

**CERTIFICATION OF ADMINISTRATIVE RULES
FILED WITH THE LEGISLATIVE SERVICES AGENCY
OTHNI LATHRAM, DIRECTOR**

(Pursuant to Code of Alabama 1975, §41-22-6, as amended).

I certify that the attached is/are correct copy/copies of rule/s as promulgated and adopted on Thursday, October 19, 2023, and filed with the agency secretary on Monday, November 20, 2023.

AGENCY NAME: Alabama Board of Medical Examiners

INTENDED ACTION: Amend

RULE NO.: 540-X-26-.01
(If amended rule, give specific paragraph, subparagraphs, etc., being amended) **(1)(q)**

RULE TITLE: Definitions

ACTION TAKEN: State whether the rule was adopted with or without changes from the proposal due to written or oral comments:

Adopted without changes. A comment was received urging a less broad definition of "uncomplicated illness or injury" due to the possibilities of incorrect diagnoses, missed diagnoses, or illnesses more complicated than it may appear solely through testing.

The Board states that the Board of Medical Examiners and the Board of Pharmacy will develop detailed protocols that will be required for pharmacists testing to treat influenza and streptococcus that address the possible diagnosis and illness complications that are the concern of the public comment.

NOTICE OF INTENDED ACTION PUBLISHED IN VOLUME XLI, ISSUE NO. 11, AAM,
DATED THURSDAY, AUGUST 31, 2023.

STATUTORY RULEMAKING AUTHORITY: 34-23-77

REC'D & FILED
NOV 20, 2023
LEGISLATIVE SVC AGENCY
(Date Filed)
(For LRS Use Only)

William M. Perkins

William M Perkins

Certifying Officer or his or her
Deputy

APA-3

(NOTE: In accordance with §41-22-6(b), as amended, a proposed rule is required to be certified within 90 days after completion of the notice.)

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INTENDED ACTION: Amend

RULE NO.: 540-X-26-.04

(If amended rule, give specific paragraph, subparagraphs, etc., being amended) **(1) (b), (1) (c), (1) (i)**

RULE TITLE: Collaborative Drug Therapy Management Agreement:
Required Terms

ACTION TAKEN: State whether the rule was adopted with or without changes from the proposal due to written or oral comments:

Adopted without changes. A comment was received urging a maximum distance between the physical location of the physician and pharmacist and a listing of disqualifying conditions, adverse reactions, and contraindications to the approved course of treatment in order to avoid fragmenting care delivery for children.

The Board states that detailed protocols will be developed for pharmacists testing to treat influenza and streptococcus that will address the distance, disqualifying conditions, adverse reactions, and contraindications to the approved course of treatment.

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INTENDED ACTION: Amend

RULE NO.: 540-X-26-.05
(If amended rule, give specific paragraph, subparagraphs, etc., being amended) **(1) (a)**

RULE TITLE: Limitations

ACTION TAKEN: State whether the rule was adopted with or without changes from the proposal due to written or oral comments:

Adopted without changes. No comments received.

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INTENDED ACTION: Amend

RULE NO.: 540-X-26-.06

(If amended rule, give specific paragraph, subparagraphs, etc., being amended) **(1)(e) Non substantive change to proposal: (1)(d) change "direction" to "direct."**

RULE TITLE: Standards For Physicians

ACTION TAKEN: State whether the rule was adopted with or without changes from the proposal due to written or oral comments:

Adopted with changes. A comment was received regarding the requirement for collaborating physicians to contact each patient receiving treatment by a pharmacist for an acute, uncomplicated illness or injury not later than five 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, stating that the five days should be shortened to 24 hours after notification from the collaborating pharmacist. Additionally, it is unclear whether this contact could be delegated to another member of the care team.

The Board anticipates that the detailed protocols that are being developed for testing to treat influenza and streptococcus will address this comment by requiring that the pharmacist ask all persons tested under the protocol for the name and contact information of a primary care provider. If a primary care provider is identified, the pharmacist will provide that provider with a summary of the encounter, including the individual's demographic, test, treatment, and follow-up plan details within 24 hours.

Additionally, the protocols that are being developed will contain procedures for monitoring and continuation or adjustment of therapies that include telephone follow-up within 24 to 48 hours of dispensing to assess the need for additional medical intervention.

No changes were made to the proposal based on this comment.

APA-3

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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 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;
 - (d) Collaborate with pharmacist(s) who agree to be readily available to the physician through ~~direction~~[direct](#) 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: Code of Ala. 1975, §34-24-53; Act 2019-368 (Code of Ala. 1975, §34-23-77).

History: New Rule: Published August 31, 2021; effective October 15, 2021. [Certified Rule Filed 10/26/2023. Effective Date Jan. 14, 2014.](#)

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AGENCY NAME: Alabama Board of Medical Examiners

INTENDED ACTION: Amend

RULE NO.: 540-X-26-.07
(If amended rule, give specific paragraph, subparagraphs, etc., being amended) **(4)**

RULE TITLE: Standards For Pharmacists

ACTION TAKEN: State whether the rule was adopted with or without changes from the proposal due to written or oral comments:

Adopted without changes. A comment was received that the wording of the amendments to these rules that allows an agreement to cover patients with whom the collaborating physician has no relationship could cause care fragmentation and impact continuity of care for these patients.

The Board states that the detailed protocols that are being developed for testing to treat influenza and streptococcus will address this comment by requiring that the pharmacist ask all persons tested under the protocol for the name and contact information of a primary care provider. If a primary care provider is identified, the pharmacist will provide that provider with a summary of the encounter, including the individual's demographic, test, treatment, and follow-up plan details within 24 hours. The patient may also be referred to the collaborating physician or urgent care.

Additionally, the protocols are expected to provide for follow-up within 24 to 48 hours of dispensing in order to assess the need for additional medical intervention and include referral to a primary care provider or urgent/emergency treatment facility if warranted.

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STATUTORY RULEMAKING AUTHORITY: 34-23-7

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