

APA-1

TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control: 540
Department or Agency: Alabama Board of Medical Examiners
Rule No.: 540-X-7-Appendix-E
Rule Title: Physician Assistant/Anesthesiologist Assistant License Renewal
Intended Action: Amend

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? 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? No

To what degree?: N/A

Is the increase in cost more harmful to the public than the harm that might result from the absence of the proposed rule? NA

Are all facets of the rule-making process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? Yes

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule? No

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 Services Agency.

Signature of certifying officer

William M. Perkins
William M Perkins

REC'D & FILED

Date

Monday, December 16, 2024

DEC 17, 2024

LEGISLATIVE SVC AGENCY

ALABAMA BOARD OF MEDICAL EXAMINERS

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Medical Examiners

RULE NO. & TITLE: 540-X-7-Appendix-E Physician Assistant/
Anesthesiologist Assistant License Renewal

INTENDED ACTION: Amend

SUBSTANCE OF PROPOSED ACTION:

Amend the questions regarding health and add a question to elicit information about gaps in practice.

This amendment meets the "protection of public health" exemption from the moratorium on rule amendments contained in Governor Ivey's Executive Order No. 735, Reducing "Red Tape" on Citizens and Businesses.

TIME, PLACE AND MANNER OF PRESENTING VIEWS:

All interested persons may submit data, views, or arguments concerning the proposed new rule(s) and regulation(s) in writing to: Carla Kruger, Office of the General Counsel, Alabama State Board of Medical Examiners, Post Office Box 946, Montgomery, Alabama 36101-0946, by mail or email (bme@albme.gov), until and including Feb. 4, 2025. Persons wishing to submit data, views, or comments in person should contact Carla Kruger by telephone (334-242-4116) during the comment period. Copies of proposed rules may be obtained at the Board's website, www.albme.gov.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

Tuesday, February 4, 2025

CONTACT PERSON AT AGENCY:

Carla Kruger

William M. Perkins

William M Perkins

(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

540-X-7-Appendix-E

Physician Assistant/Anesthesiologist
Assistant License Renewal.

ALABAMA BOARD OF MEDICAL EXAMINERS

APPENDIX E

PHYSICIAN ASSISTANT/ANESTHESIOLOGIST ASSISTANT LICENSE RENEWAL

20XX Physician Assistant/Anesthesiologist Assistant License Renewal

Deadline: December 31, 20XX

Failure to apply for license renewal and pay renewal fee will result in the license automatically being placed in an inactive status, making it illegal for the holder to practice as a Physician Assistant/Anesthesiologist Assistant effective January 1, 20XX.

Under Alabama law, this document is a public record and will be provided upon request.

CME Certification: (Select One)

I hereby certify that I have met or will meet by December 31 the minimum continuing education requirement of 50 AMA PRA Category I Credits™ or equivalent continuing medical education earned within the immediately preceding two calendar years and have or will have supporting documentation if audited.

I hereby certify that I am exempt from the minimum continuing medical education requirement for the following reason (Select One)

I received my initial license to practice in Alabama in the calendar year 20XX.

I am exempt from the CME requirement for the calendar year 20XX because I am a member of a branch of the armed services and I was deployed for military service in the calendar year 20XX.

I have obtained a waiver from the Board of Medical Examiners due to illness, disability or other hardship condition which existed in the calendar year 20XX.

National Commission on Certification of Physician Assistants (NCCPA):

Are you currently certified by NCCPA?

If your answer is "yes", provide your certification number and certification expiration date.

National Commission for Certification of Anesthesiologist Assistants (NCCAA):

Are you currently certified by NCCAA?

If your answer is "yes", provide your certification number and certification expiration date.

Professional Responsibility Certification

If any answer is "yes," please provide a detailed explanation in the space provided.

Legal:

1. Since your last renewal, have you been arrested for, cited for, charged with, or convicted of any crime, offense, or violation of any law, felony, or misdemeanor, including, but not limited to, offenses related to the practice of medicine or state or federal controlled substances laws, or driving under the influence (DUI)?

*This question excludes minor traffic violations such as speeding and parking tickets but includes felony and misdemeanor criminal matters that have been dismissed, expunged, sealed, subject to a diversion or deferred prosecution program, or otherwise set aside.

2. Since your last renewal, have you been arrested for, cited for, charged with, or convicted of any sex offender laws or required to register as a sex offender for any reason?

3. Since your last renewal, have you had a judgment rendered against you or action settled relating to an action for injury, damages, or wrongful death for breach of the standard of care in the performance of your professional service ("malpractice")?

