

APA-1
Revised 4/2018

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control 540 Department or Agency Alabama State Board of Medical Examiners
Rule No. 540-X- 10, Appendix D
Rule Title: Office-Based Surgery/Procedures Physician Registration Form

New Amend Repeal Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? NO

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? YES

Is there another, less restrictive method of regulation available that could adequately protect the public? NO

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? NO

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? NO

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? YES

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule? NO

Does the proposed rule have an economic impact? NO

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Services Agency.

Signature of certifying officer Andy J. Dornaney

Date: 6/20/18

APA-2

**ALABAMA STATE BOARD
OF MEDICAL EXAMINERS**

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama State Board of Medical Examiners

RULE NO. & TITLE: 540-X- 10, Appendix D, Office-Based Surgery/Procedures Physician Registration Form

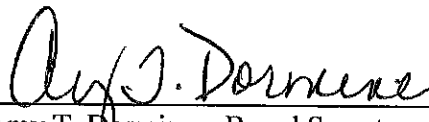
INTENDED ACTION: To amend the rule/appendix

SUBSTANCE OF PROPOSED ACTION: Amend form for online submission

TIME, PLACE, MANNER OF PRESENTING VIEWS: All interested persons may submit data, views, or arguments concerning the proposed new rule(s) and regulation(s) in writing to: Carla H. Kruger, Office of the General Counsel, Alabama State Board of Medical Examiners, Post Office Box 946, Montgomery, Alabama 36101-0946, by mail or in person between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday, until and including Aug. 3, 2018. Persons wishing to obtain copies of the text of this rule and submit data, views, or comments or arguments orally should contact Carla H. Kruger, by telephone (334-242-4116) during said period in order to set up an appointment for a hearing respecting such oral data, views, or arguments. Additionally, the intended action is available at the Board's web site, www.albme.org.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: Aug. 3, 2018

CONTACT PERSON AT AGENCY: Carla H. Kruger



Amy T. Dorminey, Board Secretary

ALABAMA BOARD OF MEDICAL EXAMINERS
P. O. Box 946 – Montgomery, Alabama 36101
848 Washington Avenue - 36104

OFFICE-BASED SURGERY / PROCEDURES PHYSICIAN REGISTRATION FORM

Office-Based Surgery (OBS) Registration is required annually for any licensed physician who maintains a practice location in Alabama and perform or offer to perform any office-based surgery/procedure which requires moderate sedation, deep sedation or general anesthesia.

Name: _____ AL License # _____

Address: _____

Street _____ City _____

State _____ Zip _____

List specialty(s): _____

List all Specialty Board Certifications (from specialty boards approved by the American Board of Medical Specialties or the American Osteopathic Association):

Name

License Number

Primary Specialty

List all Specialty Board Certification (List Specialty Boards approved by the American Board of Medical Specialties or the American Osteopathic Association)

Is your office currently accredited by one of the following organizations?

Accreditation Association for Ambulatory Health Care (AAAHC)

American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF)

Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

You answered yes, please check all that apply.

You answered no, do you plan to obtain accreditation within the next two years?

1. Do you perform any procedures in the office-based setting in which one or more of the following levels of anesthesia are utilized?

a. Moderate Sedation / Analgesia ("Conscious sedation") - drug-induced depression of consciousness during which a patient responds purposefully to verbal commands, either alone or accompanied by light tactile stimulation.

No _____ Yes _____*

*If yes, list procedures performed: _____

You answered yes, list procedures performed

b. Deep Sedation / Analgesia - drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation.

No _____ Yes _____*

*If yes, list procedures performed: _____

You answered yes, list procedures performed

- c. General Anesthesia - drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired. Regional Anesthesia ("Major conduction blockade") is considered in the same category as General Anesthesia.

No _____ Yes _____*

*If yes, list procedures performed: _____

You answered yes, list procedures performed

I (the physician) certify that I have read Board Rules 540-X-10-.06 through .08 and meet the training requirements set forth in the Alabama Board of Medical Examiners' Office-Based Surgery Rules for moderate sedation, deep sedation, and general anesthesia.

No _____ Yes _____

- 2. Do you perform liposuction when infiltration methods such as the tumescent technique are used?

No _____ Yes _____*

*If yes: You answered yes, I (the physician) certify that I have read Board Rule 540-X-10-.10, and I meet the requirements and standards set forth in Board Rule 540-X-.08.

No _____ Yes _____

- 3. Do you perform any procedures in which propofol is administered, given, or used?

No _____ Yes _____*

If yes: You answered yes, I (the physician) certify that I have read and meet the requirements and standards set forth in Board Rule 540-X-.08.

No _____ Yes _____

- 4. Do you perform any procedures which are outside of the core curriculum of your formal specialty training?

No _____ Yes _____*

If your answer is "yes," state the training you have received which qualifies you to perform the procedure:

You answered yes, list procedures performed

You answered yes, upload documentation of the training you have received, which qualifies you to perform the procedure.

Is your office currently accredited by one of the following organizations?

_____ No _____ Yes _____

If yes, please check the appropriate answer:

- _____ Accreditation Association for Ambulatory Health Care (AAAHC)
_____ American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF)
_____ Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

If your office is not currently accredited, do you plan to obtain accreditation within the next two years?

_____ No _____ Yes _____

I swear (affirm) that the information set forth on this Office-Based Surgery / Procedures Registration Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

Signature of Physician: _____ Date: _____

I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information and belief.

Knowingly providing false information to the Alabama Board of Medical Examiners or Medical Licensure Commission of Alabama could result in disciplinary action.