

JOINT COMMITTEE for ADVANCED PRACTICE NURSING
Alabama Board of Nursing and Alabama Board of Medical Examiners
770 Washington Avenue
Montgomery, Alabama

Fiscal Year 2026
January 14, 2026
Scheduled Meeting

I. CALL TO ORDER

A. Roll Call

Dr. Sharon Holley, DNP, CNM, FACNM, FAAN, Chairperson, called the meeting to order at 6:02 p.m. on January 14, 2026.

Joint Committee members present:

John Sams Elebash, CRNP
Adam Harrison, DO
Laura Hart, DNP, CRNP, FNP-BC (virtual)
Sharon Holley, DNP, CNM, FACNM, FAAN
Jane Weida, MD, FAAFP (virtual)

Joint Committee members absent:

Charles "Max" Rogers, MD

Staff members present:

The Alabama Board of Nursing:

Natalie Baker DNP, CRNP, CNE, GS-C, FAANP, FAAN, Nurse Consultant
Peggy Benson, Executive Officer, NE-BC, MSN, MSHA, RN (virtual)
Brad Jones, IT Director
Kenneth Kirkland, Chief External Affairs Officer
Alice Maples Henley, General Counsel
Christie Mumford, PhD, RN, Nurse Consultant for Advanced Practice
Sharon Owen, Advanced Practice Administrative Assistant

The Alabama Board of Medical Examiners:

Matt Hart, Special Counsel to the Executive Director
Alicia Harrison, Associate General Counsel
Effie Hawthorne, Associate General Counsel
Wilson Hunter, General Counsel
Sandi Kirkland, RN, Advanced Practice Nurse Consultant (virtual)
Suzanne Powell, RN, Director of Advanced Practice Providers
Leslie Roberts, RN, Advanced Practice Nurse Consultant
Karen Silas, Program Manager
Tonya Vice, RN, Collaborative Practice Nurse Consultant

Joint Committee visitors:

Skylar Couch, CRNP
Lindsey Harris, CRNP
Kayla Lott, CRNP
Eileen Meyer, CRNP

Julie Owens, CRNP
Kristen Waddell, CRNP
Jennifer Wilson, CRNP
Kevin Wong, DO (virtual)

B. Declaration of Quorum

A quorum was declared with at least three members physically present at the meeting location.

C. Statement of Compliance with Open Meetings Act

Prior notice of the meeting was posted on the Secretary of State's website in accordance with the Alabama Open Meetings Act.

D. Review of Full Agenda

1. Additions, Modifications, Reordering

Item B.1 under New Business, Kayla King Letter, was added to the agenda.

E. Approval of Full Agenda

On January 14, 2026, Dr. Harrison moved that the Joint Committee adopt the agenda as presented, including the addition of Item B.1. Dr. Weida seconded. Motion carried without objection.

II. REVIEW OF MINUTES

On January 14, 2026, Dr. Harrison moved that the Joint Committee approve the minutes of November 12, 2025, as presented. Mr. Elebash seconded. Motion carried without objection.

On January 14, 2026, the Joint Committee received, as information, the amended minutes from September 17, 2025.

III. OLD BUSINESS/FOLLOW-UP

A. Port Catheter Removal in its Entirety, Including the Port Reservoir

The Joint Committee considered a request from Haley Batton, CRNP, to obtain approval to train with Dr. Kevin Wong, DO, Vascular and Interventional Radiologist, to perform port catheter removal in its entirety, including the port reservoir. The Joint Committee also considered approval of future requests from eligible CRNPs to train to perform this procedure, according to a submitted protocol and an out of protocol application.

At its November 12, 2025, meeting, the Joint Committee deferred Ms. Batton's request and the Alabama Board of Nursing's (ABN) request regarding future approvals, pending additional information on educational preparation and nurse practitioner training in invasive acute-care skills comparable to this procedure. The Committee requested that this information be presented at the January 2026 Joint Committee meeting.

