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

Fiscal Year 2026
July 15, 2026
Scheduled Meeting

I. CALL TO ORDER

A. Roll Call

Dr. Sharon Holley, DNP, CNM, FACNM, FAAN, Chairperson, called the meeting to order at 6:05 p.m. on July 15, 2026.

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

Joint Committee members absent:
Adam Harrison, DO

Staff members present:
The Alabama Board of Nursing:
Natalie Baker, DNP, CRNP, CNE, GS-C, FAANP, FAAN, Executive Officer
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:
Marren Ellis, Legal Intern
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:
Josiah Yance, CRNP
Kayla Lott, NPAA
Eileen Meyer, UAB, NPAA

B. Declaration of Quorum

A quorum was declared with three nurse members, and two physician members present.

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

   On July 15, 2026, the Alabama Board of Medical Examiners submitted a revised document for Item IV E.

E. Approval of Full Agenda

On July 15, 2026, Dr. Hart moved that the Joint Committee adopt the agenda as presented to include the revised Item IV E. Dr. Rogers seconded. Motion carried without objection.

II. REVIEW OF MINUTES

On July 15, 2026, Dr. Weida moved that the Joint Committee approve the minutes of April 8, 2026, as presented. Dr. Hart seconded. Motion carried without objection.

III. OLD BUSINESS/FOLLOW-UP

None.

IV. NEW BUSINESS

A. Orthopedic Specialty Protocol Proposed Revisions

The Joint Committee considered the ABN's CRNP Advisory Council's recommendation to revise the Orthopedic Specialty Protocol for CRNPs in collaborative Practice.

The protocol was last revised in September 2024 and included:

- Addition of the ankle/hindfoot, midfoot, plantar fascia, other foot soft tissue, and wrist/hand injection (excluding carpal tunnel),
- No more than three (3) injections per site, per patient, to be performed within a 12-month period, and
- More than three (3) injections may be performed by the Advanced Practice Provider within a 12-month period, with physician approval and documentation in the patient record as to the need for any additional injection.

The following procedures remain excluded under the Orthopedic Specialty Protocol:

- Shoulder: Bicipital tendon injections; glenohumeral joint aspiration and injection

- Elbow: Ulnar collateral ligament; biceps tendon and muscle; annular ligament of the radius; muscle and tendon attachments at the medial and lateral epicondyles

- Hip: Hip joint injections
- Knee: Suprapatellar, prepatellar, and infrapatellar bursae; patellar, sartorius, gracilis, and semitendinosus tendons

- Wrist/Hand: Carpal tunnel injections

Sacroiliac (SI) Joint Injections

The current protocol identifies SI joint injections as excluded procedures with exceptions. CRNPs may seek authorization to train to perform SI joint injections through submission of a Scope of Determination application to the ABN.

Currently, advanced practice providers have received approval to perform intra-articular hip injections through an Out of Protocol application, including their facility protocol. Physician assistant(s) have also received approval to perform glenohumeral joint injections under the same conditions. To date, no CRNPs have submitted a request to perform glenohumeral joint injections. However, ABN board survey results indicate that glenohumeral joint injections are among the procedures frequently requested for inclusion in the Orthopedic Specialty Protocol.

Provider Survey Feedback

ABN Board staff surveyed CRNPs practicing under the Orthopedic Specialty Protocol to identify barriers, concerns, and opportunities for improvement. Seven CRNPs responded. Key feedback includes:

- Consider eliminating 5-year renewal requirement for injection privileges when competency is maintained;

- Expansion of approved procedures to include:
    - Glenohumeral joint injections;
    - Carpal tunnel injections with additional supervised training;
    - Medial and lateral epicondyle injections (tennis/golfer's elbow)
    - Long head biceps tendon sheath injections; and
    - Trigger finger injections;

- Expansion of procedural authority for qualified providers who demonstrate competency;

- Authorization for ultrasound-guided intra-articular hip injections to improve access to care and reduce treatment delays;

- Addition of elbow arthrocentesis consistent with currently approved knee arthrocentesis procedures;

- Re-assessment of excluded procedures, including:

  - Knee bursae and associated tendons;
  - Cervicothoracic trigger point injections; and
  - Sacroiliac joint injections; and

- Establishment of clear criteria for procedures (e.g., sacroiliac joint injections) requiring additional approval to reduce case-by-case ambiguity.

One respondent submitted detailed protocol recommendations, including enhanced education requirements to include simulation, revised credentialing standards, expanded procedural categories, removal of exclusion sites, and removal of annual maintenance requirements.

