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

Fiscal Year 2026
April 8, 2026
Scheduled Meeting

I. CALL TO ORDER

A. Roll Call

Dr. Sharon Holley, DNP, CNM, FACNM, FAAN, Chairperson, called the meeting to order at 6:00 p.m. on April 8, 2026.

Joint Committee members present:
John Sams Elebash, CRNP
Adam Harrison, DO
Laura Hart, DNP, CRNP, FNP-BC
Sharon Holley, DNP, CNM, FACNM, FAAN
Charles "Max" Rogers, MD
Jane Weida, MD, FAAFP

Staff members present:
The Alabama Board of Nursing:
Natalie Baker, DNP, CRNP, CNE, GS-C, FAANP, FAAN, Executive Officer Designee
Honor Ingels, Chief Policy Officer, Chief Communications Officer
Brad Jones, IT Director
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
William Perkins, Executive Director
Suzanne Powell, RN, Director of Advanced Practice Providers
Leslie Roberts, RN, Advanced Practice Nurse Consultant
Tonya Vice, RN, Advanced Practice Nurse Consultant

Joint Committee visitors:
Taylor Anne Beckham, ASDP
Eileen Meyer, UAB

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 IV A3 under New Business, Otolaryngology Specialty Protocol, was revised and added to the agenda. Copies of the revised item were provided to the Committee members.

E. Approval of Full Agenda

On April 8, 2026, Dr. Hart moved that the Joint Committee adopt the agenda as presented, including revised Item IV A3. Dr. Weida seconded. Motion carried without objection.

II. REVIEW OF MINUTES

On April 8, 2026, Mr. Elebash moved that the Joint Committee approve the minutes of January 14, 2026, as presented. Dr. Harrison seconded. Motion carried without objection.

III. OLD BUSINESS/FOLLOW-UP

A. Cosmetic Botulinum Toxin Injection Protocol Revision

At its September 17, 2025, meeting, the Joint Committee voted to reaffirm the existing Cosmetic Botulinum Toxin Injection Protocol and agreed to revisit the following items in March 2026:

1. Physician presence during training
2. Physician presence after training
3. Initial and annual maintenance procedural requirements

On February 4, 2026, the Alabama Board of Nursing (ABN) and Alabama Board of Medical Examiners (ABME) received a formal request from the Alabama Society of Dermatology Professionals (ASDP), submitted by Anne Townsend Love, FNP, Co-President, and Chelsi Davis, PA-C, Co- President, with supporting letters. The request sought:

1. Removal of the physician on-site requirement
2. Removal of the 64-unit per treatment session limitation
3. Removal of the restriction limiting injections to FDA-approved areas only

In response, ABN and ABME staff convened a workgroup to review the request, stakeholder feedback, and previously identified Committee priorities. ABN staff drafted proposed revisions to the Cosmetic Botulinum Toxin Injection Protocol, including:

- Replacing specific brand names with "FDA approved, brand-name" botulinum toxin A.
- Removing the physician on-site requirement and requiring that a qualified collaborating or covering physician (MD/DO) be readily available after supervised practice approval
- Removing the 64-unit per treatment session limitation.
- Removing the requirement prohibiting deviation from FDA-approved protocols, and adding detailed language permitting off-label use when:
    - Within the current standard of care;
    - Supported by literature or widely accepted clinical guidelines;
    - Approved by the collaborating physician; and
    - Documented in the patient record.
- Clarifying criteria for approved course requirements.
- Reducing supervised training from 50 to 20 procedures.
- Reducing annual maintenance from 25 to 10 procedures.
- Removing the detailed procedural description of the Botulinum Toxin technique.

On March 2, 2026, ABN, ABME, and stakeholders (including the Alabama Dermatology Society) participated in a multi-stakeholder discussion regarding Botox protocols. A revised protocol draft was developed incorporating selected recommendations. The group agreed to revisit later in 2026:

1. Removal of physician presence after training
2. Initial and annual maintenance procedural requirements
3. Removal of the limitation to FDA-approved anatomical areas (off-label injections)

Revisions from the stakeholder discussion included:

- Addition of the language "an FDA approved, brand-name" botulinum toxin A.
- Replacing the 64-unit per session limit with 100 units within a 3-month period.
- Clarifying that the maximum of 400 units per patient within a 3-month period includes treatments for migraines and hyperhidrosis.
- Removing physician-specific quarterly evaluation language on the ABN revised protocol.
- Removing the language regarding no deviation from an FDA approved protocol and replacing it with "cosmetic botulinum toxin A shall be limited to FDA approved anatomical treatment areas."
- Clarifying criteria for approved course requirements.
- Adding "covering physician" to the training requirements.
- Removing the detailed procedural description of the Botulinum Toxin technique.

