

Report on the

Alabama Board of Nursing

Montgomery, Alabama



Department of Examiners of Public Accounts

401 Adams Avenue, Suite 280

P.O. Box 302251

Montgomery, Alabama 36130-2251

Website: www.examiners.alabama.gov

Rachel Laurie Riddle, Chief Examiner



Rachel Laurie Riddle
Chief Examiner

State of Alabama
Department of
Examiners of Public Accounts

P.O. Box 302251, Montgomery, AL 36130-2251
401 Adams Avenue, Suite 280
Montgomery, Alabama 36104-4325
Telephone (334) 242-9200
FAX (334) 242-1775

September 23, 2020

Representative Howard Sanderford
Chairman, Sunset Committee
Alabama State House
Montgomery, AL 36130

Dear Representative Sanderford,

This report was prepared to provide information for use by the Sunset Committee in conducting its review and evaluation of the operations of the Alabama Board of Nursing in accordance with the *Code of Alabama 1975*, Section 41-20-9.

The report contains unaudited information obtained from the management, staff, and records of the Alabama Board of Nursing, in addition to information obtained from other sources.

Please contact me if you have any questions concerning this report.

Sincerely,

A handwritten signature in cursive script that reads 'Rachel Laurie Riddle'.

Rachel Laurie Riddle
Chief Examiner

Examiner
Christine Kilpatrick

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PROFILE

Purpose/Authority

The Board of Nursing was created by Act No. 867, Acts of Alabama 1965 to regulate both nursing education and practice. The Board licenses nurses, receives and investigates complaints, disciplines licensees, sets standards for education curricula, requires and provides continuing education, and grants scholarships to post-baccalaureate nursing students as well as administers a loan repayment program for advanced practice nurses to practice in medically underserved areas of the state. Current statutory authority for the Board is found in the *Code of Alabama 1975*, Section 34-21-1 through 34-21-130. The Board of Medical Examiners may grant a Qualified Alabama Controlled Substance Registration Certificate to certified nurse practitioners (CRNP) or certified nurse midwives (CNM) in accordance with Section 20-2-250 through 20-2-260.

The following legislation was passed since the last Sunset Review of the Board:

Act No. 353, Acts of Alabama 2016 created a Loan Repayment Program for Advanced-Practice Nursing; to establish and describe the program, to be run by the Board of Nursing; to state that the program shall be funded by direct appropriation from the Education Trust Fund; to outline the procedure for the Board to award loans to applicants and to require loan repayment through work in medically underserved areas, called areas of critical need.

Act No. 474, Acts of Alabama 2018 authorized certified registered nurse practitioners and certified nurse midwives to have signature authority to sign health care forms and documents within the scope of practice of the health care professional.

Act No. 102, Acts of Alabama 2019 amended Sections 34-21, 34-21s, 34-21-21, 34-21-22, and 34-21-25. Added Section 34-21-20.01 and Article 7 commencing with Section 34-21-120 to allow the Board to enter the Enhanced Nurse Licensure Compact as a means of providing uniformity in licensing requirements and interstate practice throughout party states; and to make technical changes related to the multistate licensure of nurses.

Act No. 301, Acts of Alabama 2019 amended Section 34-21-96 relating to the loan repayment program for advanced-practice nursing administered by the Board of Nursing; to authorize the Board to provide loans to currently certified nurse practitioners, certified nurse midwives, and certified registered nurse anesthetists who contract with the Board to practice in medically underserved areas of the state.

<u>Characteristics</u>	
Members and Selection	<p>Thirteen members appointed by the Governor consisting of:</p> <ul style="list-style-type: none"> • Two licensed practical nurses selected from a list of nominees selected by the Board of Directors of the Licensed Practical Nurses Association of Alabama • Two licensed practical nurses selected from a list of nominees selected by the Board of Directors of the Alabama Federation of Licensed Practical Nurses, Incorporated • Two advanced practice nurses selected from a list of nominees selected by the Alabama State Nurses' Association • Six registered nurses selected from a list of nominees selected by the Alabama State Nurses' Association • One consumer member appointed by the Governor <p><i>Code of Alabama 1975, Section 34-21-2</i></p>
Term	<p>No more than two consecutive terms of four years.</p> <p><i>Code of Alabama 1975, Section 34-21-2(a)</i></p>
Qualifications	<p>Members must be citizens of the United States and residents of the State of Alabama.</p> <p>Licensed Professional Nurses</p> <ul style="list-style-type: none"> • Graduate of a state-approved educational program • Currently licensed professional nurse in Alabama • A minimum of five years' successful nursing experience in an administrative, teaching, clinical capacity, or advanced practice • Actively engaged in professional nursing in this state immediately preceding and during appointment <p>Licensed Practical Nurse</p> <ul style="list-style-type: none"> • Hold a diploma from an accredited high school or its equivalent • Graduate of a state-approved vocational educational program for the preparation of practitioners of licensed practical nursing • Currently licensed practical nurse in Alabama • A minimum of five years' successful nursing experience • Actively engaged in practical nursing in this state

	<p>immediately preceding and during appointment</p> <p>The consumer member cannot be a member of any health care profession, must not hold, currently or previously, a direct interest in any health care facility, profession, agency or insurer, and must not be employed, currently or previously, as a health care worker.</p> <p><i>Code of Alabama 1975, Section 34-21-2</i></p>
Racial Representation	<p>No specific statutory requirement.</p> <p>Three black members serving.</p>
Geographical Representation	<p>No specific statutory requirement.</p>
Other Representation	<p>Membership must include representatives from the fields of nursing education, nursing administration, clinical nursing and advanced practice nursing.</p> <p><i>Code of Alabama 1975, Section 34-21-2(b)(1)</i></p>
Compensation	<p>\$300 for attending to Board business and the president receives an additional \$300 per month. Travel expenses are reimbursed in the same amount as provided for State employees.</p> <p><i>Code of Alabama 1975, Section 34-21-2(m)</i></p>
Attended Board Member Training	<p>Fourteen Board members Executive Officer Eight staff members</p>

<u>Operations</u>	
Administrator	<p>Peggy Benson, Executive Officer Annual Salary \$138,292.80</p> <p>Unclassified Merit System employee appointed by the Board. Salary set by the Board with approval of the Governor and State Personnel Board</p> <p><i>Code of Alabama 1975, Section 34-21-2(j)(13)</i></p>

Location	RSA Plaza, Suite 250 770 Washington Avenue Montgomery, AL 36130 Office Hours: Monday to Friday 8 to 4:30
Employees	Fifty-eight employees
Legal Counsel	Deputy Attorney General - Alice Maples Henley employed by the Board. Staff Attorneys - Patrick Samuelson, Amy Williams, and Gail Hampton employed by the Board
Subpoena Power	Yes, both witnesses and records <i>Code of Alabama 1975</i> , Section 34-21-2(j)(13)
Internet Presence	Information available includes: <ul style="list-style-type: none"> • Home page • Advanced Practice Nursing • Alabama Nursing Programs • Alabama Nursing Resource Center • Alerts • Announcements • ANRC Contact Us • Apply • ASNA • Board Meeting Minutes Archive • CNO/DON/Employer • Compact Mockup • Complaints • Contact Us • Continuing Education • Daily Statistics • Discipline • FAQs • Fees, Fines, Services • Fingerprinting for Applicants • Laws • Leadership Institute • Monitoring • Multistate (Compact) Applications • My Profile – for licensed nurses • Nurse Licensure Compact (NLC) • Nursing Education Programs • Nursys - Mockup

<u>Financial</u>																	
Source of Funds	Licensure fees and fines <i>Code of Alabama 1975</i> , Section 34-21-2(j)(2), 34-21-24, and 34-21-25																
State Treasury	Yes, Special Revenue Fund 0369 <i>Code of Alabama 1975</i> , Section 34-21-4																
Required Distributions	None																
Unused Funds	Retains unused balances for subsequent years' expenditures <i>Code of Alabama 1975</i> , Section 34-21-4																
<u>Licensee Information</u>																	
Licenses	<p>As of January 30, 2020</p> <table> <tr> <td>Licensed Practical Nurse (LPN)</td> <td>14,850</td> </tr> <tr> <td>Registered Nurse (RN)</td> <td><u>86,170</u></td> </tr> <tr> <td>Total Licensees</td> <td>101,020</td> </tr> </table> <p>Included in the 86,170 RNs are nurses who have earned the designation of Advance Practice Nurse in the following specialties:</p> <table> <tr> <td>Nurse Midwife</td> <td>17</td> </tr> <tr> <td>Nurse Specialist</td> <td>62</td> </tr> <tr> <td>Nurse Practitioner</td> <td>5,281</td> </tr> <tr> <td>Nurse Anesthetist</td> <td><u>1,853</u></td> </tr> <tr> <td>Total AP Nurses</td> <td>7,213</td> </tr> </table> <p>Advanced practice nurses attend graduate school and are certified by a national certification agency for the specialty indicated.</p> <p>Source: Board staff</p>	Licensed Practical Nurse (LPN)	14,850	Registered Nurse (RN)	<u>86,170</u>	Total Licensees	101,020	Nurse Midwife	17	Nurse Specialist	62	Nurse Practitioner	5,281	Nurse Anesthetist	<u>1,853</u>	Total AP Nurses	7,213
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<p>Qualifications</p>	<p>Single state exam applicants are not required to submit fingerprints for obtaining a state and national criminal history background check; however, all other applicants are required to do so.</p> <p>License to practice professional nursing (RN)</p> <ul style="list-style-type: none"> • Good moral character • High school diploma or equivalent • Successful completion of an educational program in an approved school of nursing • Citizen of the US or legally present • Either passing of an examination or by endorsement if holding a license in another state <p>License to practice practical nursing (LPN)</p> <ul style="list-style-type: none"> • Good moral character • High school diploma or equivalent • Successful completion of an educational program of at least one year’s duration in a school of practical nursing • Citizen of US or legally present • Either passing of an examination or by endorsement if holding a license in another state <p><i>Code of Alabama 1975</i>, Sections 34-21-20.01, 34-24-21, and 34-21-22</p>																																																		
<p>Examinations</p>	<p>Applicants must pass an examination. Examinations are prepared by the National Council of State Boards of Nursing and administered through Pearson/VUE on a nation-wide basis. Exams are offered daily at Pearson Professional Centers through computer adaptive testing. Examination sites in Alabama are Montgomery, Birmingham, Dothan, Mobile and Decatur.</p> <p>Pass/Fail Statistics for FY 2016 through FY 2017 Pass/Fail Statistics for CY2018 through CY019</p> <table border="1" data-bbox="548 1495 1317 1871"> <thead> <tr> <th>Year</th> <th>Applicants</th> <th>Total</th> <th>#Pass</th> <th>#Fail</th> <th>% Pass</th> </tr> </thead> <tbody> <tr> <td rowspan="2">2016*</td> <td>RN</td> <td>3,582</td> <td>3,031</td> <td>551</td> <td>85%</td> </tr> <tr> <td>LPN</td> <td>764</td> <td>713</td> <td>51</td> <td>96%</td> </tr> <tr> <td rowspan="2">2017*</td> <td>RN</td> <td>3,389</td> <td>3,064</td> <td>325</td> <td>90%</td> </tr> <tr> <td>LPN</td> <td>733</td> <td>674</td> <td>59</td> <td>92%</td> </tr> <tr> <td rowspan="2">2018**</td> <td>RN</td> <td>3,772</td> <td>3,382</td> <td>390</td> <td>90%</td> </tr> <tr> <td>LPN</td> <td>831</td> <td>787</td> <td>44</td> <td>95%</td> </tr> <tr> <td rowspan="2">2019**</td> <td>RN</td> <td>3,742</td> <td>3,379</td> <td>363</td> <td>90%</td> </tr> <tr> <td>LPN</td> <td>887</td> <td>838</td> <td>49</td> <td>99%</td> </tr> </tbody> </table>	Year	Applicants	Total	#Pass	#Fail	% Pass	2016*	RN	3,582	3,031	551	85%	LPN	764	713	51	96%	2017*	RN	3,389	3,064	325	90%	LPN	733	674	59	92%	2018**	RN	3,772	3,382	390	90%	LPN	831	787	44	95%	2019**	RN	3,742	3,379	363	90%	LPN	887	838	49	99%
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	<p>* Fiscal year **Calendar year</p> <p>Source: Executive Officer</p> <p>Pass/Fail rates by Alabama Educational Institutions are in the Appendices of the report.</p> <p><i>Code of Alabama 1975</i>, Sections 34-21-21(b)(1), and 34-21-22(b)(1)</p>
<p>Reciprocity</p>	<p>Available for both registered and practical nurses, if the applicant is licensed in another state and meets the requirements for licensure in Alabama at the time of the applicant’s graduation.</p> <p>The Alabama Board of Nursing joined the Enhanced Nurse Licensure Compact in 2019. The general purpose of the compact is to achieve the following:</p> <ul style="list-style-type: none"> • Facilitate the responsibility of each state to protect public health and safety. • Ensure and encourage the cooperation of party states in the areas of nurse licensure and regulation. • Facilitate the exchange of information between party states in the areas of nurse regulation, investigation, and adverse actions. • Promote compliance with the laws governing the practice of nursing in each jurisdiction. • Invest all party states with the authority to hold a nurse accountable for satisfying all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state licenses. • Decrease redundancies in the consideration and issuance of nurse licenses. • Provide opportunities for interstate practice by nurses who meet uniform licensing requirements. <p>A multistate license to practice registered or licensed practical nursing issued by a home state to a resident in that state shall be recognized by each party state as authorizing a nurse to practice as a registered nurse or as a licensed practical nurse, under a multistate licensure privilege, in each party state.</p> <p><i>Code of Alabama 1975</i>, Sections 34-21-21(b)(2), 34-21-22(b)(2), and 34-21-120 through 34-21-122</p>

