

APA-1  
07/04

**TRANSMITTAL SHEET FOR  
NOTICE OF INTENDED ACTION**

Control No. \_\_\_\_\_ Department or Agency The Board of Home Medical Equipment

Rule No. Appendix I

Rule Title: Fees

\_\_\_\_\_ New X Amend \_\_\_\_\_ Repeal \_\_\_\_\_ Adopt by Reference

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

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

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Does the proposed rule have an economic impact? No

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

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**Certification of Authorized Official**

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of certifying officer

Brandy L. Senkew

Date

4-23-14

APA-2  
07/04

**Board of Home Medical Equipment**

**NOTICE OF INTENDED ACTION**

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**AGENCY NAME:**

Board of Home Medical Equipment

**RULE NO. & TITLE:**

Appendix I Fees

**INTENDED ACTION:**

To amend Rules and Regulations.

**SUBSTANCE OF PROPOSED ACTION:**

The Board of Home Medical Equipment proposes to adopt an Administrative Code or Rules and Regulations under which to operate.

**TIME, PLACE, MANNER OF PRESENTING VIEWS:**

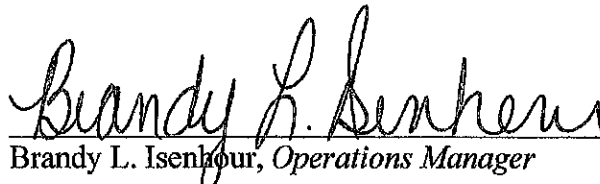
Written comments, views, or arguments will be received by the Board of Home Medical Equipment until 4:30 p.m. on July 3, 2014. Comments should be directed to Paula McCaleb, Executive Director, at Post Office Box 240636, Montgomery, AL 36124-0636, or via fax at 334-215-3457.

**FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:**

July 3, 2014

**CONTACT PERSON AT AGENCY:**

Brandy L. Isenhour  
334.215.3474

  
Brandy L. Isenhour, *Operations Manager*

Appendix I. Fees

\$250 License/Renewal Fee (per location)

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\$500 Initial Inspection Fee (per location)

\$1250 Re-Inspection Fee

\$275 Site Inspection Fee upon Change of Physical Location

\$150 Late Renewal Fee

**HISTORY:**

**New Rule:** Filed July 20, 2001; effective August 24, 2001. **Amended:** Filed May 7, 2002; effective June 11, 2002. **Amended:** Filed January 7, 2004; effective February 11, 2004. **Amended:** Filed October 29, 2004; effective December 3, 2004. **Amended:** Filed May 1, 2006; effective June 5, 2006. **Amended:** Filed July 10, 2006; effective August 14, 2006. **Amended:** Filed May 6, 2008; effective June 10, 2008.