

Joint Committee for Advanced Practice Nurses

Meeting Minutes

September 17, 2025

Location: 848 Washington Avenue

Montgomery, Alabama 36104

**I. Call to Order**

**A. Roll Call**

The following committee members were present: Charles M. A. Rogers, MD, Jane Weida, MD, Adam Harrison, DO, Sharon Holley, DNP, Tochie Lofton, DNP, and Natalie Baker, DNP

The following BME staff members were present: Suzanne Powell, Sandi Kirkland, Tonya Vice, Leslie Roberts, Matt Hart, Effie Hawthorne, Karen Silas, Wilson Hunter, Alicia Harrison, Chris Hart, and William Perkins

Guests: Christie Mumford, Sharon Owen, Alice Henley, Honor Ingels, Eileen Meyer, Sams Elebash, Laura Hart, Kayla Lott, Skylar Couch, Ragan Ingram, Peggy Benson

Virtual Guests: Amy Dorminey, Laura Hart, Carol Stapleton, Morgan Martin, Kayla Lott, Kristen Waddell, Lauren Kole, Scott Johnson, Skylar Couch, Brittney (last name unknown), and 5 unidentified guests

On September 17, 2025, the Joint Committee conducted its regularly scheduled meeting at the office of the Alabama Board of Medical Examiners in Montgomery, Alabama, at 6:00 p.m.

**II. Review of Minutes**

Natalie Baker, DNP, moved to approve the minutes as amended from the July 16, 2025, meeting. Jane Weida, MD, seconded the motion. Charles M. A. Rogers, MD, Jane Weida, MD, Adam Harrison, DO, Sharon Holley, DNP, Tochie Lofton, DNP, and Natalie Baker, DNP, voted in favor of the motion.

**III. Old Business**

**1. Botox Injection for Chronic Migraine Protocol -**

At its July meeting, the Committee requested to see the final protocols for Botox Injection for Chronic Migraines. The approved BME and ABN protocols were received as information.

**2. Botulinum Toxin for Hyperhidrosis Protocol -**

At its July meeting, the Committee requested to see the final protocols for Botulinum Toxin for Hyperhidrosis. The approved BME and ABN protocols were received as

information.

**3. Cosmetic Botulinum Toxin Injection Protocol -**

At its July meeting, the Committee requested to see the final protocol for Cosmetic Botulinum Toxin Injection. The approved BME and ABN protocols were received as information.

**4. Cosmetic Botulinum Toxin Injection Protocol (Deferred) -**

At its July meeting, the Joint Committee deferred several items to the BME Cosmetic Botox Subcommittee. The Subcommittee convened on September 9, 2025.

The Joint Committee discussed recommendations from the BME Cosmetic Botox Subcommittee on the following items:

- a. Physician Office – The Cosmetic Botox Subcommittee proposed the following language to define Practice Site:

*The administration of botulism toxins must be performed in a medical setting, such as a hospital, ambulatory surgical center, or the private clinical office of a physician or Advanced Practice Provider (APP), including Certified Registered Nurse Practitioners (CRNPs) and Physician Assistants (PAs). A private clinical office means the approved collaborative practice site where a physician and/or APP (CRNP or PA) practices medicine and/or advanced practice nursing, whether as an individual, in a group, a professional corporation, or a professional association practice. The administration of botulinum toxins cannot be performed in a non-medical setting, such as a private residence or event venue, and non-medical settings cannot be designated as a principal practice site.*

After discussion, Natalie Baker, DNP, moved to approve the language. Sharon Holley, DNP, seconded the motion. Charles M. A. Rogers, MD, Jane Weida, MD, Adam Harrison, DO, Sharon Holley, DNP, Tochie Lofton, DNP, and Natalie Baker, DNP, voted in favor of the motion.

- b. Physician Presence Only During Training – The Cosmetic Botox Subcommittee recommended to reaffirm the current protocol requiring the physician to be on site during training and when the APP is performing the procedure.

After discussion, Adam Harrison, DO, moved to reaffirm the current protocol, with plans to revisit the protocol in March 2026. Jane Weida, MD, seconded the motion. Charles M. A. Rogers, MD, Jane Weida, MD, Adam Harrison, DO, Sharon Holley, DNP, Tochie Lofton, DNP, and Natalie Baker, DNP, voted in favor of the motion.

- c. Physician Presence After Training- The Cosmetic Botox Subcommittee recommended to reaffirm the current protocol requiring the physician to be on site when the APP is performing the procedure.

After discussion, Adam Harrison, DO, moved to reaffirm the current protocol, with plans to revisit the protocol in March 2026. Jane Weida, MD, seconded the motion.

Charles M. A. Rogers, MD, Jane Weida, MD, Adam Harrison, DO, Sharon Holley, DNP, Tochie Lofton, DNP, and Natalie Baker, DNP, voted in favor of the motion.

- d. Purchasing of Botox – The Cosmetic Subcommittee recommended deferring this item pending further information on verified sources (FDA approved, buying from representative not third party, no online or foreign purchasing, etc.)

