

APA-1
6/93

TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control 420 Department or Agency Alabama Department of Public Health

Rule Number 420-7-6
Rule Title Certification of Autism Spectrum Disorder

XX New 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? No

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? N/A

Are all facts 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 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 §41-22-23, Code of Alabama, 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been 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 Jahira Shie Date 1/22/2015

FORM APA2
11/96

STATE BOARD OF HEALTH
NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Department of Public Health

RULE NUMBER AND TITLE: 420-7-6, Certification of Autism Spectrum Disorder

INTENDED ACTION: New Chapter 420-7-6

SUBSTANCE OF PROPOSED ACTION: The Alabama Department of Public Health will issue a certification card denoting that the person has been medically diagnosed with autism spectrum disorder and establish a fee of \$10 for the issuance of a certification card.

TIME, PLACE, AND MANNER OF PRESENTING VIEWS: A public hearing will be held at the RSA Tower, 201 Monroe St, Ste 1016, Montgomery, AL 36104 at 9:00 a.m., on February 12, 2015. A written request should be submitted to the agency contact person listed below.

FINAL DATE FOR COMMENTS AND COMPLETION OF NOTICE: Written or oral comments will be received until the close of the record at 5:00 p.m. on March 9, 2015. All comments and requests for copies of the proposed amendments should be addressed to the contact person listed below.

CONTACT PERSON AT AGENCY: Jamey Durham, Director, Bureau of Professional and Support Services, Department of Public Health, 201 Monroe Street, Suite 1018, Montgomery, Alabama 36104. Telephone number (334) 206-5634.



Patricia E. Ivie, Agency Secretary

ALABAMA STATE BOARD OF HEALTH
ALABAMA DEPARTMENT OF PUBLIC HEALTH
ADMINISTRATIVE CODE

CHAPTER 420-7-6
CERTIFICATION OF AUTISM SPECTRUM DISORDER

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420-7-6-.01 Application Procedure.

(1) Upon the request of a person medically diagnosed with autism spectrum disorder, or the guardian or caregiver of the person, the Alabama Department of Public Health will issue a certification card denoting that the person has been medically diagnosed with autism spectrum disorder.

(2) Certification cards may be obtained at any county health department upon presentment of a fully completed form as provided in Appendix A to these rules and a government issued identification card.

(3) Completed application forms will be maintained at the county health department in which they are filed. A government issued identification card must be presented to obtain a replacement certification card.

Authors: Michele Jones and Brian Hale

Statutory Authority: Code of Ala. 1975, §32-6-6.2

History:

420-7-6-.02 Fees.

(1) Initial Issuance. A fee of \$10 shall be paid for initial issuance of a certification card.

(2) Replacement. A fee of \$5 shall be paid to obtain a replacement certification card.

Authors: Michele Jones and Brian Hale

Statutory Authority: Code of Ala. 1975, §32-6-6.2

History:

Appendix A

Medically Diagnosed for Autism Spectrum Disorder

PERSONAL INFORMATION

Name _____

Address _____

Phone number _____

PROVIDER INFORMATION

Date of diagnosis _____

Health Care provider signature _____

Specialty (e.g., M.D., Ph.D., Psy.D. etc) _____

License # _____

EMERGENCY CONTACT INFORMATION

Name _____

Phone Number _____