On April 8, 2026, Dr. Rogers moved to approve the stakeholder-based revisions to the ABN and ABME Cosmetic Botulinum Toxin Injection Protocol for CRNPs in collaborative practice. Mr. Elebash seconded. Motion carried without objection.

IV. NEW BUSINESS

A. Otolaryngology Specialty Protocol Proposed Revision

The Joint Committee considered the ABN's CRNP Advisory Council's recommendation

to revise the Otolaryngology Specialty Protocol for CRNPs in collaborative Practice.

The protocol was last updated in February 2018 and currently requires:

- Observation of no less than 150 procedures, for each procedure requested by the CRNP (including normal/abnormal tissue distinction), prior to requesting approval to train to perform the procedures.
- Performing and documenting no fewer than 25 procedures annually to maintain certification.

At its February 10, 2026, meeting, the Advisory Council recommended:

- Reducing the required number of observed procedures from 150 to 25.
- Reducing the annual maintenance requirement from 25 to 10 procedures.

Stakeholder feedback submitted between January and March 2026 to the ABN and/or ABME reflected differing recommendations regarding clinical experience duration and procedural volume requirements:

- Drs. Kane and Greene recommended:
    - Reducing the required clinical experience in an otolaryngology setting from six months to three months.
    - Requiring observation of 25 procedures and completion of 25 supervised procedures for initial training.

- Dr. Davis recommended:
    - Reducing the clinical experience period to three months.
    - Requiring observation of 300 procedures (including both normal and abnormal findings).
    - Increasing the supervised completion requirement to 50 procedures.

On March 6, 2026, ABME advanced practice staff provided additional feedback to ABN advanced practice staff. Due to concerns regarding reduced observation requirements, revisions to both initial training and annual maintenance requirements were proposed:

- Require CRNPs to observe no fewer than ~~150~~ 50 of each procedure requested (including normal/abnormal tissue distinction) *prior to* requesting authorization to train to perform the procedure.
- Require CRNPs to perform no less than ~~25~~ 15 treatments annually to maintain competency.
- Include language outlining the CRNP's core duties and scope of practice.
- Add standardized quality assurance language to ensure consistency across protocols.

On March 25, 2026, the ABN received a request from Madison Austin, Operations Manager, on behalf of a physician-owned otolaryngology management services organization (MSO), solvENT, located in Alabama. The request included a petition supporting revision of the preliminary practice period requirement for CRNPs seeking approval to train to perform diagnostic otolaryngology procedures:

- Current requirement: Six (6) months of clinical experience in an otolaryngology setting.
- Proposed revision: Reduce to three (3) months.

At the April 8, 2026, Joint Committee meeting, ABN and ABME staff proposed the following revisions to the Otolaryngology Specialty Protocol:

- Maintain the requirement of 150 observed procedures for each procedure requested.
- Maintain the requirement of 25 supervised procedures for initial training.
- Reduce the annual maintenance requirement from 25 to 15 procedures.
- Allow observations to begin immediately upon employment.

On April 8, 2026, Dr. Rogers moved to approve the ABN and ABME proposed revised Otolaryngology Specialty Protocol for CRNPs in collaborative practice. Mr. Elebash seconded. Motion carried without objection.

B. CRNP Standard Protocol Proposed Revision

The Joint Committee considered the ABN's CRNP Advisory Council's recommendation to revise the Adult Acute Care, Family, Pediatric Acute Care, and Pediatric Primary Care Nurse Practitioner Standard Protocols.

At its October 14, 2025, and February 10, 2026, meetings, the ABN CRNP Advisory Council proposed updates to align the scope of practice language with national standards and the APRN Consensus Model, and to incorporate additional clinical skills across all protocols.

The CRNP Advisory Council recommended the following revisions:

Adult Acute Care

1. Revise Standard Protocol Language

    - Current Language:

      "The patient population of the Adult Acute Care NP includes young adults, adults, and older adults who are acutely/critically ill with complex acute or chronic health conditions. Adult Acute Care 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 Acute Care NP (ACNP) includes adults from adolescence through the end of life. Common practice settings for ACNPs are inpatient hospitals, emergency departments, intensive care units, acute care units, and specialty clinics. Critical care, cardio-pulmonary, emergency medicine/trauma, and oncology are a few of the specialties in which the ACNPs may practice."