Renewals	<p>Licenses are renewed biennially beginning September 1st and expire December 31st</p> <ul style="list-style-type: none"> • Licenses for single state Registered Nurses renew in even-numbered years. (Includes Advanced Practice Nurses). • Licenses for multistate Registered Nurses and Licensed Practical Nurses renew in odd-numbered years. <p>As of 12/31/2019, 100% of renewals were processed online.</p> <p><i>Code of Alabama 1975</i>, Section 34-21-23(a)(b)</p>
Licensee Demographics	<p>Information is not readily available.</p> <p><i>Source:</i> Board staff</p>
Continuing Education	<p>Required by statute for license renewal. No less than 24 hours for a two-year period.</p> <p><i>Code of Alabama 1975</i>, Sections 34-21-23(f), and 34-21-40 through 34-21-43</p> <p>Administrative Rule 610-X-4-.08</p>

SIGNIFICANT ISSUES

There are no new significant issues

STATUS OF PRIOR FINDINGS/SIGNIFICANT ISSUES

All prior findings and significant issues have been resolved except for the following.

Significant Issue 2009-01 - In the 2008 regular legislative session, House Bill 129, sponsored by Representative Grantland, and Senate Bill 428, sponsored by Senator Dixon, were introduced to amend Section 34-21-2, *Code of Alabama 1975*, to grant investigators of the Board of Nursing the authority to exercise the power of peace officers and to require investigators to comply with the minimum standards for peace officers. The bills would also amend Section 20-2-90, *Code of Alabama 1975*, to grant the Board's investigators the power to enforce the controlled substance laws. The bills were not successful, but the changes remain a concern for the Board of Nursing. According to the Executive Officer of the Board of Nursing, the Board's investigators do not possess access to investigative information from other law enforcement agencies because of the lack of arrest powers. According to the executive officer, if a nurse is arrested for possession of a controlled substance, most law enforcement agencies will not share investigative information. As a result, the agency often must wait until the criminal case is resolved before instituting disciplinary action.

According to the Executive Officer, the arrest powers for the investigators of the Board of Nursing are critical to the Board's legal mandate of public protection. Arrest powers require compliance with standards of the Peace Officer Standards and Training Commission, which indicates to other law enforcement agencies that a minimum standard is met. This is frequently how law enforcement agencies determine what investigative information to share. The Board's investigators do not reveal investigative information to other agencies, and therefore other agencies do not reveal information to them. Thus, if a nurse conducts criminal behavior, particularly as it relates to drugs, the action against the license might be delayed. Because the Board's investigators do not possess arrest powers and are not law enforcement officers, they are not granted access to the National Crime Information Center (NCIC) to check criminal histories of applicants and licensees. The Board of Pharmacy and the Board of Medical Examiners investigators hold arrest powers. If the Board of Nursing works a joint case with either agency, investigative information that might be useful to the Board is not shared because of the lack of arrest powers.

The *Code of Alabama 1975*, Section 20-2-90 (a) and (b) stipulate which agencies exercise the power of peace officers with respect to enforcement of the controlled substances laws and provide that, "The State Board of Pharmacy and its drug inspectors shall enforce all provisions of this chapter. The agents and officers of this Department of Public Safety, the drug and narcotic agents and inspectors of the State Board of Health, the investigators of the State Board of Medical Examiners, the investigators of the Board of Dental Examiners, and all peace officers of the state and all prosecuting attorneys are also charged with the enforcement of this chapter. *The agents and officers of the Department of Public Safety, the drug inspectors of the*

State Board of Pharmacy, the investigators of the State Board of Medical Examiners, the investigators of the Board of Dental Examiners, and the drug and narcotic agents and inspectors of the State Board of Health shall have the powers of peace officers in the performance of their duties to:

- (1) Make arrests without warrant for any offense under this chapter committed in their presence, or if they have probable cause to believe that the person to be arrested has committed or is committing a violation of this chapter which may constitute a felony.
 - (2) Make seizures of property pursuant to this chapter.
 - (3) Carry firearms in the performance of their official duties.
- (b) In addition to the requirements of subsection (a), drug inspectors of the State Board of Pharmacy shall, beginning October 1, 1993, meet the minimum standards required of peace officers in this state.”

Prior Status 2012 - Representatives Buttram and Sanderford introduced House Bill 527 during the 2011 legislative session to amend the Board’s statutes to grant investigators of the Board of Nursing the authority to exercise the power of peace officers and to require investigators to comply with the minimum standards for peace officers. The bill would also amend the Board’s statutes to grant the Board’s investigators the power to enforce the controlled substance laws. The bill did not pass, and the issues remain a concern for the Board of Nursing. Three of the 12 current Board members who responded to a survey expressed concern that the Board’s investigators did not have police powers.

Prior Status 2016 - This issue remains unresolved and continues as a concern especially in light of the 2014 Controlled Substances Prescriptive authority for the advanced practice-collaborative practice nurses. CRNPs and CNMs can now prescribe controlled substances but the ABN investigators and ABN staff are not allowed access to the Prescription Monitoring Database Program data. Furthermore, the Board cannot access the information and the current statute does not allow another agency to share the information with the ABN.

Current Status 2020 – This issue remains unresolved and continues as a concern. Seven of eleven responding Board members (64%) stated this is the most significant issue facing the Board.

Board’s Response - During the 2018 regular session, the Board again petitioned the legislature for law enforcement authority. This legislation, which was sponsored by Senator Gerald Dial and Representative April Weaver, was approved by the Senate and reported favorably from the House Health Committee but did not receive consideration by the full House of Representatives prior to adjournment. The ABN plans to continue pursuit of this legislative action.

Significant Issue 2009-03 - The Board desires access to the State’s controlled substance prescription drug database but is not one of the enumerated entities provided access. The executive officer stated, “Of the 1,147 written complaints received by the Board in FY 2007, 317 related specifically to substance abuse. Prescription drug abuse is a common problem seen among licensees. Hydrocodone is the drug of choice for Alabama’s nurses who are chemically dependent. Nurses are not always forthcoming with identifying the names of physicians and/or dentists who are prescribing the drugs. It is often difficult to find out the pharmacy used by

nurses as well. Access to the Controlled Substance Abuse Prescription Drug Database would allow the Board of Nursing to obtain better information and data specific to the drug used by its nurses.

Entities and persons with access to the database are specified in the *Code of Alabama 1975*, Section 20-2-14.

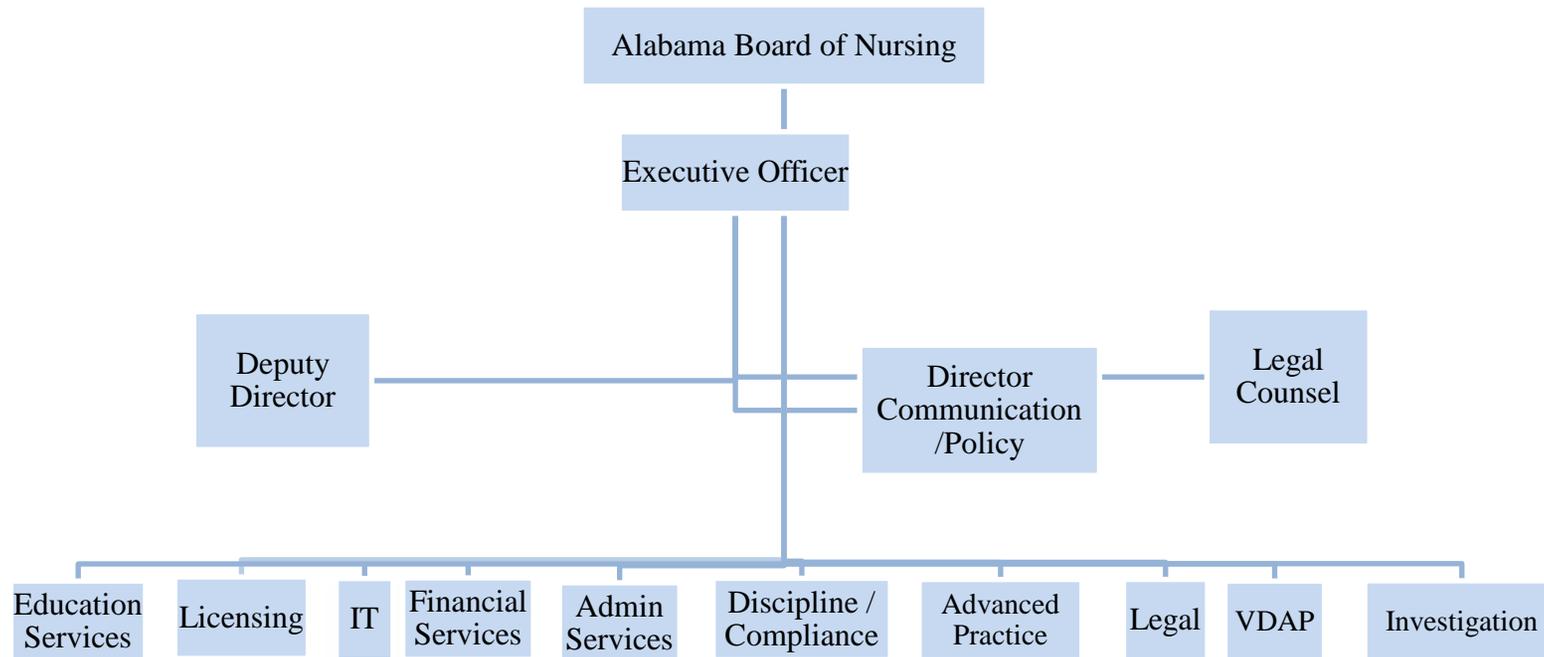
Prior Status 2012 - The code section was not amended to give the Board access to the State's controlled substance prescription database.

Prior Status 2016 - This issue remains unresolved and continues as a concern especially in light of the 2014 Controlled Substances Prescriptive authority for advanced practice-collaborative practice nurses. CRNPs and CNMs can now prescribe controlled substances but the Board's investigators and staff are not allowed access to the Prescription Database Monitoring Program data. Furthermore, the Board staff cannot access the information and the current statute does not allow another agency to share the information with the ABN.

Current Status 2020 - This issue remains unresolved and continues as a concern. House Bill 102 and Senate Bill 73 were submitted in the 2020 Legislative session authorizing the Board to access the controlled substances database for inquiries related to investigations or disciplinary activities concerning nurses who are authorized to prescribe controlled substances and nurses who are prescribed controlled substances. The bills did not pass.

Board's Response - House Bill 102 and Senate Bill 73, sponsored by Representative April Weaver and Senator Greg Reed, were considered during the 2020 regular session. This legislation would have granted the Board access to the controlled substances database for inquiries related to investigations or disciplinary activities concerning nurses who are authorized to prescribe controlled substances and nurses who are prescribed controlled substances. The bills received no serious opposition and were on track to pass. However, the session was truncated by the COVID-19 crisis prior to passage. The ABN plans to continue pursuit of this legislative action.