After discussion, Natalie Baker, DNP, moved to approve adding the following language to the Cosmetic Botulinum Toxin Injection Protocol allowing APPs to purchase Botulinum Toxins:

*The APP (CRNP or PA) may purchase, with physician awareness, from an FDA approved manufacturer.*

Sharon Holley, DNP, seconded the motion. Charles M. A. Rogers, MD, Jane Weida, MD, Adam Harrison, DO, Sharon Holley, DNP, Tochie Lofton, DNP, and Natalie Baker, DNP, voted in favor of the motion.

- e. Initial and Annual Maintenance Numbers – The Cosmetic Subcommittee recommended to reaffirm the current protocol (Initial 50/25 Annual Maintenance) until more data has been collected. The Subcommittee suggested reviewing the data in 6-12 months.

After discussion, Adam Harrison, DO, moved to reaffirm the current protocol, with plans to revisit in March of 2026. Jane Weida, MD, seconded the motion. Charles M. A. Rogers, MD, Jane Weida, MD, Adam Harrison, DO, Sharon Holley, DNP, Tochie Lofton, DNP, and Natalie Baker, DNP, voted in favor of the motion.

- 5. ABN Standard Protocol Request (Deferred)** - The initial request submitted in July to the Joint Committee for consideration has been revised by removing Chest Tube Insertion, Paracentesis, Thoracentesis, and Removal of Left Atrial Catheter for Acute Care Nurse Practitioner specialties.

The request for consideration for the Adult Health, Adult/Gerontological Primary Care, Family, Gerontology, and Pediatric Nurse Practitioner specialties has been revised by removing the Removal of Left Atrial Catheter.

The ABN is requesting to add Central Venous Line-tunneled to the Adult Acute Care, Adult Health, Adult/Gerontology Acute Care, Adult-Gerontology Primary Care, Family, Gerontology, Pediatric, and Pediatric Acute Care Nurse Practitioner Specialties.

After discussion, Natalie Baker, DNP, moved to approve adding the removal of tunneled central venous lines to the Standard Protocol for the requested NP specialties. Sharon Holley, DNP, seconded the motion. Charles M. A. Rogers, MD, Jane Weida, MD, Adam Harrison, DO, Sharon Holley, DNP, Tochie Lofton, DNP, and Natalie Baker, DNP, voted in favor of the motion.

6. **ABN Critical Care Protocol (Deferred)** - At its July 16, 2025, meeting, the Joint Committee for Advanced Practice Nurses reviewed the Alabama Board of Nursing's newly proposed combined Critical Care Protocol for CRNPs. The protocol was deferred to allow for additional review and the gathering of further information.

Staff from the Alabama Board of Nursing and the Alabama Board of Medical Examiners worked collaboratively to revise the proposed protocol.

After discussion, Natalie Baker, DNP, moved to approve the newly proposed Critical Care Protocol with the following modifications:

- a. Limitations: *After approval of the supervised practice, an attending physician should be immediately available to respond to a CRNP requiring assistance if needed and provide surgical intervention for complications.*
- b. Add "*Physician must be immediately available*" for Central Venous Line Subclavian
- c. Add back the language regarding the Seldinger method and include Modified Seldinger Technique. *The Seldinger method or the Modified Seldinger Technique is recommended, which refers to the use of a guidewire placed into a vessel to provide a conduit for intravascular catheter placement. The adult central venous access is obtained through a percutaneous method by way of the internal jugular or femoral vein.*
- d. Thoracentesis - Add – *Ultrasound guidance required.*
- e. Removal of Left Atrial Catheter – Initial 10/0 in sim lab/10 annual maintenance
- f. Training Requirement for Advanced Skills – *May perform Advanced Skills if the CRNP has worked in the Critical Care setting for no less than one (1) year as a CRNP and successfully completed the Basic Critical Care Skills training for the appropriate skills.*

Jane Weida, MD, seconded the motion. Charles M. A. Rogers, MD, Jane Weida, MD, Adam Harrison, DO, Sharon Holley, DNP, Tochie Lofton, DNP, and Natalie Baker, DNP, voted in favor of the motion.

## 7. New Business

1. **ABN Staff: Scope of Practice Determination (Removal of Port)** – After discussion, Natalie Baker, DNP, moved to defer this item for further information. Tochie Lofton, DNP, seconded the motion. Charles M. A. Rogers, MD, Jane Weida, MD, Adam Harrison, DO, Sharon Holley, DNP, Tochie Lofton, DNP, and Natalie Baker, DNP, voted in favor of the motion.
2. **ABN Proposed Rule Changes** – The Board of Medical Examiners introduced the new rule changes.
3. **Election of New Chair for 2025-2026** – Tochie Lofton, DNP, moved to elect Sharon Holley, DNP, as the new chair. Natalie Baker, DNP, seconded the

motion. Charles M. A. Rogers, MD, Jane Weida, MD, Adam Harrison, DO, Tochie Lofton, DNP, and Natalie Baker, DNP, voted in favor of the motion. Sharon Holley, DNP, abstained from the vote.

**Next Meeting Date**

The next scheduled meeting of the Joint Committee will be held on November 12, 2025, at 6:00 p.m., at the office of the Alabama Board of Nursing.

**Adjournment**

The meeting was adjourned at 6:48 p.m.

Minutes submitted by: Suzanne Powell

Minutes approved by: Charles M. A. Rogers, MD

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