Alabama Orthopaedic Society Feedback

On June 9, 2026, ABME advanced practice staff notified ABN advanced practice staff of correspondence received from the Alabama Orthopaedic Society regarding feedback and recommendations related to the Orthopaedic Specialty Protocol.

The Society recommended that the following procedures remain outside the scope of the protocol:

- Sacroiliac Joint Injections;
- Cervical paraspinal injections;
- Thoracic paraspinal injections;
- Deep image-guided hip joint injections;
- Carpal Tunnel Injections;
- Independent or remote-site performance of deep joint injections;
- Elimination of annual maintenance requirements; and
- Category-based credentialing in place of site-specific credentialing

The Society expressed support for:

- Glenohumeral injections when ultrasound guidance is used, and the physician is onsite;
- Lumbar trigger point injections (superficial only); and
- Plantar fascia injection performed within orthopedic and rheumatology practice settings

Proposed Revisions

Following a review of stakeholder feedback, ABN and ABME staff met to discuss potential revisions to the Orthopedic Specialty Protocol. The proposed revisions include:

- Authorizing glenohumeral joint injections, ischiofemoral bursa injections, and intra-articular hip joint injections only within the orthopedic and interventional radiology practice settings;

- Requiring the collaborating or covering physician (MD/DO) to be physically available onsite when these procedures are performed

- Requiring ultrasound guidance for glenohumeral joint injections, ischiofemoral bursa injections, and intra-articular hip joint injections;

- Revising the SI joint injection section to clearly state that SI joint procedures are excluded from the protocol and may only be requested through submission of an Out of Protocol application, including the facility protocol, for Board review and approval;

- Requiring CRNPs and collaborating physicians to participate in ongoing education and training sufficient to maintain competency in musculoskeletal aspiration and injection procedures;

- Adding glenohumeral joint injections, intra-articular hip injections (excluding other deep image-guided hip procedures), and ischiofemoral bursa injections as approved procedures subject to limitation outlined above;

- Adding trigger point injections excluding thoracic (T1-T12), cervical (C1-C7), and deep image-guided spinal/paraspinal procedures;

- Reducing initial and annual maintenance training requirements for trigger point injections and PRP procedures to align with existing training requirements for other approved procedures.

On July 15, 2026, Dr. Rogers moved to approve the revisions to the ABN and ABME Orthopedic Specialty Protocol for CRNPs in collaborative practice. Dr. Hart seconded. Motion carried without objection.

B. <u>Adult Acute Care CRNP Standard Protocol Proposed Revision</u>

The Joint Committee considered the revision to the Adult Acute Care CRNP Standard Protocol by replacing the current total parenteral nutrition (TPN) language with:

"**Initiate and manage therapeutic TPN to include writing the formula.**"

At its January 14, 2026, meeting, the Joint Committee reconsidered a previously deferred request from Children's of Alabama and the ABN CRNP Advisory Council concerning CRNP authority related to Total Parenteral Nutrition (TPN) management. During its review, the Committee considered education and training information provided by ABN Board staff regarding nurse practitioner preparation in nutritional assessment, calculation, and management of enteral and parenteral nutrition.

The information confirmed that nurse practitioner students in the Neonatal, Pediatric Acute Care, and Adult-Gerontology Acute Care specialty tracks receive formal education and training in assessing, calculating, initiating, and managing nutritional formulas specific to their patient populations.

Following review and discussion, the Joint Committee recommended revising the TPN language in the Neonatal, Pediatric Acute Care, and Adult-Gerontology Acute Care CRNP Standard Protocols from:

"Total Parenteral Nutrition (TPN) Initiation not to include writing the formula" to "Initiate and manage therapeutic TPN to include writing the formula."

The recommendation was subsequently approved by the Alabama Board of Medical Examiners (ABME) on January 15, 2026, and by the ABN on March 13, 2026, for the Neonatal, Pediatric Acute Care, and Adult-Gerontology Acute Care Standard Protocols.

During a subsequent review of the CRNP Standard Protocols and Standard Protocol Grid, ABN staff identified that the Adult Acute Care CRNP Standard Protocol was inadvertently omitted from the previously approved revisions.
As a result, the Adult Acute Care protocol continues to contain the TPN language that is inconsistent with other acute care population foci, including the Adult-Gerontology Acute Care Nurse Practitioner Standard Protocol.

The proposed revision corrects this omission and aligns the Adult Acute Care CRNP Standard with existing Board-approved language.

- Current language:
  "Total Parenteral Nutrition (TPN) Initiation not to include writing the formula"

- Proposed language:
  "Initiate and manage therapeutic TPN to include writing the formula"

On July 15, 2026, Dr. Weida moved to approve the revision to the Adult Acute Care CRNP Standard Protocol as presented. Mr. Elebash seconded. Motion carried without objection.