Subsequently, ABN staff obtained detailed information from Ms. Batton regarding her education in Adult-Gerontology Acute Care and Family Practice Nurse Practitioner.

ABN consulted with the University of South Alabama College of Nursing and the University of Alabama at Birmingham (UAB) School of Nursing regarding invasive and non-invasive procedural training in nurse practitioner curricula.

Information provided by Ms. Batton and the nursing programs confirmed that nurse practitioner education and training include invasive and non-invasive procedures. Invasive acute-care skills comparable in scope and invasiveness to port catheter removal in its entirety include, but are not limited to, the following:

- Abscess incision and drainage
- Skin lesion removal
- Soft tissue biopsy
- Tunneled catheter removal

On March 21, 2025, the ABN determined that port catheter removal in its entirety, including the catheter and port, is within the legal scope of practice for dual-certified Adult-Gerontology Acute Care and Family Practice CRNPs with documented education, training, and experience.

Subsequently, the ABN submitted the following items for Joint Committee consideration on the September 17, 2025, agenda:

1. Approve port catheter removal for Ms. Haley Batton, CRNP, and Dr. Brian Wood.
2. Allow Ms. Haley Batton, CRNP, to request approval to train with Dr. Brian Wood, Interventional Radiologist and board-certified, to perform port catheter removal in its entirety, including the catheter and port, according to the submitted protocol.

At the September 17, 2025, meeting, the Joint Committee deferred the request pending clarification regarding catheter types, submission of a revised protocol, and an increase in the number of supervised procedures.

Following the meeting, ABN staff conducted a national survey through the National Council of State Boards of Nursing to determine whether CRNPs are permitted to perform this procedure in other states. Thirteen (13) states responded; all but one reported that CRNPs are permitted to perform port catheter removal in its entirety.

Ms. Batton subsequently submitted a revised protocol with updated training requirements.

After the September 17, 2025, Joint Committee meeting, Ms. Batton received a 60-day temporary approval on September 23, 2025, to practice under Dr. Kevin Wong following the departure of Dr. Brian Wood. The temporary approval expired on November 22, 2025. The application between Dr. Wong and Ms. Batton received full approval on December 12, 2025.

On January 14, 2026, Dr. Kevin Wong appeared virtually before the Joint Committee, described the procedure, and responded to Committee members' questions. Dr. Wong stated that port catheter removal is less invasive than the insertion and removal of tunneled central venous lines, which have previously been approved for CRNPs. He also noted that other states permit advanced practice providers to perform the procedure.

Dr. Hart moved to approve Haley Batton's, CRNP, request and to approve future requests from eligible CRNPs to train to perform port catheter removal in its entirety, including the port reservoir. Mr. Elebash seconded. Mr. Elebash, CRNP, Laura Hart, DNP, and Sharon Holley, DNP, voted in favor of the motion. Adam Harrison, DO, and Jane Weida, MD, opposed. Motion carried with three (3) in favor and two (2) opposed.

B. Neonatal, Pediatric Acute Care, and Pediatric Primary Care Standard Protocol Revisions (Children's of Alabama Request)

The Joint Committee reconsidered a deferred request from Children's of Alabama and the ABN's CRNP Advisory Council to remove the language "not to include writing the formula) related to Total Parenteral Nutrition (TPN) in the Neonatal, Pediatric Acute Care, and Pediatric Primary Care CRNP Standard Protocols.

At its November 12, 2025, meeting, the Committee deferred action and requested additional information regarding CRNP TPN practice and the formation of a workgroup to assist in revising the current TPN language within the CRNP Standard Protocols.

ABN staff provided information regarding nurse practitioner education and training in TPN at the University of Alabama at Birmingham (UAB) School of Nursing, confirming that relevant specialty tracks (i.e., Neonatal, Pediatric Acute Care, Adult-Gerontology Acute Care) receive training in nutritional assessment, calculation, and management.

ABN staff and nurse practitioners from Children's of Alabama consulted with stakeholders from healthcare institutions across both rural and urban counties in Alabama, regarding current TPN practices.

