Proposed Rule Changes  
ABN Administrative Code Chapter 610-X-5  
Collaborative Practice Documentation and Prescribing by CRNPs and CNMs

The Alabama Board of Nursing proposed the following rule changes, to clarify documentation required for Advanced Practice Nurses in collaborative practice, and to align required prescription formats to electronic prescription software in common use.
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.

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

(d) Meet no less than quarterly with the CRNP 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) 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.

(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. 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.

Author: Alabama Board of Nursing


Ed. Note: Rule .08 was renumbered to .09 as per certification filed July 2, 2015; effective August 6, 2015.
610-X-5-.12 **Prescriptions And Medication Orders By Certified Registered Nurse Practitioners.**

(1) Certified registered nurse practitioners engaged in collaborative practice with physicians may be granted prescriptive authority upon submission of evidence of completion of an academic course in pharmacology or evidence of integration of pharmacology theory and clinical application in the certified registered nurse practitioner curriculum.

(2) Certified registered nurse practitioners practicing under protocols approved in the manner prescribed by Code of Ala. 1975, section 34-21-80 et seq. may prescribe legend drugs to their patients, subject to the following conditions:

(a) The drug shall be included in the formulary recommended by the Joint Committee and adopted by the Board of Nursing and the State Board of Medical Examiners.

(b) The drug type, dosage, quantity prescribed, and number of refills shall be authorized in an approved protocol signed by the collaborating physician and the certified registered nurse practitioner. This requirement may be met if written prescriptions adhere to the standard recommended doses of legend drugs as identified in the Physician’s Desk Reference or Product Information Insert, and do not:

(i) Exceed the recommended treatment regimen periods.

(ii) Include United States Food and Drug Administration (FDA) non-approved supplements, drug products, medication, and off label medications.

(c) Drugs and medications that do not have FDA approval may be prescribed through protocol registration in a United States Institutional Review Board or Expanded Access authorized clinical trial.

(d) “Off Label” use or prescription of FDA-approved medications for uses other than that indicated by the FDA is permitted when such practices are:

(i) Within the current standard of care for treatment of disease or condition.

(ii) Supported by evidence-based research.

(iii) Approved by the collaborating physician and entered into the patient record.
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(3) A certified registered nurse practitioner shall not initiate a call-in prescription in the name of a collaborating physician for any drug, whether legend or controlled substance, which the certified registered nurse practitioner is not authorized to prescribe under the protocol signed by the collaborating physician and certified registered nurse practitioner and approved under this section unless the drug is specifically ordered for the patient by the physician, either in writing or by a verbal order which has been transcribed in writing, and which has been signed by the physician within seven working days or as otherwise specified by the Board of Nursing and the State Board of Medical Examiners.

(4) A written prescription for any drug that the certified registered nurse practitioner is authorized to prescribe may be called in to a pharmacy, provided the prescription is entered into the patient’s record and signed by the certified registered nurse practitioner.

(5) The certified registered nurse practitioner in collaborative practice with prescriptive privileges shall not engage in prescribing for:

(a) Self.

(b) Immediate family members.

(c) Individuals who are not patients of the practice, except in cases where a certified registered nurse practitioner is prescribing for the sexual partner(s) of a patient in accordance with an Expedited Partner Therapy (EPT) protocol for the prevention of transmission and spread of sexually transmitted disease(s).

(6) The certified registered nurse practitioner who is in collaborative practice and has prescriptive privileges may receive and sign for samples of legend drugs that are authorized in the approved formulary for the collaborative practice, provided the certified registered nurse practitioner complies with all applicable state and federal laws and regulations.

(7) When prescribing legend drugs a certified registered nurse practitioner shall use a prescription format that includes all of the following:

(a) The name, medical practice site address, and telephone number of the collaborating physician or covering physician.

(b) The name of the certified registered nurse practitioner’s name printed below or to the side of the physician’s name.
(c) The medical practice site address and telephone number of the certified registered nurse practitioner if different from that of the collaborating physician.

(d) The certified registered nurse practitioner’s registered nurse license number and identifying prescriptive authority number assigned by the Board of Nursing.

(e) The words “Product Selection Permitted” printed on one side of the prescription form directly beneath a signature line.

(f) The words “Dispense as written” printed on one side of the prescription form directly beneath a signature line.

(g) The date the prescription is issued to the patient.

Author: Alabama Board of Nursing

Statutory Authority: Code of Ala. 1975, §34-21-86.