C. Retirement of Flex/PRN Pool Protocol & Limited Protocol for Long-Term Care Facilities

The Joint Committee considered the recommendation of the Alabama Board of Nursing (ABN) CRNP Advisory Council to retire both protocols and grandfather any advanced practice providers currently practicing under them.

Flex/PRN Pool Protocol

The Flex/PRN Pool Protocol was recommended for approval by the Joint Committee on July 17, 2018, and subsequently approved by the Alabama Board of Medical Examiners on July 18, 2018, and the Alabama Board of Nursing on July 20, 2018.

This protocol was developed to address employer concerns regarding collaborative agreement limits when collaborating physicians had reached the maximum allocation of advanced practice staff (160 hours per week), but required additional PRN coverage for absences such as vacation, illness, or maternity leave.

Since implementation, utilization has been minimal. Most applicants are ineligible because their collaborating physicians have not reached the maximum full-time equivalent (FTE) threshold required for eligibility.

Limited Protocol – Long Term Care Facilities

The Limited Protocol-Long Term Care Facilities was recommended for approval by the Joint Committee on May 14, 2019, and approved by the Alabama Board of Nursing on

May 17, 2019.

The protocol was established to expand FTE allowances for physicians and advanced practice providers in long-term care settings. It was intended to address increased demand for CRNP services, particularly in response to Centers for Medicare and Medicaid Services (CMS) initiatives aimed at reducing hospital admissions.

Since adoption, utilization of this protocol has also been minimal.

On July 15, 2026, Mr. Elebash recommended that the Joint Committee approve retiring both protocols and grandfather any advanced practice providers currently practicing under them. Dr. Rogers seconded. Motion carried without objection.

D. Request for Reconsideration of Monthly Chart Review Restart Requirement Under Rule 610-X-5-.05(1)(a) (Dr. Tanner Grant)

The Joint Committee considered the request the Board of Medical Examiners received from Dr. Tanner Grant asking for reconsideration of the Board's current interpretation of Rules: BME 540-X-8-.12/ABN 610-X-5-.05(1)(a)(CRNP) and BME 540-X-7-.26(PA) regarding Quality Assurance (QA) review requirements when a physician exceeds four FTE collaboration (160 hours).

Dr. Grant notes that, in practice, adding a new APP after this threshold can require restarting six consecutive months of monthly QA reviews not only for the new APP, but also for established APPs who have already completed the required review period.

Dr. Grant states this approach creates unnecessary administrative burden without improving patient safety, as it does not account for established APP performance or competency. He further emphasizes that these requirements strain physician capacity, discourage expansion of collaborative relationships, and may negatively impact access to care-particularly in rural and underserved areas.

Dr. Grant recommends revising or clarifying the rule so that the six-month monthly review requirements applies only to newly added APPs, while allowing established APPs to remain on quarterly review once initial requirements are met.

On July 15, 2026, Dr. Rogers recommended that the Joint Committee remove the monthly QA requirement and, moving forward, require quarterly QA review for all APPs. Dr. Hart seconded. Motion carried without objection.

E. Consideration of Publication – Board Rule 540-X-8-.02 Definitions

In the 2025 legislative session, the Alabama Legislature passed Act No. 2025-378, which amended Ala Code 34-21-81 and 34-21-82 and revised the composition of the Joint Committee of the State Board of Medical Examiners and the Board of Nursing for Advanced Practice Nursing.

The Alabama Board of Medical Examiners previously revised rule 540-X-8-.01 to reflect this change but inadvertently neglected to revise 540-X-8-.02: Terms and Functions of the Joint Committee to reflect the statutory changes.

On July 15, 2026, Dr. Hart recommended that the Joint Committee approve, with

revisions, for publication in the Alabama Administrative Monthly with an anticipated effective date of September 14, 2026. Dr. Weida seconded. Motion carried without objection.

V. INFORMATION

None.

VI. NEXT MEETING DATE

The next Joint Committee meeting will be held on Wednesday, September 16, 2026, at 6:00 p.m., at the Alabama Board of Nursing.

VII. ADJOURNMENT

The Joint Committee meeting adjourned at 6:36 p.m. on July 15, 2026.

Sharon Holley, DNP, CNM, FACNM, FAAN

9/16/26
Date of Approval

Submitted by:

Christie Mumford, PhD, RN
Alabama Board of Nursing

Sharon Owen, Recorder, July 15, 2026
Alabama Board of Nursing