ORGANIZATION



PERSONNEL

	#	B/M	W/M	B/F	W/F	O/M	Salary or Salary Range (multiple employees in same class)	Vehicle Assigned
<u>Unclassified Merit System</u>								
Executive Officer	1				1		\$ 138,292.80	
Deputy Director	1				1		\$ 113,534.40	
Deputy Attorney General	1				1		\$ 128,416.80	
<u>Non-Merit Exempt</u>								
Administrative Services, Director	1				1		\$ 64,077.60	
<u>Classified Merit System</u>								
ASA I	1				1		\$ 20,174.40	
ASA II	10		1	4	5		\$ 22,272.00 - \$ 36,489.60	
ASA III	11				11		\$ 25,821.60 - \$ 43,339.20	
Programmer Analyst, Associate	1					1	\$ 47,805.60	
Programmer Analyst	1		1				\$ 88,538.40	
IT System Specialist	2		2				\$ 59,517.60 - \$ 90,724.80	
IT System Specialist, Sr.	1		1				\$ 102,712.80	
Senior Accountant	1		1				\$ 65,695.20	
Legal Research Assistant	3			1	2		\$ 28,516.80 - \$50,119.20	
Attorney II	1				1		\$ 61,024.80	
Attorney III	1		1				\$ 88,538.40	Yes ²
Retired State Employee	3				3		Cannot exceed \$32,000 for 2020	
Departmental Program Manager	1				1		\$ 37,389.60	
Governmental Relations Manager	1		1				\$ 82,281.60	
Nursing Compliance Monitoring Manager	2				2		\$ 34,761.60 - \$ 44,404.80	
Nursing Consultant Coordinator	2			1	1		\$ 80,210.40 - \$ 105,266.40	
Nursing Consultant	4			2	2		\$ 76,365.60 - \$ 102,712.80	
Education Administrator	1				1		\$ 100,185.60	
Special Investigator	5		4		1		\$ 33,902.40 - \$ 56,685.60	Yes ¹
Special Investigator, Chief	1	1					\$ 74,474.40	Yes ¹
Executive Secretary	1				1		\$ 46,663.20	
Total	58	1	12	9	35	1		
B/M = Black male, W/M = White male, B/F = Black female, W/F=White female, O/M = Other male								

- (1) Investigative activities
- (2) Commuting

Legal Counsel

Alice Maples Henley, Deputy Attorney General, an employee of the Board, serves as general legal counsel for the Board of Nursing.

Patrick Samuelson and Amy Williams, staff attorneys, serve as assistant legal counsel. Gail Hampton, retired state employee, also serves as assistant legal counsel.

The Board has a contract with Dorman Walker, private attorney, to represent the Board, its members and employees, in all non-party discovery matters. The length of the contract is for two years commencing May 14, 2018 through May 13, 2020 for \$25,000.00.

PERFORMANCE CHARACTERISTICS

Number of Licensees per Employee as of January 1, 2020 – 1,742

Number of Persons per Licensee in Alabama and Surrounding States

	Population (estimate)*	Number of Licensees	Persons Per Licensee
Alabama	4,903,185	101,020	49
Florida	21,477,737	435,547	49
Georgia	10,617,423	163,436	65
Mississippi	2,976,149	130,770	23
Tennessee	6,829,174	132,566	52
*U.S. Census, 2019 Population Estimates			

Operating Disbursements per Licensee (FY2019) - \$ 69.10

Fines/Penalties as a Percentage of Operating Receipts (FY2019) 1.35%

	FY 2019	FY 2018	FY 2017	FY 2016
Total Receipts less Fines	\$ 10,489,034.69	\$4,151,912.95	\$7,477,811.46	\$7,477,811.46
Total Fines	141,810.00	124,830.00	125,760.00	161,920.00
Percentage	1.35%	3.01%	1.68%	2.17%

Notification of Board decisions to Amend Administrative Rules

The Board complied with notification procedures prescribed in the Administrative Procedure Act, which includes publication of proposed rules in the Administrative Monthly, and public hearings on proposed rules. The Board sends specific rules about a topic via a list serve to specific groups. A global change is made available to everyone.

COMPLAINT HANDLING

The *Code of Alabama 1975*, Section 34-21-25 and the Board's Administrative Rules 610-X-8-.01 through 610-X-8.03 provide definitions and grounds for filing a complaint. Rules 610-X-8-.04 through 610-X-8-.09 provide procedures for receipt, documentation, and investigation of complaints received by the Board. It is unlawful for any person to practice nursing without a current valid license. The Board may apply to any court of competent jurisdiction for an injunction to enjoin any person from practicing nursing who is not issued a license to practice nursing or whose license is suspended, revoked or expired (*Code of Alabama 1975*, Section 34-21-26).

Initial Contact/Documentation	Complainants against licensees are directed to submit their complaint/report in writing and given the options of submitting the complaint in letter form via email or the person may download a complaint form available on the Board's website. Complaints by phone are not accepted unless the nurse self-reports. Anyone, including Board members and staff may file complaints.
Anonymous Complaints Accepted	No
Investigative Process / Probable Cause Determination	<p>All written complaints/reports received by the Board are forwarded to the Docket Clerk for initial processing which includes:</p> <ul style="list-style-type: none"> • Establishing a case file, • Docketing the case in the licensee database, and • Assigning to an investigator and Nurse Consultant if applicable after review by the Executive Officer <p>All incoming complaints are reviewed by the Executive Officer to determine possible violations of the Nurse Practice Act. The Executive Officer completes the initial subpoena duces tecum checklist and forwards the case to the Legal Research Assistant for processing.</p> <p>Once the Legal Research Assistant sends the correspondence, the case file is forwarded to the assigned investigator, who will conduct detailed audit of records; interview complainant for</p>

	<p>clarification or additional complaint information; identify and interview witnesses; interview respondent; and compile investigative summary/report. The Nurse Consultant and/or General Counsel are consulted, as needed. After initial investigation, the case file is forwarded to the Nurse Consultant for analysis and recommendation for additional investigation and/or disposition of the case.</p> <p>Board members are not involved in the investigation.</p> <p>At least 20 days prior to the administrative hearing, an administrative complaint is served on the applicant, registered nurse, licensed practical nurse, advanced practice nurse, continuing education provider, or nursing education program. Personal service may be made by any sheriff of the State of Alabama. If the applicant/ nurse/ provider/ program is out of state, evades service, or cannot be served personally, service shall be made by registered or certified mail to the last known post office mailing address shown on the records of the Board. The administrative hearing is conducted by a hearing officer provided by the Board via State contract. All formal hearing cases are acted upon by the members of the Board of Nursing in accordance with applicable laws and rules.</p>
Negotiated Settlements	Yes.
Notification of Resolution to the Complainant	Complainants are notified by letter, which states that Board took necessary action or that the Board finds no cause for action, and that the case was closed. All Board orders are signed by the Executive Officer and are sent by certified mail to the respondent, or the respondent's attorney, if applicable. Actions by the Board are published on the Board's website, reported to the U.S. Department of Health and Human Services Healthcare Integrity Protection Data Bank (HIPDB), and in some cases (if an Administrative complaint was served and the

	disciplinary action was revocation) to the Office of Inspector General as required by federal regulations, and to the National Council of State Boards of Nursing Disciplinary Data Bank (Nursys).
<i>Source:</i> Board staff	

Schedule of Complaints Resolved Fiscal Year 2016 through 2019						
Year/Number Received	Year/Number Resolved					Pending
	2016	2017	2018	2019	2020	
2016 / 1482	962	404	89	26	1	0
2017 / 1533		878	511	133	5	6
2018 / 1543			916	533	20	74
2019 / 1538				1,014	205	319
<i>Source:</i> Executive Officer						

Average Time to Resolve Complaints - 64 business days

Status of Pending Complains

	2017	2018	2019
Scheduled for Next Meeting	1	4	22
Interview Scheduled to Offer Consent Order	0	1	0
Under Investigation	1	6	41
Consent Order sent via Mail	0	5	6
Investigator Review of Nurse Complete	0	1	92
Scheduled Meeting with Nurse for Consent Order	0	0	11
Pending Court Disposition	2	15	33
Attorney Review or VDAP agreement	0	19	48
Review for Closure by Attorney	0	5	23
Hearing Docket to Schedule for Administrative Hearing	2	18	43
Total	6	74	319

Disposition of Resolved Complaints

Disciplinary Actions Resulting from Board Actions (Fiscal Year)				
Final Disposition	2016	2017	2018	2019
Consent Order	359	314	365	377
Formal Hearing	73	69	81	91
Revocation by Order	29	28	30	41
Voluntary Surrender / After Administrative	33	21	22	18
Voluntary Surrender / Before Administrative	165	121	104	158
Total	659	553	602	685

Source: Executive Officer
Note: There is no direct correlation between the Schedule of Complaint Resolutions and the Disposition of Complaints schedule. Each year includes complaints from years before 2016.

Non-Disciplinary Actions Resulting from Board Actions (Fiscal Year)				
Disciplinary Action	2016	2017	2018	2019
License Lapsed	6	1	0	2
Cleared	430	304	349	361
Deceased	4	3	3	12
Letter of Admonishment	409	426	484	543
VDAP Agreement	71	67	64	60
Withdrew Application	7	9	16	23
Total	927	810	916	1,001

Source: Executive Officer
Note: There is no direct correlation between the Schedule of Complaint Resolutions and the Disposition of Complaints schedule. Each year includes complaints from years before 2016.

REGULATION IN CONJUNCTION WITH OTHER ENTITIES

The Alabama Board of Nursing (ABN), as the sole authority, establishes qualifications for Advanced Practical Nurses (APN) in collaborative practice. APNs are Certified Nurse Midwives (CNM) and Certified Registered Nurse Practitioners (CRNP). The ABN approves APNs in collaborative practice and the Board of Medical Examiners (ABME) approves collaborating physicians. The Board of Medical Examiners is designated as the certifying Board for the registration and approval of a certified registered nurse practitioner (CRNP) or a certified nurse midwife (CNM) in obtaining or renewing a Qualified Alabama Controlled Substances Registration Certificate (QACSC).

A joint committee composed of three physician appointees by the ABME and three registered nurse members appointed by the Alabama Board of Nursing. The joint committee recommends rules and protocols to govern the collaborative practice. The ABN also cooperates with ABME to align rules in the agencies' administrative codes.

FINANCIAL INFORMATION

Source of Funds - Licensure fees and fines

Fund

The Board operates from Special Revenue Fund 0369, maintained in the State Treasury. The fund is authorized by the *Code of Alabama 1975*, Section 34-21-4. In addition to license fees, the Board also receives an annual appropriation from the Education Trust Fund for scholarships and a loan repayment program for advanced practice nurses.

Schedule of Fees

The *Code of Alabama 1975*, Section 34-21-2(j)(20) and Section 34-21-24 authorizes the Board to determine, set, and collect reasonable fees. The *Code of Alabama 1975*, Section 34-21-84(b) allows the Board to adopt fees for advanced practice nursing. All fees charged by the Board are detailed in the Board's Administrative Rule 610-X-4-.14.

