component component in the component component in the Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all the Administrative Procedure Division of the Legislative Services Agend	
Signature of certifying officer	
Date: August 21, 2023	AUG 2 2 2023

#### NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-26-.06, Standards for Physicians

INTENDED ACTION: Amend the rule

SUBSTANCE OF PROPOSED ACTION: Amend to exempt immunization and opioid antagonists from the requirement for collaborating physicians to maintain a physician-patient relationship with each patient receiving services under a Collaborative Drug Therapy Management Agreement; and add a requirement for the collaborating physician to contact each patient receiving treatment by a pharmacist for an acute, uncomplicated illness or injury no later than five days following treatment to discuss follow-up care or referral.

TIME, PLACE, MANNER OF PRESENTING VIEWS: All interested persons may submit data, views, or arguments concerning the proposed new rule(s) and regulation(s) in writing to Carla Kruger, Office of the General Counsel, Alabama State Board of Medical Examiners, PO Box 946, Montgomery, Alabama 36101-0946 or by email to bme@albme.gov until and including October 5, 2023. Persons wishing to submit data, views, or comments in person should contact the Board of Medical Examiners at bme@albme.gov or (334) 242-4116. Copies of proposed rules may be obtained at the Board's website, www.albme.gov.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: Oct. 5, 2023

CONTACT PERSON AT AGENCY: Carla H. Kruger

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

#### 540-X-26-.06 Standards for Physicians.

- (1) Physicians engaged in an Agreement shall:
- (a) Provide professional medical oversight and instruction to the Collaborating Pharmacist;
- (b) Establish and <u>/or</u> maintain a physician-patient relationship with each patient receiving services under the Agreement, with the exception of immunization and opioid antagonists;
- (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
- (d) Collaborate with pharmacist(s) who agree to be readily available to the physician through direction telecommunication for consultation, assistance, and collaboration; and
- (e) Contact each patient receiving treatment by a pharmacist for an acute, uncomplicated illness or injury not later than five (5) days following the first day of treatment to discuss follow-up care or refer the patient for care from a physician with whom the patient has a pre-existing relationship.
- (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. 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 and shall inform the Board of Medical Examiners of the

termination of a Covering Physician within ten (10) days of the termination.

(3) In the event of an unanticipated, permanent absence of a Collaborating

Physician, a previously approved Covering Physician may be designated as a temporary

Collaborating Physician for a period of up to sixty (60) days. During the sixty (60) day time

period, a new Agreement designating a new Collaborating Physician should be submitted

for approval.

Author: Alabama Board of Medical Examiners

Statutory Authority: Ala. Code § 34-24-53; Act 2019-368 (Ala. Code § 34-23-77)

History: Approved for publication: April 15, 2021. Certified Rule Filed August 20,

2021. Effective Date: October 15, 2021.

## TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control 540 Department or Agency Alabama State Board of Rule No. 540-X-2607	f Medical Examiners
Rule No. 540-X-2607 Rule Title: Standards for Pharmacists	
Ottalian do 1011 marmadista	
New X Amend Repeal	Adopt by Reference
Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety?	NO
Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare?	YES
Is there another, less restrictive method of regulation available that could adequately protect the public?	NO
Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree?	NO
Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule?	NO
Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public?	YES
Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule?	NO
******************	********
Does the proposed rule have an economic impact?	NO
If the proposed rule has an economic impact, the proposed rule is require note prepared in accordance with subsection (f) of Section 41-22-23, Code	ed to be accompanied by a fiscal e of Alabama 1975.
*********************	*****
Certification of Authorized Official	T T T T T T T T T T T T T T T T T T T
I certify that the attached proposed rule has been proposed in full comp Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all a the Administrative Procedure Division of the Legislative Services Agency	annlicable filing requirements of
Signature of certifying officer	C'D & FILED
Date:August 21, 2023	
	AUG 2 2 2023

LEGISLATIVE SVC AGENCY

### NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-26-.07, Standards for Pharmacists

INTENDED ACTION: Amend the rule

<u>SUBSTANCE OF PROPOSED ACTION:</u> Amend to require the collaborating pharmacist, if performing testing or screening for and treatment of acute, uncomplicated illness or injury, to provide each patient with written information to advise the patient to seek follow-up care and, upon the request of a patient, furnish patient records to a physician designated by the patient.

TIME, PLACE, MANNER OF PRESENTING VIEWS: All interested persons may submit data, views, or arguments concerning the proposed new rule(s) and regulation(s) in writing to Carla Kruger, Office of the General Counsel, Alabama State Board of Medical Examiners, PO Box 946, Montgomery, Alabama 36101-0946 or by email to bme@albme.gov until and including October 5, 2023. Persons wishing to submit data, views, or comments in person should contact the Board of Medical Examiners at bme@albme.gov or (334) 242-4116. Copies of proposed rules may be obtained at the Board's website, www.albme.gov.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: Oct. 5, 2023

CONTACT PERSON AT AGENCY: Carla H. Kruger

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

#### 540-X-26-.07 Standards for Pharmacists.

- (1) Pharmacists engaged in an Agreement shall:
- (a) Establish and maintain a pharmacist-patient relationship with each patient receiving services under the Agreement;
- (b) Be readily available to the Collaborating Physician through direct telecommunication for consultation, assistance, and direction; and
- (c) Collaborate with physician(s) who agree to be readily available to the pharmacist through direct telecommunication for consultation, assistance, and collaboration.
- (2) In the event the Collaborating Pharmacist is not readily available, provisions shall be made for a Covering Pharmacist who is readily available, who is preapproved by the Board of Pharmacy, and who is familiar with these rules. The Collaborating Pharmacist shall certify to the Board of Pharmacy at least annually that any approved Covering Pharmacist continues to agree to serve in that capacity and shall inform the Board of Pharmacy of the termination of a Covering Pharmacist within ten (10) days of the termination.
- (3) In the event of an unanticipated, permanent absence of a Collaborating Pharmacist, a Covering Pharmacist may be designated as a temporary Collaborating Pharmacist for a period of up to sixty (60) days. During the sixty (60) day time period, a new Agreement designating a new Collaborating Pharmacist should be submitted for approval.
- (4) If performing testing or screening for and treatment of acute, uncomplicated illness or injury, a pharmacist shall also:

(a) Provide each patient with written information to advise the patient to seek follow-up care from either a physician with whom the patient has a pre-existing relationship, or, if no pre-existing relationship exists, to seek follow-up care from the collaborating physician.

(b) Upon request of a patient, furnish patient records to a physician designated by the patient.

Author: Alabama Board of Medical Examiners

Statutory Authority: Ala. Code § 34-24-53; Act 2019-368 (Ala. Code § 34-23-77) History: Approved for publication: April 15, 2021. Certified Rule Filed August 20,

2021. Effective Date: October 15, 2021.