Family

1. Revise Standard Protocol Language

   - Current Language:

     "The patient population of the Family NP includes families and individuals across the life span. Family NP disciplines include primary care, cardiology, ENT, gastroenterology, pulmonary, hematology/oncology, hospice/palliative care, neurology, orthopedics, pain management services, and urology."

   - Proposed Revised Language:

     "The patient population of the Family NP (FNP) includes families and individuals across the life span. The FNP manages acute, chronic, and complex health conditions and promotes health maintenance and prevention. Common practice settings for the FNP include primary and specialty care within inpatient, outpatient, and community settings."

2. Add Skills

   - External Cardiac Pacing
     - Currently approved skill on the Adult Acute Care, Adult Care, Adult-Gerontology Acute Care, Adult-Gerontology Primary Care, Gerontology, and Pediatric Acute Care Standard Protocols.
     - Within the RN scope of practice, with the submission of a Standardized Procedure application to the ABN.
   - Percutaneous Tibial Nerve Stimulation (PTNS)
     - Currently approved skill on the Adult Care, Adult-Gerontology Primary Care, and Gerontology Standard Protocols.

Pediatric Acute Care

1. Revise Standard Protocol Language

   - Current Language:

     "The patient population of the Acute Care Pediatric NP includes infants, children, adolescents and young adults with acute, complex, critical and chronic illness. The role of the NP is dependent on patient care needs, not settings."

   - Proposed Revised Language:

     "The patient population of the Acute Care Pediatric NP (PNP-AC) includes children from birth through young adulthood and beyond traditional age parameters based on pediatric diagnoses, for patients with complex acute, critical and chronic illnesses, from disease prevention through critical care.

Patient care may be provided within inpatient, outpatient, and community settings."

2. Add Skills

   - Percutaneous Tibial Nerve Stimulation (PTNS)
     - Approved skill on the Adult Care, Adult-Gerontology Primary Care, and Gerontology Standard Protocols.
     - This procedure may be performed in children with refractory nonneurogenic nocturnal enuresis and overactive bladder.
   - Removal of Extra Digits and Skin Tags
     - Approved skill on the Neonatal and Pediatric Primary Care Standard Protocols.

Pediatric Primary Care

1. Revise Protocol Title

   - Current Title

     "Pediatric Certified Registered Nurse Practitioner Standard Protocol (Collaborative Practice)"

   - Proposed Title

     "Pediatric Primary Care Certified Registered Nurse Practitioner Standard Protocol (Collaborative Practice)"

1. Revise Standard Protocol Language

   - Current Language:

     "The patient population of the Pediatric NP includes children from birth through young adults with a focus on primary health care, including well child care, prevention/management of common pediatric acute illnesses, and chronic conditions."

   - Proposed Revised Language:

     "The patient population of the Primary Care Pediatric NP (PNP-PC) includes children from birth through young adults with a focus on primary health care, including well child care, prevention/management of common pediatric acute, chronic, and complex conditions. Common practice settings for the PNP-PC include primary and specialty care within inpatient, outpatient, and community settings."

2. Add Skills

   - External Cardiac Pacing

- Approved skill on the Adult Acute Care, Adult Care, Adult-Gerontology Acute Care, Adult-Gerontology Primary Care, Gerontology, and Pediatric Acute Care Standard Protocols.
- Within the RN scope of practice, with the submission of a Standardized Procedure application to the ABN.

- Percutaneous Tibial Nerve Stimulation (PTNS)
  - Approved skill on the Adult Care, Adult-Gerontology Primary Care, and Gerontology Standard Protocols.
  - This procedure may be performed in children with refractory nonneurogenic nocturnal enuresis and overactive bladder.

On April 8, 2026, Dr. Harrison moved to approve the CRNP Advisory Council's recommended revision to the Adult Acute Care, Family, Pediatric Acute Care, and Pediatric Primary Care Nurse Practitioner Standard Protocols as outlined above. Dr. Rogers seconded. Motion carried without objection.

V. INFORMATION

None.

VI. NEXT MEETING DATE

The next Joint Committee meeting will be held on Wednesday, May 20, 2026, at 6:00 p.m., at the Alabama Board of Nursing.

VII. ADJOURNMENT

Dr. Hart moved for adjournment. Dr. Weida seconded. Motion carried without objection. The Joint Committee meeting adjourned at 6:14 p.m. on April 8, 2026.

Sharon Holley, DNP, CNM, FACNM, FAAN — Date of Approval: 7/15/26

Submitted by:

Christie Mumford, PhD, RN
Alabama Board of Nursing

Sharon Owen, Recorder, April 8, 2026
Alabama Board of Nursing