FEE	AMOUNT COLLECTED
Single State Licensure by examination or endorsement	\$ 100.00
Multistate Licensure by examination or endorsement	\$ 200.00
Temporary Permits	\$ 50.00
Disaster Temporary Permit	\$ 25.00
Biennial Renewal of single state license	\$ 100.00
Biennial Renewal of multistate license	\$ 200.00
Initial approval for advance practice	\$ 175.00
Certificate of Qualification (Eligible for Collaborative Practice)	\$ 100.00
Add Collaborative Practice	\$ 75.00
Biennial renewal of approval for advanced practice	\$ 75.00
New Nursing Education Program, Initial Application	\$ 1,500.00
Continuing Education Provider Fee, initial and renewal	\$ 400.00
Reinstatement Fee, lapsed single state license	\$ 250.00
Reinstatement Fee, lapsed multistate license	\$ 350.00

Reinstatement Fee, advanced practice approval/certification	\$ 75.00
Reinstatement Fee, lapsed continuing education provider	\$ 500.00
Reinstatement Fee, suspended license	\$ 250.00
Reinstatement Fee, revoked license	\$ 750.00
Late CE Audit Fee, 1 st Time	\$ 150.00
Late CE Audit Fee, 2 nd Time	\$ 300.00
Late CE Audit Fee, 3 or more times	\$ 600.00
Coordinated licensing information system report	\$ 50.00
Monitoring Fee, VDAP (not to exceed)	\$ 1,000.00
Duplicate license cards	\$ 25.00
Copies of records search	\$ 5.00
fee per page	\$ 0.25
Fee to Resend Mail	\$ 25.00
Group online license verification subscription service	
Level 1 up to 250 licensees	\$ 100.00
Level 2 251 to 500 licensees	\$ 750.00
Level 3 500+ licensees	\$ 1,500.00
Level 4 companies such as insurers, marketers, etc.	\$ 2,000.00
Purchase of Roster	\$ 50.00
set-up fee cost per name	\$ 0.06
Processing of subpoena	\$ 10.00
Miscellaneous (not to exceed)	\$ 100.00
Consultation (not to exceed per day)	\$ 500.00
Statutory Bad Check Charge - Maximum allowed by the <i>Code of Alabama 1975</i> , Section 8-8-15	\$ 30.00
Reactivation of Retired License within 2 yrs. of retired status	\$ 600.00
Reactivation of Retired License after 2 yrs. of retired status	\$ 250.00
Continuing Education Registration Fee for courses provided by the Board (not to exceed per session)	\$ 100.00

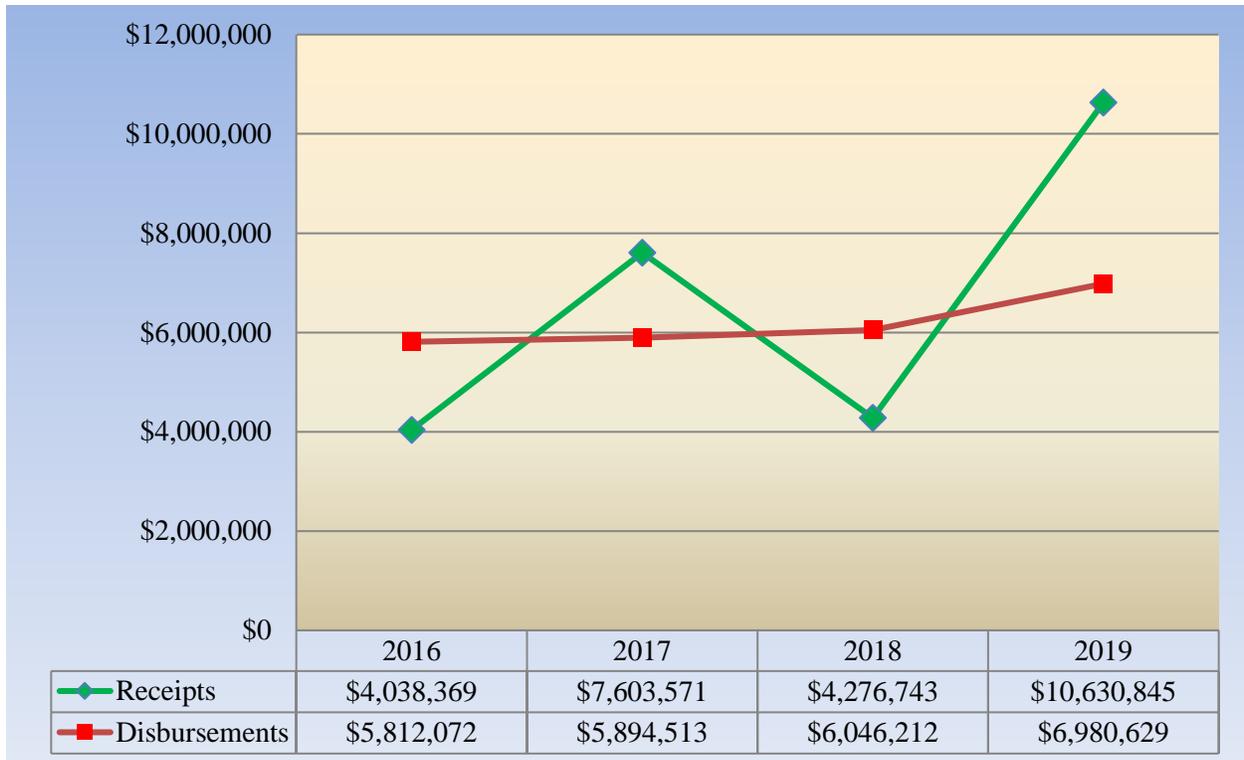
Schedule of Receipts, Disbursements and Balances

October 1, 2015 through September 30, 2019

	2018-2019	2017-2018	2016-2017	2015-2016
<u>Receipts</u>				
License and Permits	\$ 9,516,540.00	\$ 3,220,085.75	\$ 6,657,856.50	\$ 3,006,885.00
Document Fees not Otherwise Classified (1)	344,770.85	341,876.64	333,648.18	333,889.79
Exam Fees	620,050.00	588,060.00	486,140.00	534,205.00
Board Penalties	141,810.00	124,830.00	125,760.00	161,920.00
Insurance Recoveries	7,653.75	1,826.94	-	1,134.00
Salvage Equipment	20.09	13.62	166.78	-
Unclaimed Property	-	50.00	-	335.00
Total	10,630,844.69	4,276,742.95	7,603,571.46	4,038,368.79
<u>Disbursements</u>				
Personnel Costs	3,410,569.06	3,001,819.55	2,844,667.40	2,805,757.20
Employee Benefits	1,353,259.81	1,210,259.48	1,096,598.79	1,060,958.87
Travel In-State	37,417.29	39,024.46	25,869.55	36,507.52
Travel Out-of-State	47,693.66	31,338.09	17,790.22	15,731.22
Repairs and Maintenance	21,697.30	18,834.88	36,111.15	15,340.33
Rentals and Leases	1,086,496.69	1,039,785.12	979,415.62	1,016,164.70
Utilities and Communications	78,578.96	72,027.71	143,474.26	131,960.45
Professional Services	329,161.47	305,749.54	304,455.13	257,403.80
Supplies, Materials, and Operating Expenses	402,714.54	228,193.68	176,219.92	227,271.83
Transportation Equipment Operations	28,495.52	17,222.50	13,978.63	11,656.27
Grants and Benefits	125.00	200.00	75.00	287.34
Transportation Equipment Purchases	71,018.00	-	118,596.50	66,532.22
Other Equipment Purchases	113,401.89	81,757.16	137,260.47	166,500.02
Total	6,980,629.19	6,046,212.17	5,894,512.64	5,812,071.77
Excess (Deficiency) of Receipts over Disbursements	3,650,215.50	(1,769,469.22)	1,709,058.82	(1,773,702.98)
Cash Balances at Beginning of Year	3,208,160.08	4,977,629.30	3,268,570.48	5,042,273.46
Cash Balances at End of Year	6,858,375.58	3,208,160.08	4,977,629.30	3,268,570.48
Reserved for Unpaid Obligations	(809,152.05)	(414,667.38)	(312,786.33)	(387,143.26)
Unreserved Cash Balances at end of Year	\$ 6,049,223.53	\$ 2,793,492.70	\$ 4,664,842.97	\$ 2,881,427.22

(1) Fees collected for duplicate CE cards, CE provider applications, VDAP monitoring, subpoena processing, license verification subscriptions, CE provider reinstatements, new nursing program applications, labels, resending mail, and registration for CE courses provided by the Board.

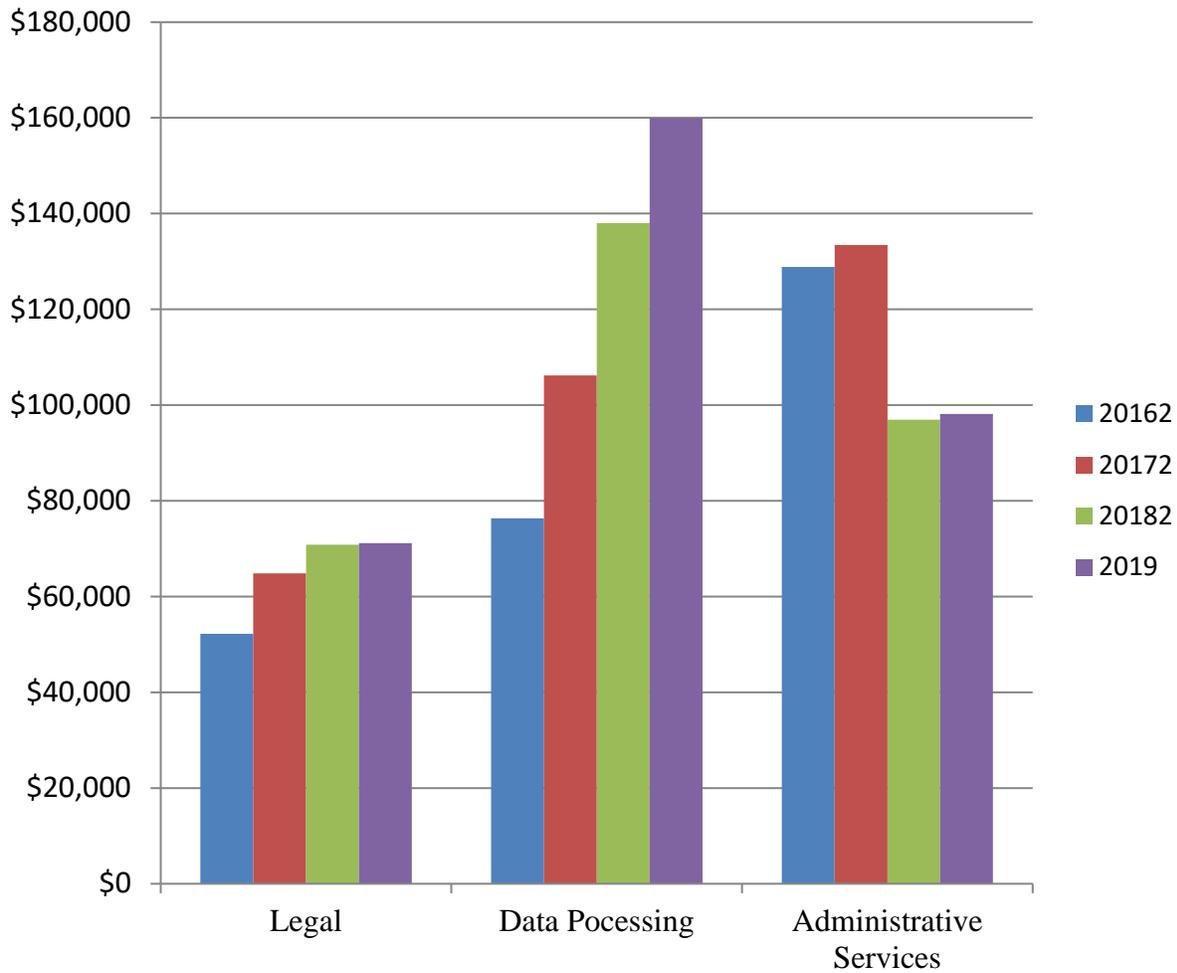
Operating Receipts vs. Operating Disbursements (Chart)



SUMMARY SCHEDULE OF PROFESSIONAL SERVICE DISBURSEMENTS*				
As of September 30th,				
Type of Service	FY 2016	FY 2017	FY 2018	FY 2019
Data Processing	\$ 76,349.76	\$ 106,172.95	\$ 137,998.62	\$ 159,954.65
Administrative	128,825.39	133,435.42	96,946.39	98,118.67
Legal	52,228.65	64,846.76	70,804.53	71,088.15
Total	\$ 257,403.80	\$ 304,455.13	\$ 305,749.54	\$ 329,161.47

*Detailed information presented in the appendix

Professional Service Disbursement Chart



QUESTIONNAIRES

Board Member Questionnaire

A letter was sent to all thirteen members of the Alabama Board of Nursing requesting participation in our survey. Eleven participated in the survey. The percentages, where shown, are based on the number who responded to the question.

1. What are the most significant issues currently facing the Board of Nursing and how is the Board addressing these issues?

Board Member #1 – “Inability to obtain information needed from other agencies for cases against those that have broken laws while practicing as a nurse.”