4. Since your last renewal, to your knowledge, as of the date of this application, are you the subject of an investigation or proposed action by any law enforcement agency?

Administrative/Regulatory:

5. Since your last renewal, have you had any Drug Enforcement Administration registration and/or state controlled substances registration denied, voluntarily surrendered while under investigation, or subject to any discipline, including, but not limited to revocation, suspension, probation, restriction, conditions, reprimand, or fine?

6. Since your last renewal, have you been denied a license to practice as an assistant to physicians in any state or jurisdiction or has your application for a license to practice as an assistant to physicians been withdrawn under threat of denial?

7. Since your last renewal, has your certification or license to practice as an assistant to physicians in any state or jurisdiction been subject to any discipline, including but not limited to revocation, suspension, probation, restrictions, conditions, reprimand, or fine?

8. Since your last renewal, have your privileges at any hospital or health care facility been revoked, suspended, curtailed, limited, or placed under conditions restricting your practice?

9. To your knowledge, as of the date of this application and since your last renewal, are you the subject of an investigation or proposed action by any federal agency, any licensing board/agency, or any hospital or health care facility?

Health Fitness to Practice:

10. Are you currently suffering from any condition that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical, and professional manner—~~Within the past two years, have you been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?~~

11. Within the past two years, have you raised the issue of ~~consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition~~any physical or psychiatric health disorder as a defense, mitigation, or explanation for your actions during any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution; employer; government agency; professional organization; or licensing authority?

12. ~~— Since your last renewal, have you been convicted of driving under the influence (DUI), or have you been charged with DUI and been convicted of a lesser offense such as reckless driving?~~

13. ~~— Are you currently* engaged in the excessive use of alcohol or controlled substances or in the use of illegal drugs, or receiving any therapy or treatment for alcohol or drug use, sexual boundary issues, or mental health issues?~~

~~— *The term "currently" does not mean on the day of, or even in the weeks or months preceding, the completion of this application. Rather, it means recently enough that the condition referred to may have an ongoing impact on one's functioning as an assistant to physicians within the past two years.~~

~~— Notice: If you are an anonymous participant in the Alabama Professionals Health Program and are in compliance with your contract, you may answer "No" to this question. Such an answer for this purpose, upon certification, will not be deemed as providing false information to the Alabama Board of Medical Examiners.~~

~~— 13.a. — IMPORTANT: — The Board recognizes that licensees encounter potentially impairing health conditions just as their patients and other health care providers do, including psychiatric or physical illnesses which may impact cognition, as well as substance use disorders. The Board expects its licensees to address their health concerns, both mental and physical, in a timely manner to ensure patient safety. Licensees should seek appropriate medical care and should limit their medical practice when appropriate and as needed. The Board encourages licensees~~health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do.

~~Licenses are expected to address their health concerns and ensure patient safety. Options include anonymously self-referring to utilize the services of~~ the Alabama Professionals Health Program ~~(334-954-2596)~~, an advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner. The failure to adequately address a health condition, where the licensee is unable to practice medicine with reasonable skill and safety to patients, can result in the Board taking action against the license to practice as an assistant to physicians.

I have read and understand the statements above.

~~———— Please initial to certify that you understand and acknowledge your duty as a licensee to address any such condition as stated above.~~
[Applicant Attestation]

Practice Interruption:

143. Since your last renewal, has your professional education, training, or practice been interrupted or suspended, or have you ceased to engage in direct patient care, for a period longer than 60 days for any reason other than a vacation or for the birth or adoption of a child?

14. As of the date of this application, has it been more than two years since the last time you were actively engaged in clinical practice or direct patient care?

Review the following Registration Agreements (RA) (If any):

Is this Registration Agreement still Active?

How many hours per week do you work under this Registration Agreement?

Please provide a date of termination

What was the reason this Registration Agreement was terminated

I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information and belief.

Knowingly providing false information to the Alabama Board of Medical Examiners could result in disciplinary action.

Author: Alabama Board of Medical Examiners

Statutory Authority: Code of Ala. 1975, §34-24-299.

History: Amended: Published January 31, 2024; effective March 16, 2024. New Appendix: Filed July 23, 1999; effective August 27, 1999. **Repealed and New Appendices:** Filed September 19, 2002; effective October 24, 2002. **Amended:** Filed February 17, 2012; effective March 23, 2012. **Amended:** (Appendix C was repealed and original Appendix E was renamed Appendix C; Appendix I was renamed Appendix E) Filed February 27, 2018;

effective April 14, 2018. **Amended:** Published December 30, 2022;
effective February 13, 2023. Amended: Published ;
effective .