

APA-1
11/96

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control 610 Department or Agency Alabama Board of Nursing
Rule No. 610-X-5-19
Rule Title Requirements for Collaborative Practice by Physicians and Certified Nurse Midwives
 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

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.

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 *K. Neel*

Date 7-20-2012

DATE FILED

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11/96

ALABAMA BOARD OF NURSING

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Nursing

RULE NO. & TITLE: Rule 610-X-5-.19, Requirements for Collaborative Practice by Physicians and Certified Nurse Midwives

INTENDED ACTION: The Alabama Board of Nursing proposes to amend the regulations related to requirements for collaborative practice by physicians and certified nurse midwives to include electronic medical records.

SUBSTANCE OF PROPOSED ACTION: The Alabama Board of Nursing proposes to amend Administrative Code, Rule 610-X-5-.19, Requirements for Collaborative Practice by Physicians and Certified Nurse Midwives. A copy of the proposed amended rule may be found on the Board's web site, www.abn.alabama.gov, under "laws" and then "proposed rule changes." The proposed change adds electronic medical records as a form of medical records.

TIME, PLACE, MANNER OF PRESENTING VIEWS: Written or oral comments will be received by the Board of Nursing until 4:30 P.M. on Tuesday, September 4, 2012. Verbal or written comments be directed to N. Genell Lee, Executive Officer, at P.O. Box 303900, Montgomery, AL 36130-3900 or via electronic mail at Genell.Lee@abn.alabama.gov or via telephone at 334-293-5210.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:
The record closes at 4:30 P.M. on Tuesday, September 4, 2012.

CONTACT PERSON AT AGENCY: N. Genell Lee, Executive Officer.



N Genell Lee
Executive Officer

ALABAMA BOARD OF NURSING

RULE 610-X-5-.19

REQUIREMENTS FOR COLLABORATIVE PRACTICE BY PHYSICIANS AND CERTIFIED NURSE MIDWIVES

Rule 610-X-5-.19 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.
- (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 site away from the collaborating physician, the written protocol shall clearly specify the circumstances and provide written verification of physician availability for consultation and/or 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. 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.
- (5) 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 are not subject to the required minimum hours for physician presence.
- (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 scheduled 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 an approved practice site with the collaborating or covering physician for time equal to ten percent (10%) of the certified nurse midwife's scheduled weekly hours. Cumulative hours may accrue on a quarterly basis.

(7) 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(4).

(8) The Joint Committee may, at its discretion, waive the requirements of written verification of physician availability upon documentation of exceptional circumstances. Employees of state and county health departments are exempt from the requirements of written verification of physician availability.

(9) 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:

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

(g) Specify a plan for quality assurance management with established patient outcome indicators for evaluation of the clinical practice of the certified nurse midwife and include review of 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 Nursing

Statutory Authority: Code of Alabama, 1975, § 34-21-85.

History: Effective June 26, 1995. Amended: Filed August 25, 2003. Effective September 29, 2003. Amended: Filed July 22, 2005. Effective August 26, 2005. Amended: Filed October 6, 2006. Effective November 10, 2006. Proposed amended rule filed July 20, 2012.