Board Member #2 – “To work on our law enforcement authority and access to the PDMP We are taking a bill to the 2020 legislative session for the PDMP and have tried unsuccessfully to pass law enforcement authority over the past 3 sessions.”

Board Member #3 – “The need for law enforcement authority and access to the PDMP. We are taking a bill to the 2020 legislative session for the PDMP and have tried unsuccessfully to pass law enforcement authority over the past 3 sessions.”

Board Member #4 – “Alabama is transitioning from single state to multistate licensure. The Board must ensure that administrative rules are in place to protect the public.”

Board Member #5 – “Multistate licensure Access to the Prescription Drug Monitoring Program (PDMP)”

Board Member #6 – “law enforcement authority; access to the PDMP: and restrictions on advanced practice nurses”

Board Member #7 – “We are currently working on trying to be able to get access to the PDMP so that we can see if there are problems with nurses using multiple physicians for narcotics. Substance abuse is a huge problem with every profession. We should be able to look up this critical information. The board is addressing this situation with legislation.”

Board Member #8 – “MSL has been a big issue. We passed the necessary action items for this and it was enacted Jan. 1, 2020! The board and staff worked well with all parties to accomplish this.”

Board Member #9 – “COMPACT – THE BOARD IS ACTING ACCORDINGLY TO ACCOMMODATE A HUGH NUMBER OF APPLICATIONS.”

Board Member #10 – “Implementing the MLC – Board staff has done an incredible job to ensure that processes were in place and communication went out to licensees to insure a smooth transition”

Board Member #11 – “To develop rules, approval permits, to support a Nurse Externe apprenticeship as part of the workforce initiative. Also, the PDMP bill for this legislative session. A major issue to me is the shortage of nurses especially in rural areas. Another major issue are the nurses who are involved in actions which could lead to loss of their licenses. The VDAP (voluntary program) set up by the board to address these issues seems to be working quite well. This allows the nurses to preserve their licenses as well as help them overcome their issues.”

2. What, if any, changes to the Board’s laws are needed?

Board Member #1 – “All advanced practice nurses [to] have their full scope to practice without supervision.”

Board Member #2 – “As stated above.”

Board Member #3 – “See response above.”

Board Member #4 – “The Board has tried unsuccessfully to pass law enforcement authority over the past 3 sessions. This authority is needed to assist the Board’s staff in performing their duties in a timely manner.”

Board Member #5 – “I am not aware of any at this time, but I am a brand-new member.”

Board Member #6 – “Failed legislation during the last 3 sessions for law enforcement authority; will introduce legislation this session for PDMP access; and will continue to foster relationship with ABME in attempt to demonstrate advanced practice nurses’ barriers to practice in this state.”

Board Member #7 – “We are reviewing policy and procedures, standard of care and nurse practice act. We are working hard to make sure that the wording is up to date, especially now that COMPACT is here. These changes are being addressed and voted on at each meeting.”

Board Member #8 – “Evaluating practice authority for advanced practice is important for rural areas.”

Board Member #9 – “NONE KNOWN AT THIS TIME.”

Board Member #10 – “Just monitoring to ensure we are consistent with nursing practice and protecting the public.”

Board Member #11 – “The changes are those I mentioned which will be presented in this legislative session.”

3. Is the Board adequately funded?

Yes	7	63.64%
No	1	9.09%
Unknown	1	9.09%
No Opinion	2	18.18%

4. Is the Board adequately staffed?

Yes	9	81.82%
No	2	18.18%

Board Member #7 – “I believe that the Board is doing a great job with all of the extra work that has been needed to implement the COMPACT. I am sure that they could use extra help with those thousands of applications, but I cannot speak for the actual office staff.”

5. Does the Board receive regular reports on the operations of the Board from the Administrator?

Yes	11	100%
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Board Member Questionnaire

Board Member #7 – “We have a wonderful Executive Director who keeps us updated. She is very forward thinking and very detailed oriented.”

6. Are you satisfied with the reports the Board receives from the Administrator?

Yes **11** **100%**

Board Member #4 – “Peggy Benson is a highly effective administrator. She communicates with the Board and public regularly and effectively.”

Board Member #7 – “Yes. These reports are very informative and well-written.”

7. Has the Board experienced any recent significant changes to its operations?

Yes	6	54.55%
No	4	36.36%
Unknown	1	9.09%

Board Member #1 – “The new Compact Nursing License.”

Board Member #3 – “Preparing for the Compact license logistics for the nurses who want multi-license practice.”

Board Member #4 – “We are transitioning from single to multistate licensure which requires significant change in processes.”

Board Member #7 – “Yes. There has been a huge influx of work due to the passing of the Compact.”

Board Member #9 – “DUE TO COMPACT”

8. What, if any, changes do the Board plan to make to its operations?

Board Member #2 – “Expansion of the drug rehab program for the nurses. Implementation of the Multiple State licensure.”

Board Member #3 – “See response above.”

Board Member #4 – “As noted earlier, the Board needs to have law enforcement authority.”

Board Member #5 – “Again, due to my recent appointment to the Board, I am unable to answer some of these questions. I am very impressed with the orientation that I received in that it was very organized. My first meeting was an eye opener regarding all the content that was addressed. Thank you.”

Board Member #6 – “Implemented Compact 01/01/2020 which impacted operations-EO was proactive in required rule implementation, software changes, and licensee education which resulted in a smooth transition.”

Board Member #8 – “I do not feel any significant changes need to be made. The EO is doing a fantastic job of staying on top of things and looking forward. She prepares the Board and staff very well for what is occurring and what may occur.”

Board Member #11 – “The new Compact law requires some changes in the operations due to implementation of the reciprocal licensing agreements. No problem for the current outstanding staff and director.”

Licensed Practical Nurse Questionnaire

A letter was sent to one hundred licensees requesting participation in our survey. Fourteen participated in the survey. The percentages, where shown, are based on the number who responded to the question.

1. Do you think regulation of your profession by the Board of Nursing is necessary to protect the public welfare?

Yes	14	100%
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2. Do you think any of the Board's requirements are irrelevant to the competent practice of your profession?

Yes	3	21.43%
No	10	71.43%
Unknown	1	7.14%

3. How are you informed by the Board of changes to and interpretations of the Board's positions, policies, rules, and laws?

Email	6	42.86%
Newsletter	3	21.43%
Mail	3	21.43%
Website	1	7.14%
No notification	1	7.14%

4. Has the Board performed your licensing and renewal in a timely manner?

Yes	14	100%
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5. Do you consider mandatory continuing education necessary for competent practice?

Yes	11	78.57%
No	3	21.43%

6. Did the Board approve sufficient providers of continuing education to ensure your reasonable access to necessary continuing education hours?

Yes	14	100%
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7. What do you think is the most significant issue(s) currently facing your profession in Alabama and what is the Board doing to address the issue(s)?

Respondent #1 – “Pay rates in Alabama for the nurses in rural areas are well below average. I as a 10-year LPN currently make less than most blue-collar men and women without degrees or experience. At \$14.00 per hour it's a damper on the ability to be confident in your

Licensed Practical Nurse Questionnaire

position as well as not contemplating finding an alternative path to take as a career. Little help is given or made available to current LPNs to advance their education if they are above a certain poverty line.”

Respondent #2 – “Nursing is more about documentation than patient care. I am not sure what the Board of Nursing can do to change that.”

Respondent #3 – “Everyone is wanting RN's and we are getting outdated.”

Respondent #4 – “Over worked nurses, and changes in insurances.”

Respondent #5 – “NURSING SHORTAGE; NOT SURE IF THEY ARE ABLE TO ASSIST IN THAT MATTER.”

Respondent #7 – “For the most I think their doing a good job. I like that they offer online CEU'S. Maybe expanding the scope of practice for LPN's. When dealing with Intravenous.”

Respondent #8 – “No regulations on patient to staffing ratios in Nursing homes or hospitals. Most mistakes are made because of understaffing. If these types of employment were made to have 1 nurse per 10-15 patients in nursing homes, 5 or 6 in hospitals. You would see better care for the most part. Nursing Homes are ridiculous having nurses work 28 to 30 patients 8-12 hours. This seriously needs to be addressed.”

Respondent #10 – “At present I live in the State of Maryland. There is no inactive listing in the State of Alabama for those that want to keep their license for Alabama & not working there? Like once before. It is the policy now, so I never asked why? Thank You.”

Respondent #11 – “Lack of pay and funding for school nurses.”

Respondent #12 – “I suspect the cohorts retiring in the near future are of significant concern.”

Respondent #13 – “At this time I do not see any significant issues concerning my field, however, I am overly confident that the Alabama State Board of Nursing would act swiftly to address any issues that may arise and keep their nurses throughout the state well informed on the process.”

Respondent #14 – “Pay. Don't know.”

Respondents 6 and 9 stated “unknown” and “no comment” respectively.

Registered Nurse Questionnaire

A letter was sent to one hundred licensees requesting participation in our survey. Nine participated in the survey. The percentages, where shown, are based on the number who responded to the question.

1. Do you think regulation of your profession by the Board of Nursing is necessary to protect the public welfare?

Yes	8	88.89%
No	1	11.11%

2. Do you think any of the Board's requirements are irrelevant to the competent practice of your profession?

Yes	1	11.11%
No	6	66.67%
Unknown	2	22.22%

3. How are you informed by the Board of changes to and interpretations of the Board's positions, policies, rules, and laws?

Email	4	44.44%
Newsletter	3	33.33%
Mail	1	11.11%
Do Not Know	1	11.11%

4. Has the Board performed your licensing and renewal in a timely manner?

Yes	9	100%
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5. Do you consider mandatory continuing education necessary for competent practice?

Yes	5	55.56%
No	4	44.44%

6. Did the Board approve sufficient providers of continuing education to ensure your reasonable access to necessary continuing education hours?

Yes	8	88.89%
No	1	11.11%

7. What do you think is the most significant issue(s) currently facing your profession in Alabama and what is the Board doing to address the issue(s)?

Registered Nurse Questionnaire

Respondent #1 – “Safe patient to staffing ratios, especially in critical care areas. Nurse burnout. Taking new grads and putting them directly into ICU.”

Respondent #2 – “Low pay, they aren’t.”

Respondent #3 – “Nursing retirement that is not dependent upon private employer.”

Respondent #4 – “Nurses salaries and the nursing shortage. I am unsure of any effort by the Board of Nursing to advocate for higher nursing salaries in Alabama but I feel that allowing for Alabama to become a compact state is an effort by the Board to address the nursing shortage in Alabama, but I feel that Alabama may eventually loose nurses to better paying states once Alabama nurses are able to obtain a compact license.”

Respondent #8 – “Nursing shortage and quality education of nurses - reviewing approved schools for nursing education.”

Respondent #9 – “Understaffing. Nurse patio ratio in acute care. The availability for in rural areas. The availability of care in rural areas. The availability of care in poor communities.”

Respondents 6 and 7 stated “N/A” and 9 stated “no opinion.”

Complainant Questionnaire

A letter was sent to 100 complainants whose complaint had been resolved within the past two years requesting participation in our survey. Seven participated in the survey. The percentages, where shown, are based on the number who responded to the question.

1. How was your complaint filed with the Alabama Board of Nursing?

Online	5	71.43%
Mail	1	14.29%
Phone	1	14.29%

2. Was receipt of your complaint acknowledged?

Yes	7	100%
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3. If you answered yes to question 2, how long after you filed your complaint were you contacted by the Board?

Immediately	1	14.29%
Within 10 days	2	28.57%
Within 20 days	1	14.29%
Within 30 days	1	14.29%
More than 30 days	2	28.57%

Respondent #3 – “within one day”

4. Was the Board employee who responded to your complaint knowledgeable and courteous?

Neither	4	57.14%
Both	3	42.86%

Respondent #2 – “Neither. I received a generic letter after I had already called to check on it. I felt as if I was a huge burden/bother.”

5. Did the Board of Nursing communicate the results of the investigation of your complaint to you?

Yes	5	71.43%
No	2	28.57%

6. Do you think the Board did everything it could to resolve your complaint?

Yes	3	42.86%
No	4	57.14 %

Complainant Questionnaire

Respondent #1 – “Videos were submitted of direct nurse practice act violations”

Respondent #5 – “The individual who handled my complaint informed me that he had forth open cases and could not remember each one. He requested additional proof and when I sent it, he never responded back.”

