TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control 540 Department or Age		tate Board of Medic	cal Examiners
Rule No. <u>Chapter 540-X-82</u>			
			s and Certified Nurse Midwives
New X	Amend	Repeal _	Adopt by Reference
Would the absence of the propos	and male		
significantly harm or endanger the			
health, welfare, or safety?			YES
nearm, wentare, or safety?			1 E S
Is there a reasonable relationship	between the		
state's police power and the prot			
public health, safety, or welfare?			YES
passe mental, suresy, or worth.			1100
Is there another, less restrictive i	nethod of		
regulation available that could a			
protect the public?			NO
process and process			
Does the proposed rule have the	effect of		
directly or indirectly increasing			
of any goods or services involve			
to what degree?	, - ,		NO
Is the increase in cost, if any, mo	ore harmful		
to the public than the harm that			
from the absence of the propose			NO
	7 - 3 - 3 - 3		
Are all facets of the rulemaking	process		
designed solely for the purpose			
they have, as their primary effect			
protection of the public?	-,		YES
Processing of the Processing			
**********	******	**********	*********
Does the proposed rule have an	economic impact	t?	NO
	•		
If the proposed rule has an econ	omic impact, the	proposed rule is	•
required to be accompanied by a	fiscal note prep	ared in accordance	with
subsection (f) of Section 41-22-	23, Code of Alab	<u>oama 1975</u> .	
*********	********	*******	**********
Certification of Authorized Official			
I certify that the attached proposed rul	e has been proposed	in fall 🔍 🔌 🕭	
compliance with the requirements of C	Chapter 22, Title 41.	Code of Alabama 1925	, and that it conforms to all applicable filing
requirements of the Administrative Pro-	ocedure Division of	the Legislative Referen	cost die.
Signature of contificion - CC		Imim	
Signature of certifying officer	<u> </u>	· \ /	
Date: February 19, 2015			

ALABAMA STATE BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME:

Alabama State Board of Medical Examiners

RULE NO. & TITLE:

Chapter 540-X-8-.22, Requirements for Collaborative Practice by

Physicians and Certified Nurse Midwives

INTENDED ACTION:

To amend the rule

SUBSTANCE OF PROPOSED ACTION:

To amend the rule to modify the requirement for on-

site collaboration and modify the wording regarding

quality assurance

TIME, PLACE, MANNER OF PRESENTING VIEWS: All interested persons may submit data, views, or arguments concerning the proposed new rule(s) orally or in writing to: Patricia E. Shaner, General Counsel, Alabama State Board of Medical Examiners, Post Office Box 946, Montgomery, Alabama 36101-0946, by mail or in person between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday, until and including Friday, April 3, 2015. Persons wishing to obtain copies of the text of this rule and submit data, views, or comments or arguments orally should contact Patricia E. Shaner, by telephone (334-242-4116) during said period in order to set up an appointment for a hearing respecting such oral data, views, or arguments.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: April 3, 2015

CONTACT PERSON AT AGENCY:

Patricia E. Shaner

Larry D. Dixon, Executive Director

540-X-8-.22 Requirements for Collaborative Practice by Physicians and Certified Nurse Midwives.

- (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.
- (f) 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.
- (2) In the event the collaborating physician is not readily available, provisions shall be made for medical coverage by a physician who is pre-approved by the State Board of Medical Examiners and is familiar with these rules.
- (3) If the certified nurse midwife is to perform duties at a remote practice site when the physician is not present, the written protocol shall clearly specify the circumstances and provide written verification of the availability of an approved physician for consultation, referral and direct medical intervention in emergencies and after hours, if indicated.
 - (4) The collaborating physician shall be present with the certified nurse

midwife in an approved collaborative practice site for not less than ten percent (10%) of the certified nurse midwife's scheduled hours in the collaborative practice as specified in the protocol application. A pre-approved covering physician may be present in lieu of the collaborating physician. In addition, the collaborating physician shall visit each approved collaborative practice site not less than quarterly. The collaborating physicians with the Alabama Department of Public Health and county health departments are exempt from this requirement.