Ed. Note: Rule .11 was renumbered to .12 as per certification filed July 2, 2015; effective August 6, 2015.
610-X-5-.20 **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) 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 nurse midwife’s scheduled hours in patient homes, facilities licensed by the Alabama Department of Public Health and facilities certified by the Alabama Department of Mental Health 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 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 CNM 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) 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) 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).

(7) 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.

(8) 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 and on file with the Board of Nursing.

(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 defined quality outcome measures for evaluation of the clinical practice of the certified nurse midwife and include review of a meaningful sample of medical records plus all adverse outcomes. 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. The certified nurse midwife shall maintain a copy of the plan for quality assurance, in a form prescribed by the Board, on file with the Board of Nursing.

Author: Alabama Board of Nursing

Ed. Note: Rule .19 was renumbered to .20 as per certification filed July 2, 2015; effective August 6, 2015.
(1) Certified nurse midwives engaged in collaborative practice with physicians may be granted prescriptive authority upon submission of evidence of completion of an academic course in pharmacology or evidence of integration of pharmacology theory and clinical application in the certified nurse midwifery curriculum.

(2) Certified nurse midwives practicing under protocols approved in the manner prescribed by Code of Ala. 1975, section 34-21-80 et seq. may prescribe legend drugs to their patients, subject to the following conditions:

(a) The drug shall be included in the formulary recommended by the Joint Committee and adopted by the Board of Nursing and the State Board of Medical Examiners.

(b) The drug type, dosage, quantity prescribed, and number of refills shall be authorized in an approved protocol signed by the collaborating physician and the certified nurse midwife. This requirement may be met if written prescriptions adhere to the standard recommended doses of legend drugs, as identified in the Physician’s Desk Reference or Product-Information Insert, and do not:

(i) Exceed the recommended treatment regimen periods.

(ii) Include United States Food and Drug Administration (FDA) non-approved supplements, drug products, medication, and off label medications.

(c) Drugs and Medications that do not have FDA approval may be prescribed through protocol registration in a United States Institutional Review Board or Expanded Access authorized clinical trial.

(d) “Off Label” use or prescription of FDA-approved medications for uses other than that indicated by the FDA is permitted when such practices are:

(i) Within the current standard of care for treatment of disease or condition.

(ii) Supported by evidence-based research.

(iii) Approved by the collaborating physician and entered into the patient record.

(3) A certified nurse midwife shall not initiate a
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call-in prescription in the name of a collaborating physician for any drug, whether legend or controlled substance, which the certified nurse midwife is not authorized to prescribe under the protocol signed by the collaborating physician and certified nurse midwife and approved under this section unless the drug is specifically ordered for the patient by the physician, either in writing or by a verbal order which has been transcribed in writing, and which has been signed by the physician within seven working days or as otherwise specified by the Board of Nursing and the State Board of Medical Examiners.

(4) A written prescription for any drug that the certified nurse midwife is authorized to prescribe may be called in to a pharmacy, provided the prescription is entered into the patient’s record and signed by the certified nurse midwife.

(5) The certified nurse midwife in collaborative practice with prescriptive privileges shall not engage in prescribing for:

(a) Self.

(b) Immediate family members.

(c) Individuals who are not patients of the practice, except in cases where a certified registered nurse midwife is prescribing for the sexual partner(s) of a patient in accordance with an Expedited Partner Therapy (EPT) protocol for the prevention of transmission and spread of sexually transmitted disease(s).

(6) The certified nurse midwife who is in collaborative practice and has prescriptive privileges may receive and sign for samples of legend drugs that are authorized in the approved formulary for the collaborative practice, provided the certified nurse midwife complies with all applicable state and federal laws and regulations.

(7) When prescribing legend drugs a certified nurse midwife shall use a prescription format that includes all of the following:

(a) The name, medical practice site address and telephone number of the collaborating physician or covering physician.

(b) The name of the certified nurse midwife’s name—printed below or to the side of the physician’s name.

(c) The medical practice site address and telephone number of the certified nurse midwife if different from that of
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The collaborating physician.

(d) The certified nurse midwife’s registered nurse license number and identifying prescriptive authority number assigned by the Board of Nursing.

(e) The words “Product Selection Permitted” printed on one side of the prescription form directly beneath a signature line.

(f) The words “Dispense as written” printed on one side of the prescription form directly beneath a signature line.

(g) The date the prescription is issued to the patient.

Author: Alabama Board of Nursing

Ed. Note: Rule .22 was renumbered to .23 as per certification filed July 2, 2015; effective August 6, 2015.