Four healthcare organizations submitted recommendations for revising the TPN language:

- Grandview Medical Center

Recommended allowing initiation, evaluation, management, and adjustment of TPN and its additives.

- Huntsville Hospital for Women and Children

Recommended language authorizing CRNPs to "plan and initiate therapeutic regimens which include ordering legend drugs, medical devices, and nutrition, which includes but is not limited to the ordering and formulation of total parenteral nutrition, and supportive services in accordance with established protocols and institutional policies."

- Children's of Alabama

Requested that calculation, formulation, and prescription of TPN be formally included under the prescriptive authority of nurse practitioners under the standard protocol core duties.

- UAB Hospital

Recommended removing the phrase "TPN initiate but not formulate" entirely.

Alternatively, if preferred by the Board, TPN could be included within broader language authorizing CRNPs to plan and initiate therapeutic regimens that include formulary drugs, TPN, and medical devices.

At its January 14, 2026, meeting, the Alabama Board of Medical Examiners (ABME) proposed revised language for the Neonatal, Pediatric Acute Care, and Adult-Gerontology Acute Care Nurse Practitioner Standard Protocols.

Proposed Language

- Current Language:
“Total Parenteral Nutrition (TPN) Initiation not to include writing the formula”
- ABN Proposal:
“Initiate Total Parenteral Nutrition (TPN). See Section ‘E’ under Core Duties and Scope of Practice”
- ABME Proposal:
“Initiate and manage therapeutic TPN to include writing the formula”

On January 14, 2026, Dr. Hart moved to approve the replacement of the current language in the Neonatal, Pediatric Acute Care, and Adult-Gerontology Acute Care Nurse Practitioner Standard Protocols with the ABME proposed language. Dr. Weida seconded. Motion carried without objection.

C. 2026 Joint Committee Meeting Dates

At the November 12, 2025, meeting, the Joint Committee approved the January 2026 meeting date and deferred March and November dates.

JOINT COMMITTEE MEETING DATES
January 14, 2026
March 11, 2026
May 20, 2026
July 15, 2026
September 16, 2026
November 4, 2026

On January 14, 2026, Dr. Hart moved to approve all 2026 Joint Committee meeting dates. Dr. Weida seconded. Motion carried without objection.

IV. NEW BUSINESS

A. CRNP Standard Protocols

The Joint Committee considered the ABN's CRNP Advisory Council's recommended revisions to the Adult-Gerontology Primary Care, Adult Care, and Gerontology Standard Protocols for CRNPs in collaborative Practice.

On January 14, 2026, Dr. Harrison moved to approve the proposed revised language and the skill addition for the Adult-Gerontology Primary Care Standard Protocol, which aligns with current national standards and Adult-Gerontology Primary Care Nurse Practitioner competencies. Mr. Elebash seconded. Motion carried without objection.

- Current Language:

"The patient population of the Adult Gerontology Primary Care NP (AGPCNP) includes adults from adolescence through the end of life. The AGPCNP manages chronic illnesses and health issues and promotes health maintenance. Common practice settings for the AGPCNP are private practice offices, ambulatory care centers, nursing homes, rehabilitation centers, prisons, specialty clinics, and home care."

- Proposed Revised Language:

"The patient population of the Adult Gerontology Primary Care NP (AGPCNP) includes adults from adolescence through the end of life. The AGPCNP manages acute and chronic health conditions and promotes health maintenance and disease prevention. Common practice settings for AGPCNP are private practice offices, ambulatory care centers, nursing homes, rehabilitation centers, prisons, specialty clinics, and home care."

- Add Skill:

Add 'Needle Decompression, Tension Pneumothorax' to the Adult-Gerontology Primary Care Standard Protocol. This skill is currently approved on the Adult Nurse Practitioner Standard Protocol.