7. Were you satisfied with your dealings with the Board?

Yes	3	42.86%
No	4	57.14%

Respondent 1: “I feel as if the decision was a rushed judgement, and my complaint with video documentation, about a facility were verbal abuse, and neglect, and unprofessional conduct were simply swept under the proverbial rug. I should like speak to someone other than [REDACTED] [REDACTED] about ongoing abuse and neglect at said facility.”

Respondent 2: “Absolutely not. I feel that the system failed me and the little girl who I still believe received inappropriate, perhaps abusive care.”

Respondent 5: “This was definitely a very poor investigation. It was very clear that the person assigned to investigate my complaint was over worked and did not give my case the attention that it properly deserved. In doing so, caused a significant financial hard ship for me and my family.”

APPENDICES

Applicable Statutes

CHAPTER 21. ALABAMA BOARD OF NURSING.

Section 34-21-1 Definitions.

For purposes of this chapter, the following terms shall have the respective meanings ascribed by this section:

- (1) **BOARD.** The Board of Nursing created hereunder.
- (2) **ADVISORY COUNCILS.** Advisory councils provided for under the terms of this chapter.
- (3) **COMPACT.** The Enhanced Nurse Licensure Compact provided in Article 7.
- (4) **COORDINATED LICENSE INFORMATION SYSTEM.** A licensing integrated database and process for collecting, storing, and sharing nurse licensure and enforcement information that includes all licensed registered nurses and licensed practical/vocational nurses. The system includes all disciplinary history of each nurse, as administered by a nonprofit organization and controlled by licensing boards.
- (5) **PRACTICE OF PROFESSIONAL AND PRACTICAL NURSING.** Nursing is a profession the practice of which is defined as:
 - a. **Practice of Professional Nursing.** The performance, for compensation, of any act in the care and counselling of persons or in the promotion and maintenance of health and prevention of illness and injury based upon the nursing process which includes systematic data gathering, assessment, appropriate nursing judgment and evaluation of human responses to actual or potential health problems through such services as case finding, health teaching, health counselling; and provision of care supportive to or restorative of life and well-being, and executing medical regimens including administering medications and treatments prescribed by a licensed or otherwise legally authorized physician or dentist. A nursing regimen shall be consistent with and shall not vary any existing medical regimen. Additional acts requiring appropriate education and training designed to maintain access to a level of health care for the consumer may be performed under emergency or other conditions which are recognized by the nursing and medical professions as proper to be performed by a registered nurse.
 - b. **Practice of Practical Nursing.** The performance, for compensation, of acts designed to promote and maintain health, prevent illness and injury and provide care utilizing standardized procedures and the nursing process, including administering medications and treatments, under the direction of a licensed professional nurse or a licensed or otherwise legally authorized physician or dentist. Such practice requires basic knowledge of the biological, physical, and behavioral sciences and of nursing skills but does not require the substantial specialized skill, independent judgment, and knowledge required in the practice of professional nursing. Additional acts requiring appropriate education and training may be performed under emergency or other conditions which are recognized by the nursing and medical professions as proper to be performed by a licensed practical nurse.
- (6) **LICENSED PROFESSIONAL NURSE.** A person who is currently licensed to practice professional nursing.

(7) LICENSED PRACTICAL NURSE. A person who is currently licensed to practice practical nursing. For the purposes of the Enhanced Nurse Licensure Compact, practical nursing includes practice as a licensed practical nurse, licensed vocational nurse, or other similarly qualified licensed nurse in any state participating in the compact.

(8) MULTISTATE LICENSE. A license to practice as a registered nurse or licensed practical nurse issued by a home state licensing board that allows a licensed nurse to practice in any state authorized to grant multistate licensure privileges under the Enhanced Nurse Licensure Compact.

(9) MULTISTATE LICENSURE PRIVILEGE. A legal authorization associated with a multistate license that allows the practice of nursing as a registered nurse or licensed practical nurse in any state participating in the Enhanced Nurse Licensure Compact.

(10) SINGLE STATE LICENSE. A nurse license issued by a state participating in the Enhanced Nurse Licensure Compact that authorizes practice only within the issuing state and does not include a multistate licensure privilege to practice in any other state.

(Acts 1965, No. 867, p. 1615, §2; Acts 1975, No. 427, p. 1024, §1; Acts 1983, No. 83-642, p. 989, §1; Acts 2019, No. 2019-102.)

Section 34-21-2 Board of Nursing generally.

(a) There is created the Board of Nursing, which shall be composed of 13 members to be appointed and have the duties and powers enumerated in this section. The membership of the board shall be inclusive and reflect the racial, gender, geographic, urban/rural, and economic diversity of the state. In order to insure continuity of administration, the nine board members provided for by Section 3 of Act 427, Regular Session 1975, shall continue to serve to the completion of the term for which they are serving. The Governor, within 60 days of January 1, 1984, shall appoint a tenth member who shall be a licensed practical nurse for a term of four years from a list of nominees furnished him or her by the Alabama Federation of Licensed Practical Nurses, Incorporated, or its successor organization. As the terms of all board members expire, their successors shall be appointed for terms of four years each. Vacancies in unexpired terms shall be filled in the same manner as original appointments are made. No member shall be appointed to more than two consecutive terms of four years each. Eight members of the board shall be licensed professional nurses, and four members of the board shall be licensed practical nurses.

(b)(1) The Governor shall appoint the members of the board who are licensed professional nurses from a list of nominees who are selected by the Board of Nursing Nomination Committee and furnished to the Governor by the Alabama State Nurses' Association, or its successor organization, and such list, when furnished, shall contain at least twice the number of nominees as there are appointments to be made or vacancies to be filled. The Alabama State Nurses' Association, or its successor organization, on or before December 1 of each year, or at such other times as necessary, shall furnish the Governor with a list of licensed professional nurses qualified for appointment to the board. In the nominating and appointing process, due care shall be taken to ensure the maintenance of qualified representation from the fields of nursing education, nursing administration, clinical nursing, and advanced practice nursing.

(2) The Governor shall appoint two of the members of the board who are to be licensed practical nurses from a list of nominees furnished him or her by the Board of Directors of the Licensed Practical Nurses Association of Alabama, or its successor organization, and such list, when furnished, shall contain at least twice the number of nominees for the vacancies to be filled. The Board of Directors of the Licensed Practical Nurses Association of Alabama, or its successor organization, on or before December 1 of each year in which the term of office of a board

member or a nominee of the Board of Directors shall expire, or at such other time as necessary, shall furnish the Governor with such list of licensed practical nurses qualified for appointment to the board.

(3) The Governor shall appoint two members on the board who are to be licensed practical nurses from a list of nominees furnished him or her by the Board of Directors of the Alabama Federation of Licensed Practical Nurses, Incorporated, or its successor organization, and such list, when furnished, shall contain at least twice the number of nominees for the vacancies to be filled. The Board of Directors of the Alabama Federation of Licensed Practical Nurses, Incorporated, or its successor organization, on or before December 1 of each year in which the term of office of the board member filled by the nominee of such board of directors shall expire, or at such other times as necessary, shall furnish the Governor with a list of licensed practical nurses qualified for appointment to the board.

(c) The Governor may remove any member from the board for neglect of duty of the board, incompetency, or unprofessional or dishonorable conduct.

(d) Each person appointed to the board as a licensed professional nurse shall be a citizen of the United States, a resident of the State of Alabama, and have all of these additional qualifications:

(1) Be a graduate of a state-approved educational program for the preparation of practitioners of professional nursing.

(2) Be a currently licensed professional nurse in Alabama.

(3) Have a minimum of five years' successful nursing experience in an administrative, teaching, clinical capacity, or advanced practice.

(4) Be actively engaged in professional nursing in this state immediately preceding and during appointment.

(e) Each person appointed to the board as a licensed practical nurse shall be a citizen of the United States, a resident of the State of Alabama, and have all of these additional qualifications:

(1) Hold a diploma from an accredited high school or its equivalent.

(2) Be a graduate of a state-approved vocational educational program for the preparation of practitioners of licensed practical nursing.

(3) Be a currently licensed practical nurse in Alabama.

(4) Have a minimum of five years' successful nursing experience.

(5) Be actively engaged in licensed practical nursing in this state immediately preceding and during appointment.

(f) There shall be one member of the board who is a consumer and who is not a member of any of the health care professions. The consumer member shall be appointed by the Governor effective January 1, 1998, and shall serve for a term of four years. His or her successor shall be appointed in a like manner at the expiration of each term or upon a vacancy for the remainder of an unexpired term of office. The consumer member of the board shall have, presently or formerly, no direct financial interest in any health care facility, profession, agency, or insurer, or be or have been a health care worker.

(g) There shall be two advanced practice nurse positions to be filled effective January 1, 1998, in the same manner as all other professional nurse positions. One advanced practice nurse position shall be served for an initial five-year term and successors shall serve four-year terms. The remaining member appointed to an advance practice nurse position shall serve an initial four-year term and successors shall serve four-year terms.

(h) All members of the board shall enjoy immunity from individual civil liability while acting within the scope of their duties as board members.

- (i) The board shall have the following powers and perform the following duties: It shall meet at least once a year and shall, at its organizational meeting and at its annual meetings thereafter, elect from its members a president, a vice-president, and a secretary. It may hold such other and additional meetings during any year as it deems necessary for the transaction of business. A majority of the board, including one officer, shall constitute a quorum at any meeting.
- (j) The board may:
- (1) Adopt and, from time to time, revise such rules and regulations, not inconsistent with law, as may be necessary to carry out this chapter.
 - (2) Prescribe standards and approve curricula for nursing educational programs preparing persons for licensure under this chapter.
 - (3) Provide for surveys and evaluations of such programs at such times as it may deem necessary.
 - (4) Approve such nursing educational programs as meet the requirements of this chapter and the board. Nothing in this chapter shall be construed to diminish the power of the State Board of Education or other constitutionally or legislatively established state agencies to govern the schools under their respective jurisdictions.
 - (5) Deny or withdraw approval from educational programs for failure to meet prescribed standards. Withdrawal of approval shall be effected only after a hearing in accordance with board rules and regulations.
 - (6) Examine, license, and renew the licenses of duly qualified applicants and require employers to submit listings of personnel covered by this chapter to the board upon request including, but not limited to, personnel practicing nursing in Alabama under a multistate license, a single state license, or a multistate licensure privilege. The board may issue qualified applicants either a single state license or a multistate license.
 - (7) Conduct investigations, hearings, and proceedings concerning alleged violations of this section or of the rules and regulations of the board.
 - (8) Have the power to issue subpoenas, compel the attendance of witnesses, and administer oaths to persons giving testimony at hearings.
 - (9) Cause the prosecution of all persons violating this chapter and incur such necessary expenses therefor.
 - (10) Keep a public record of all of its proceedings.
 - (11) Keep a register of all licensees.
 - (12) Make an annual report to the Governor.
 - (13) Appoint and employ a qualified person, not subject to the state Merit System, who shall not be a member of the board, to serve as executive officer and administrator and commissioner of the Enhanced Nurse Licensure Compact for Alabama.
 - (14) Define the duties and fix the compensation of the executive officer and administrator and commissioner of the Enhanced Nurse Licensure Compact for Alabama, with the approval of the Governor and the State Personnel Board as provided in Section 36-6-6.
 - (15) Employ such other persons as may be necessary to carry on the work of the board and provide for appropriate bonding of employees. Regular employees of the board shall be employed subject to the state Merit System in effect on January 1, 1966, or at the time of employment.
 - (16) Employ consultants, specialists, counsel, or other specially qualified persons under contract or on a part-time basis to assist it in administering this chapter and without regard to the state Merit System in effect on or after January 1, 1966, and pay for the services of such persons.