- (53) The certified nurse midwife's scheduled hours in licensed acute care hospitals, licensed skilled nursing facilities, licensed special-care assisted living facilities, and licensed assisted living facilities, patient homes, and/or facilities licensed by the Alabama Department of Public Health and facilities certified by the Alabama Department of Public Health are not subject to the required minimum hours for physician presence.
 - (4) The collaborating physician shall:
- (a) Have no additional requirement for documentation of on-site collaboration when working in the same facility with the Certified Nurse Midwife (CNM).
- (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:
 - 1. Since initial certification; or
 - 2. In the collaborating physician's practice specialty.
 - (c) Visit remote practice sites no less than twice annually.
 - (d) Meet no less than quarterly with the CNM who has more than two (2)

years (4,000 hours) of collaborative practice experience.

- (e) Allow a pre-approved covering physician to be present in lieu of the collaborating physician.
- (6) If the certified nurse midwife's scheduled weekly collaborative practice hours are:
- (a) Thirty or more hours per week, the certified nurse midwife shall be present in an approved practice site with the collaborating or covering physician for time equal to ten percent (10%) of the certified nurse midwife's weekly hours. Cumulative hours may accrue on a monthly basis.
- (b) Less than 30 hours per week, the certified nurse midwife shall be present in a n approved practice site with the collaborating or covering physician for time equal to ten percent (10%) of the certified nurse midwife's weekly hours. Cumulative hours may accrue on a quarterly basis:
- (75) 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.
- (6) The Joint Committee may, at its discretion, waive the requirement of written verification of physician availability upon documentation of exceptional circumstances. Employees of state and county health departments are exempt from the requirement of written verification of physician availability.
- (87) A written standard protocol specific to the specialty practice area of the certified nurse midwife and the specialty practice area of the collaborating physician, approved and signed by both the collaborating physician and the certified nurse midwife

shall:

Identify all sites where the certified nurse midwife will practice within the (a)

collaboration protocol.

(b) Identify the physician's principal practice site.

(c) Be maintained at each practice site.

(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.

(e) Include a pre-determined plan for emergency services.

(f) Specify the process by which the certified nurse midwife shall refer a

patient to a physician other than the collaborating physician.

Specify a plan for quality assurance management with established patient (g)

defined quality outcome indicators measures for evaluation of the clinical practice of the

certified nurse midwife and include review of a meaningful sample no less than ten

percent (10%) of medical records plus all adverse outcomes. The term "medical

records" includes, but is not limited to, electronic medical records. 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. Quality assurance monitoring may be performed by

designated personnel, with final results presented to the physician and certified nurse

midwife for review.

Author: Alabama Board of Medical Examiners.

Statutory Authority: Code of Alabama 1975, as amended, §§ 34-24-53 and

34-21-85.

History: This new Chapter 8 - Advanced Practice Nurses: Collaborative Practice replaces Chapter 8 - Nurse Midwives. This chapter is being filed as a joint effort by the Alabama Board of Nursing and the Alabama Board of Medical Examiners. Amended/Approved For Publication: March 20, 1996.

Approved/Adopted: June 19, 1996. Effective Date: July 25, 1996.

Amended/Approved for Publication: May 21, 2003. Approved/Adopted: August 20, 2003. Effective Date: September 30, 2003. Amended/Approved: April 20, 2005. Effective Date: August 26, 2005. Amended/Approved: May 17, 2006. Further amended for republishing: July 19, 2006. Effective Date: October 27, 2006. Amended/Approved: December 12, 2007. Effective Date: March 27, 2008. Amended/Approved: January 20, 2010. Emergency Rule Effective: January 20, 2010. Effective Date: April 15, 2010. Amended/approved: July 18, 2012. Effective Date: October 29, 2012. Amended/Approved for Publication: January 21, 2014. Amended/Approved for Publication: February 18, 2015.