On January 14, 2026, Mr. Elebash moved to approve the proposed revised language and skill addition for the Adult Care Standard Protocol that aligns with current national standards and Adult Nurse Practitioners' competencies. Dr. Harrison seconded. Motion carried without objection.

- Current Language:

"The patient population of the Adult NP includes late adolescence, adult, elderly, and frail elderly. Adult NP disciplines include primary care, cardiology, ENT, gastroenterology, pulmonary, hematology/oncology, hospice/palliative care, neurology, orthopedics, pain management, surgery services, and urology."

- Proposed Revised Language:

"The patient population of the Adult NP (ANP) includes adults from adolescence

through the end of life. The ANP manages acute and chronic health conditions and promotes health maintenance and disease prevention. Common practice settings for the ANP are private practice offices, ambulatory care centers, nursing homes, rehabilitation centers, prisons, specialty clinics, and home care.”

- Add Skill:

Add ‘Percutaneous Tibial Nerve Stimulation (PTNS)’ to the Adult Care Standard Protocol. Adult primary care nurse practitioners are permitted to perform PTNS, as it is currently included in the Adult-Gerontology Primary Care and Gerontology Standard Protocols.

On January 14, 2026, Dr. Harrison moved to approve the proposed revised language and the skill addition for the Gerontology Standard Protocol that aligns with current national standards and Gerontology Nurse Practitioner competencies. Mr. Elebash seconded. Motion carried without objection.

- Current Language:

“The patient population of the Gerontology NP includes adults of all ages through the end of life. Gerontology disciplines include primary care, cardiology, ENT, gastroenterology, pulmonary, hematology/oncology, hospice/palliative care, neurology, orthopedics, pain management, surgery services, and urology.

- Proposed Revised Language:

“The patient population of the Gerontology NP (GNP) includes older adults age 60 and older, as well as adults with complex needs, frailty, or multiple health conditions. The GNP manages acute and chronic health conditions and promotes health maintenance and disease prevention. Common practice settings for the GNP are private practice offices, ambulatory care centers, nursing homes, rehabilitation centers, prisons, specialty clinics, and home care.”

- Add Skills:

Add ‘echocardiography, technical component,’ and ‘external cardiac pacing’ to the Gerontology Standard Protocol. These skills are currently included in the Adult-Gerontology Primary Care and Adult Care Standard Protocols.

- Add Skill:

Add ‘Needle Decompression, Tension Pneumothorax’ to the Gerontology Standard Protocol. This skill is currently approved on the Adult Care Standard Protocol.

B. Collaborative Practice Application for Review Craig, Micah (Kayla King, NP)

The Joint Committee considered the request for collaboration between Micah Craig, MD, and Kayla King, CRNP. Committee members discussed concerns regarding Dr. Craig’s limited experience in the management of psychiatric disorders.

On January 14, 2026, Dr. Harrison moved to deny the request between Micah Craig,

MD, and Kayla King, CRNP. Mr. Elebash seconded. Motion carried without objection.

V. INFORMATION

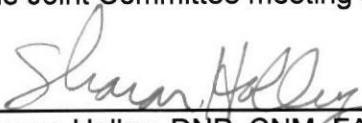
None.

VI. NEXT MEETING DATE

The next Joint Committee meeting will be held on Wednesday, March 11, 2026, at 6:00 p.m., at the Alabama Board of Nursing.

VII. ADJOURNMENT

The Joint Committee meeting adjourned at 7:56 p.m. on January 14, 2026.

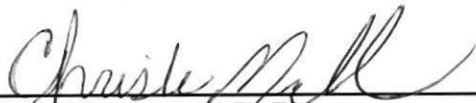


Sharon Holley, DNP, CNM, FACNM, FAAN

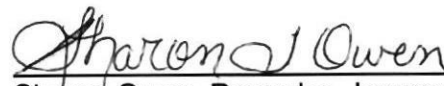


Date of Approval

Submitted by:



Christie Mumford, PhD, RN
Alabama Board of Nursing



Sharon Owen, Recorder, January 14, 2026
Alabama Board of Nursing