ALABAMA BOARD OF NURSING
ADMINISTRATIVE CODE

CHAPTER 610-X-5
ADVANCED PRACTICE NURSING – COLLABORATIVE PRACTICE

610-X-5-.09 Requirements For Collaborative Practice By Physicians And Certified Registered Nurse Practitioners.

(1) The collaborating physician shall:

(a) Provide professional medical oversight and direction to the certified registered nurse practitioner.

(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 registered nurse practitioner.

(d) Be readily available at each remote practice site.

(2) In the event the collaborating physician is not readily available, provisions shall be made for professional medical coverage by a covering physician who is readily available, who is pre-approved by the Board of Medical Examiners, and who is familiar with these rules. The collaborating physician shall certify to the Board of Medical Examiners at least annually that any approved covering physician continues to agree to serve in that capacity and shall inform the Board of Medical Examiners of the termination of a covering physician within ten (10) days of the termination.

(3) In the event of an unanticipated, permanent absence of a collaborating physician, a previously approved covering physician may be designated as a temporary collaborating physician for a period of up to sixty (60) days. During the sixty (60) day time period, an application designating a new collaborating physician should be submitted for approval.

(4) The certified registered nurse practitioner’s scheduled hours in patient homes, facilities licensed by the Alabama Department of Public Health, facilities certified by the Alabama Department of Mental Health, and, effective October 5, 2018, when practicing under specified limited protocols, are not subject to the required minimum hours for physician presence.

(5) The collaborating physician shall:

(a) Have no additional requirement for documentation of on-site collaboration when working in the same facility with the certified registered nurse practitioner (CRNP).

(b) Be present for not less than ten percent (10%) of the CRNP's scheduled hours in an approved practice site with CRNP who has less than two (2) years (4,000 hours) of collaborative practice experience:

(i) Since initial certification; or

(ii) In the collaborating physician's practice specialty.

(c) Maintain documentation of the CRNP's two (2) years (4,000 hours) of collaborative practice experience for the duration of the collaborative practice and for three (3) years following the termination of the collaborative practice agreement.

(d) Visit remote practice sites no less than twice annually.

(e) Meet no less than quarterly with the CRNP who has more than two (2) years (4,000 hours) of collaborative practice experience.

(f) Complete quarterly quality assurance with each CRNP. Documentation of any quality assurance review required by this chapter shall be maintained by the collaborating physician for the duration of the collaborative practice and for three years following the termination of the collaborative practice agreement.

(g) Allow a pre-approved covering physician to be present in lieu of the collaborating physician.

(6) 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-.04.

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

(8) A written standard protocol specific to the specialty practice area of the certified registered nurse practitioner and the specialty practice area of the collaborating physician, approved and signed by both the collaborating physician and the certified registered nurse practitioner, shall:

(a) Identify all sites where the certified registered nurse practitioner will practice within the collaboration protocol.

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

(c) Be maintained at each practice site and be on file with the Board of Nursing and Board of Medical Examiners.

(d) Include a formulary of drugs, devices, medical treatments, tests and procedures that may be prescribed, ordered, and implemented by the certified registered nurse practitioner 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 registered nurse practitioner shall refer a patient to a physician other than the collaborating physician.

(g) Specify a plan for quality assurance management defined quality outcome measures for evaluation of the clinical practice of the certified registered nurse practitioner and include review of a meaningful sample of medical records plus all adverse outcomes.

(h) 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 registered nurse practitioner for review. The certified registered nurse practitioner shall maintain a copy of the plan for quality assurance, in a form prescribed by the Board, on file with the Board of Nursing. The collaborating physician shall maintain an updated copy of the plan for quality assurance on file with the Board of Medical Examiners.

(9) The physician shall maintain independent medical judgment related to the practice of medicine at all times, irrespective of employment structure or business model.

(10) Irrespective of the location of the principal practice site and any remote site(s) of the collaboration, all services provided to patients and actions incident to services provided to patients of the collaborative practice shall be deemed to have occurred in the state where the patient is located at the time of service or action incident to the service. The collaborating physician, covering physician, and certified registered nurse practitioner shall comply with all applicable Alabama laws, rules, and regulations pertaining to services and actions incident to services provided to Alabama patients of the collaborative

practice. Actions incident to services include, but are not limited to, professional medical oversight and direction to the certified registered nurse practitioner regarding Alabama patients, consultation, or referral of Alabama patients from the certified registered nurse practitioner, quality assurance review of the medical records of Alabama patients, and maintenance of documentation pursuant to this chapter. The collaborating physician shall maintain all documentation required pursuant to this chapter for the duration of the collaborative practice and for three years following the termination of the collaborative practice agreement.

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