- (17) Accept gifts and grants upon terms and conditions imposed by it through official resolutions.
- (18) Perform such other duties, not inconsistent with law, as required by this chapter to foster and improve nursing and the regulation thereof and the public health of this state.
- (19) Expend funds of the board in exercising its powers and duties and in administering this chapter.
- (20) Determine and collect reasonable fees.
- (21) Adopt standards for registered and practical nursing practice and for continued competency of licensees.
- (22) Join organizations that develop and regulate the national nursing licensure examinations and promote the improvement of the legal standards of the practice of nursing for the protection of the public health, safety, and welfare.
- (k) The executive officer employed by the board shall be a citizen of the United States, a person of the highest integrity, and possess these additional qualifications: Be a licensed professional nurse in Alabama or eligible for licensure, be a graduate of a professional nursing program approved by the state in which the program was completed, hold a master's degree, and have had a varied experience in nursing, including at least five years' experience in an administrative or teaching capacity.
- (l) The executive officer shall be bonded for the faithful performance of the duties of the office in the sum of not less than five thousand dollars (\$5,000), and the premium of the bond shall be paid out of the funds of the board.
- (m) Each member of the board shall receive the same per diem and travel allowance as is paid by law to state employees for each day's attendance at the board meetings incurred in the discharge of his or her duties as a board member in addition to any daily compensation or allowance, if any, as may be provided by the board, in such amount as may be determined by the board. Any member of the board engaged in duties under the direction of the board shall receive the per diem and travel expenses and daily compensation or allowance authorized by the board.
- (n) Nothing in this chapter shall limit the rights of affected parties to appeal decisions of the board with regard to rules and regulations promulgated pursuant to this chapter.
- (o) Participation by the state in the compact provided in Article 7 shall be subject to review and evaluation by the Sunset Committee pursuant to Chapter 20 of Title 41, with the first review occurring in 2024. The Sunset Committee shall determine whether continued participation in the compact is in the best interests of the board or the licensees of the board. The Sunset Committee shall also review and evaluate participation in the compact within one year after the occurrence of any of the following:
- (1) The annual assessment charged the board for participation in the compact exceeds one half of one percent of the gross revenue of the board for the fiscal year immediately preceding the levying of the annual assessment.
 - (2) The state, the board, or members or employees of the state or board are named defendants in a suit brought in any court of law or equity by the Interstate Commission of Nurse Licensure Compact Administrators pursuant to Article 7.
 - (3) The passage of a resolution by either house of the Legislature requesting review pursuant to subsection (d) of Section 41-20-3.

(Acts 1965, No. 867, p. 1615, §3; Acts 1975, No. 427, p. 1024, §1; Acts 1983, No. 83-642, p. 989, §2; Acts 1989, No. 89-243, p. 349, §3; Acts 1997, No. 97-598, p. 1054, §1; Act 2009-15, p. 29, §3; Act 2017-46, §3; Acts 2019, No. 2019-102, §1.)

Section 34-21-3 Advisory councils.

The board shall appoint advisory councils as the board shall, from time to time, deem advisable to represent health disciplines and consumers. Each member of such advisory council appointed by the board shall receive \$30 per day for attendance at meetings of such advisory council or for attendance at the board meetings or otherwise engaged under the direction of the board, together with necessary travel and other expenses incurred in the discharge of such duties.

(Acts 1965, No. 867, p. 1615, §4; Acts 1975, No. 427, p. 1024, §1.)

Section 34-21-4 Funds of board; transfer of duties, powers, etc., of Board of Nurses' Examiners and Registration to Board of Nursing.

All funds and revenues of whatever kind authorized or collected under the provisions of this chapter or the regulations of the board shall be collected by the board and shall be handled in accordance with existing regulations and accounting procedures of state departments and deposited in the board's trust fund in the State Treasury. Disbursements and withdrawals of such funds by the board shall be made in accordance with existing regulations and accounting procedures of state departments. The board shall pay all of its expenses from its own funds, and no expenses shall be borne by the State of Alabama from general funds of the state.

All the rights, duties, powers, and authority now or hereafter vested by law in the Board of Nurses' Examiners and Registration are hereby transferred to and vested in the Board of Nursing, and all rights, powers, duties, and authorities, whether clerical, executive, administrative, judicial, or quasi-judicial, now vested by law in the Board of Nurses' Examiners and Registration, shall be vested in the Board of Nursing hereby created and shall be exercised by it, together with any additional rights, powers, and authorities herein given or created by this chapter. The jurisdiction, functions, funds, effects, and personnel of the Board of Nurses' Examiners and Registration are hereby transferred to the Board of Nursing and covered with their current status. No unexpended funds of the Board of Nurses' Examiners and Registration or the Board of Nursing shall ever revert to the State of Alabama but shall remain the property of the Board of Nursing. *(Acts 1965, No. 867, p. 1615, §9.)*

Section 34-21-5 Nursing educational programs.

An institution desiring to conduct a nursing educational program to prepare professional or practical nurses shall apply to the board and submit evidence that: It is prepared to carry out the prescribed minimum standards to educate students in professional nursing or in practical nursing and that it is prepared to meet such other standards as shall be established by this chapter or by the board.

The board shall cause a survey to be made of the institution and its proposed educational program. If the survey reveals and the board is of the opinion that all requirements for an approved nursing educational program are met, it shall approve the institution.

The board, as often as deemed necessary, shall survey all nursing educational programs in the state. Should such survey reveal that the institution conducting such nursing educational program is not maintaining the standards required by the board, notice shall be given to the institution in writing, specifying deficiencies. Should an institution fail to correct the deficiencies to the satisfaction of the board within a reasonable length of time, the board shall disapprove the

nursing educational program of such institution; provided, the institution may again qualify for approval if all requirements and standards are met. (*Acts 1965, No. 867, p. 1615, §10.*)

Section 34-21-6 Exemptions.

This chapter does not prohibit: The furnishing of nursing assistance in an emergency; the practice of any legally qualified nurse of another state, who is employed by the United States government or any bureau, division, or agency thereof, while in the discharge of his or her official duties; the practice of nursing by students enrolled in approved schools of nursing, as may be incidental to their course of study, nor shall it prohibit such students working as nursing aides; the practice of any currently licensed registered nurse or licensed practical nurse of another state whose employment responsibilities include transporting patients into, out of, or through this state or who is presenting educational programs or consultative services within this state not to exceed 30 days; persons, including nursing aides, orderlies, and attendants, carrying out duties necessary for the support of nursing services, including those duties which involve supportive nursing services performed in hospitals and elsewhere under the direction of licensed physicians or dentists, or under the supervision of professional nurses licensed hereunder, nor gratuitous nursing of the sick by friends or members of the family, nor the care of the sick when done in accordance with the practice of religious principles or tenets of any well recognized church or denomination which relies upon prayer or spiritual means alone for healing. (*Acts 1965, No. 867, p. 1615, §12; Acts 1983, No. 83-642, p. 989, §3.*)

Section 34-21-7 Violations and penalties.

Any person or persons, firm, partnership, association, or corporation, who shall sell or fraudulently obtain or furnish any nursing diploma, license, or license renewal or aid or abet therein; or practices nursing as defined in this chapter under cover of any diploma, license, or renewal license fraudulently obtained or issued under fraudulent misrepresentation or, after January 1, 1968, practices professional nursing as defined in this chapter or, after January 1, 1971, practices practical nursing as defined in this chapter, unless duly licensed to do so under the provisions hereof; or uses in connection with his or her name any designation implying or tending to imply that he or she is a licensed professional nurse and licensed to practice as a registered nurse, or a practical nurse licensed to practice practical nursing as a licensed practical nurse, unless duly licensed to practice under the provisions of this chapter; or after January 1, 1968, practices professional nursing or, after January 1, 1971, practices practical nursing during the time his or her license issued under the provisions of this chapter shall be suspended, revoked, or has expired; or conducts a nursing education program for the preparation of professional or practical nurses, purporting eligibility of its graduates for license hereunder, unless the program has been approved by the board; or knowingly conceals information relating to violations of this chapter; or otherwise violates any of the provisions of this chapter, shall be guilty of a Class A misdemeanor and upon conviction, shall be punished in accordance with the laws of the State of Alabama.

(*Acts 1965, No. 867, p. 1615, §13; Acts 1983, No. 83-642, p. 989, §4.*)

Section 34-21-8 Payment of license and fees by personal check.

Notwithstanding any other provision of law, the Board of Nursing may accept personal checks from licensees for the payment of license and other fees required by the board. The board may also promulgate the necessary rules and regulations to penalize any licensee who issues a worthless check to the board. (*Act 2001-239, p. 281, §5.*)

Section 34-21-20 Required generally.

In order to safeguard life and health, any person practicing or offering to practice professional nursing or practical nursing in this state, for compensation, shall hereafter be required to submit evidence that he or she is qualified so to practice and shall be licensed as hereinafter provided. After January 1, 1968, it shall be unlawful for any person not licensed under the provisions hereof to practice or offer to practice professional nursing, for compensation, in this state. After January 1, 1971, it shall be unlawful for any person not licensed under the provisions hereof to practice or offer to practice practical nursing, for compensation, in this state. It shall be unlawful for any person employed for compensation and not licensed under the provisions hereof to use any sign, card, or device to indicate that such person is a professional registered nurse or a licensed practical nurse. (*Acts 1965, No. 867, p. 1615, §1.*)

Section 34-21-20.01

(a) Each applicant for a multistate license as a registered nurse or licensed practical nurse, and each applicant for initial licensure by endorsement as a registered nurse or licensed practical nurse, shall submit a full set of fingerprints to the board for the purpose of obtaining a state and national criminal history background check.

(b) Fingerprints obtained pursuant to subsection (a) may be exchanged by the board, the Alabama State Law Enforcement Agency or any successor entity thereof, or any channeler approved by the board, with the Federal Bureau of Investigation for the purpose of obtaining a state and national criminal history background check.

(c) The applicant or licensee shall be responsible for all costs associated with the submission of his or her fingerprints and obtaining a state and national criminal history background check. The board may incorporate those costs into the cost of licensure or may charge the applicant or licensee a separate fee, which may be payable to the board, the Alabama State Law Enforcement Agency or any successor entity thereof, or the approved channeler, as appropriate.

(d) Information received by the board pursuant to a state and national criminal history background check shall be confidential and shall not be a public record, except that any information received by and relied upon by the board in denying the issuance of a license or revoking, suspending, or disciplining a license or licensee may be disclosed as necessary to support the denial or revocation, suspension, or other disciplinary action.

(*Acts 2019, No. 2019-102, §2.*)

Section 34-21-21 License to practice professional nursing; use of title "registered nurse."

(a) An applicant for a license to practice professional nursing as a registered nurse shall submit to the board written evidence of qualification, verified by oath, that such applicant is of good moral character, holds a diploma from an accredited high school or, in the opinion of the board, the equivalent thereof, has successfully completed an educational program in a school of nursing approved by the board, and is a citizen of the United States or, if not a citizen of the United States, a person who is legally present in the United States with appropriate documentation from the federal government.

(b) A license to practice professional nursing as a registered nurse may be obtained in the following manners:

(1) BY EXAMINATION. The applicant shall be required to pass an examination on such subjects as the board may determine; and, upon successfully passing such examination, the board shall issue such applicant a license.

(2) **BY ENDORSEMENT.** The board may issue a license to practice professional nursing as a registered nurse to an applicant who has been duly licensed as a registered nurse under the laws of another state, territory, or foreign country, if, in the opinion of the board, such applicant meets the qualifications required of registered nurses in this state at the time of his or her graduation. There shall be no license to practice professional nursing granted by the previously known waiver method.

(3) **BY TEMPORARY PERMIT.** The board may issue temporary permits to practice professional nursing to graduates of approved schools of nursing pending completion of licensing procedures; to qualified applicants pending licensure procedures under subdivision (2); and to those nurses licensed by other states who will practice in this state for a period of one year or less, subject to the discretion of the board.

(c) Any person who holds a license to practice professional nursing as a registered nurse in this state shall have the right to use the title "registered nurse" and the abbreviation "R.N." No other person shall assume or use such title or abbreviation or other words, letters, signs, or devices to indicate that the person using same is licensed to practice professional nursing as a registered nurse.

(d) Any person holding a license or certificate of original registration to practice nursing as a registered nurse, issued by the Alabama Board of Nurses' Examiners and Registration and which was valid on December 31, 1965, shall be eligible for licensing to practice professional nursing as a registered nurse under the provisions of this chapter.

(e) An applicant for a license to practice professional nursing in Alabama may apply for either a single state license or a multistate license.

(Acts 1965, No. 867, p. 1615, §15; Acts 1975, No. 427, p. 1024, §1; Act 2009-15, p. 29, §3; Acts 2019, No. 2019-102, §1.)

Section 34-21-22 License to practice practical nursing; use of title "licensed practical nurse."

(a) An applicant for a license to practice practical nursing as a licensed practical nurse shall submit to the board written evidence of qualification, verified by oath, that the applicant is of good moral character, is a high school graduate and holds a diploma from an accredited high school, or in the opinion of the board, the equivalent thereof, has successfully completed an educational program of at least one year's duration in a school of practical nursing, approved by the board, and is a citizen of the United States or, if not a citizen of the United States, a person who is legally present in the United States with appropriate documentation from the federal government.

(b) A license to practice as a licensed practical nurse may be obtained in the following manners:

(1) **BY EXAMINATION.** The applicant shall be required to pass an examination on such subjects as the board may determine; and, upon successfully passing such examination, the board shall issue such applicant a license.

(2) **BY ENDORSEMENT.** The board may issue a license to practice practical nursing as a licensed practical nurse to an applicant who has been duly licensed as a licensed practical nurse (irrespective of the title or designation granted when such license was issued) under the laws of another state, territory, or foreign country, if, in the opinion of the board, such applicant meets the requirements for licensed practical nurses in this state at the time of his or her graduation. There shall be no license to practice practical nursing granted by the previously known waiver method.

(3) BY TEMPORARY PERMIT. The board may issue a temporary permit to practice practical nursing as a licensed practical nurse to graduates of approved schools of practical nursing pending the completion of licensing procedures in Alabama and to qualified applicants pending licensing procedures under subdivision (2).

(c) Any person who holds a license to practice practical nursing as a licensed practical nurse in this state shall have the right to use the title "licensed practical nurse" and the abbreviation "L.P.N." No other person shall assume or use such title or abbreviation or any other words, letters, signs, or devices to indicate that the person using the same is licensed to practice practical nursing as a licensed practical nurse.

(d) Any person holding a license or certificate of original registration to practice practical nursing as a licensed practical nurse, issued by the Alabama Board of Nurses' Examiners and Registration and issued by the board and which was valid on December 31, 1965, shall hereafter be eligible for licensing to practice practical nursing as a licensed practical nurse under the provisions of this chapter.

(e) An applicant for a license to practice practical nursing in Alabama may apply for either a single state license or a multistate license.

(Acts 1965, No. 867, p. 1615, §6; Acts 1975, No. 427, p. 1024, §1; Acts 1983, No. 83-642, p. 989, §5; Act 2009-15, p. 29, §3; Acts 2019, No. 2019-102, §1.)

Section 34-21-23 Renewal of license; continuing education.

(a) The license of every professional nurse licensed under the provisions of this chapter shall be renewed biennially, and the term of the license shall be two years. Applicants for renewal shall apply for and complete the renewal application and forward same to the board, along with the renewal fee, during the renewal period that shall from time to time be specified by the board. The board shall examine and verify the accuracy of the application and, if in order, shall issue a renewal receipt for a license period of two years.

(b) The license of every practical nurse licensed as a licensed practical nurse under the provisions of the chapter shall be renewed biennially, and the term of the license shall be two years. Applicants for renewal shall apply for and complete the renewal application and forward same to the board, along with the renewal fee, during the renewal period that shall from time to time be specified by the board. The board shall examine and verify the accuracy of the application and, if in order, shall issue a renewal receipt for a license period of two years.

(c) Any person practicing nursing who allows his or her license to lapse by failing to renew, as hereinafter provided, may be reinstated and licensed by the board upon satisfactory explanation of such failure and upon payment of the required fees. The board is hereby authorized under its rule-making powers to provide for an inactive license status for licensees under this chapter and to collect such fees as the board determines for such inactive license.

(d) It shall be unlawful for any person to practice professional nursing in this state during the time his or her license to practice has lapsed, and such person shall be subject to the penalties of this chapter. It shall be unlawful for any person to practice practical nursing in this state during the time his or her license so to practice has lapsed, and such person shall be subject to the penalties of this chapter.

(e) A nurse not actively practicing professional nursing in Alabama, or not actively practicing practical nursing in Alabama, shall not be required to renew his or her license; but such person shall, prior to resuming the practice of professional nursing, or the practice of practical nursing, submit evidence of continued competence satisfactory to the board and secure a renewal license

before reengaging in the active practice of professional nursing or in the active practice of practical nursing, as the case may be.

(f) The board shall adopt a continuing education program by October 1, 1991. After that date, successful completion of the continuing education requirements shall be a requisite for license renewal.

(g) Provided, however, under the provisions of this section, continuing education shall not result in a passing or failing grade.

(Acts 1965, No. 867, p. 1615, §7; Acts 1975, No. 427, p. 1024, §1; Acts 1983, No. 83-642, p. 989, §6; Acts 1989, No. 89-243, p. 349, §§3, 4.)

Section 34-21-24 Fees and charges.

The board shall set the fees and charges annually for the services under this chapter.

(Acts 1965, No. 867, p. 1615, §8; Acts 1975, No. 427, p. 1024, §1; Acts 1983, No. 83-642, p. 989, §7.)

Section 34-21-25 Denial, suspension, or revocation of license; administrative fines; voluntary disciplinary alternative program.

(a) For disciplinary purposes, the board may adopt, levy, and collect administrative fines not to exceed one thousand dollars (\$1,000) per violation and may institute any legal proceedings necessary to effect compliance with this chapter against its licensees.

(b)(1) The board may also deny, revoke, or suspend any license issued by it or otherwise discipline a licensee, or holder of a multistate privilege to practice in Alabama, upon proof of any of the following regarding the licensee:

a. Is guilty of fraud or deceit in procuring or attempting to procure a license.

b. Has been convicted of a felony.

c. Is guilty of a crime involving moral turpitude or of gross immorality that would tend to bring reproach upon the nursing profession.

d. Is unfit or incompetent due to the use of alcohol, or is addicted to the use of habit-forming drugs to such an extent as to render him or her unsafe or unreliable as a licensee.

e. Is unable to practice nursing with reasonable skill and safety to patients by reason of illness, inebriation, excessive use of drugs, narcotics, alcohol, chemicals, or any other substance, or as a result of any mental or physical condition.

f. Has been convicted of any violation of a federal or state law relating to controlled substances.

g. Is guilty of unprofessional conduct of a character likely to deceive, defraud, or injure the public in matters pertaining to health.

h. Has willfully or repeatedly violated this article, as defined by board rules and regulations.

i. Has been sentenced to a period of continuous incarceration serving a penal sentence for the commission of a misdemeanor or felony. The disciplinary action shall remain in effect until the board acts upon the application of the licensee for reinstatement of the license.

(2) The board may refrain from or delay taking disciplinary action under this subsection if a licensee can be voluntarily treated or rehabilitated pursuant to subsection (j).

(c) Whenever a written complaint is made to the board that a person has committed any of the acts or has come within any of the provisions enumerated in subsection (b), the board shall investigate the complaint and may bring an action in its own name to hear and determine the complaint. The hearing shall be held in Montgomery. The person whose qualification is under consideration shall have not less than 20 days' written notice of the time and place of the initial hearing, and the notice shall be accompanied by a copy of the complaint. The notice may be

served upon the accused person by any sheriff of the State of Alabama. If the accused person is out of the state, evades service, or cannot be served in person, then service may be made by mailing, by registered or certified mail, the notice and a copy of the complaint to the accused person at his or her last known post-office address in this state, and the return shall show that service has been made in this manner.

(d) At the hearing, the complainant, the person whose qualification is under consideration, and any other person permitted by the board, may introduce all oral or written testimony, or both, as the board deems relevant to the issues involved, and may be heard in person or by counsel, or both. The board may permit the complaint to be amended, but no amendment shall be permitted which is not germane to the charge or charges sought to be amended or which materially alters the nature of any offense charged. The board may determine all questions as to the sufficiency of the complaint, procedure, and admissibility and weight of evidence. If the person whose qualification is under consideration is absent, the hearing may proceed in his or her absence.

(e) Any accused person, complainant, or other party and the board may subpoena witnesses or pertinent records for the hearing, and those subpoenas may be served by any sheriff of the State of Alabama. Witnesses may be sworn by the president of the board or by the person discharging the duties of the president. Witnesses testifying at a hearing shall upon discharge as a witness be paid by the party requesting the subpoena an amount not to exceed the per diem expense allowed to Alabama state employees for in-state travel and the actual cost of transportation to and from the place of the hearing, not to exceed the mileage rate allowed to Alabama state employees for in-state travel.

(f) Evidence may also be taken by deposition, and the law and practice as to depositions in circuit courts shall be followed in all reasonable respects.

(g) If the accused person is found guilty of the charges, the board may refuse to issue a license, may revoke or suspend a license, or may otherwise discipline a licensee. A revoked license may be considered for reinstatement after one year in accordance with board rules.

(h) Any person whose license is ordered suspended or revoked may appeal to the circuit court or a court of like jurisdiction of Montgomery County, from any order of the board under this section, within 30 days from date of the decision of the board. The trial of appeals shall be conducted in like manner, as nearly as may be, as provided for in the Alabama Administrative Procedure Act.

(i) Any organization, registered nurse, licensed practical nurse, or other person who in good faith reports information to the board alleging that any person licensed or applying for a license to practice nursing may be guilty of the acts, offenses, or conditions set out in Section 34-21-7 or subsection (b), shall not be liable to any person for any statement or opinion made in that report.

(j) Not later than October 1, 1994, the board shall establish a voluntary Disciplinary Alternative Program to promote early identification, intervention, treatment, and rehabilitation of any licensed nurse whose competence is found to be impaired or compromised because of the use or abuse of drugs, alcohol, controlled substances, chemicals, or other substances or as a result of a physical or mental condition rendering the person unable to meet the standards of the nursing profession. The intent of the program is to provide a voluntary alternative to traditional disciplinary actions.

(1) When a registered nurse or licensed practical nurse voluntarily seeks treatment for use or abuse of drugs, controlled substances, alcohol, chemicals, or other substances, or has a physical or mental condition that would render the individual unable to meet the standards of the nursing profession, the board may refrain from taking disciplinary action under subsection (b) if it determines that the licensee can be treated or rehabilitated effectively and that there is no danger

to the public. Upon voluntarily seeking treatment, the licensee is subject to the requirements of the Disciplinary Alternative Program established by the board.

(2) The board may establish, promulgate, develop, adopt and revise rules and regulations, and may adjust the license renewal fee as necessary to implement this subsection.

(3) The board may appoint an Advisory Council for the Disciplinary Alternative Program pursuant to Section 34-21-3.

(4) The board may contract with specially qualified persons or corporations, or both, to assist it in administering the Disciplinary Alternative Program.

(5) The board shall establish by rule criteria for eligibility to participate in the Disciplinary Alternative Program and requirements for successful participation in and completion of the program.

(6) Subject to Section 34-21-125, all records of a licensee who successfully completes the Disciplinary Alternative Program shall be confidential, not subject to public disclosure, and not available for court subpoena or for discovery proceedings. The records of a licensee who fails to comply with the program agreement or who leaves the state prior to the successful completion of the program are not confidential. Information regarding the participating of a licensee in the Disciplinary Alternative Program reported to the coordinated licensure information system pursuant to Section 34-21-125 shall be made available solely to other state boards of nursing and shall not be disclosed to the public by the coordinated licensure information system. Upon successful completion of the Disciplinary Alternative Program, all information regarding participation of the licensee in the Disciplinary Alternative Program shall be expunged from the coordinated licensure information system.

(7) Nonpublic or confidential data submitted to the coordinated licensure information system by the board may not be distributed to any nonparty state, organization, person, or entity, or any foreign government or an agent, entity, or representative of a foreign government, without the express written approval of the board.

(8) On request and payment of a certified verification fee, the board shall provide a registered nurse or licensed practical nurse licensed by this state with a copy of any information regarding the nurse maintained by the coordinated licensure information system under Article 7.

(9) The board is not obligated to provide information that is not otherwise available to the board or information that is not available to the nurse under the laws of the state contributing the information to the coordinated licensure information system or which has been designated as available only to other boards of nursing by the state contributing the information to the coordinated licensure information system.

(10) Nothing in this subsection shall limit the authority of the board to discipline an impaired individual subject to its jurisdiction.

(k) The board may adopt rules imposing a nondisciplinary administrative penalty for designated violations of this chapter.

(Acts 1965, No. 867, p. 1615, §11; Acts 1983, No. 83-642, p. 989, §8; Acts 1989, No. 89-243, p. 349, §3; Acts 1993, No. 93-183, p. 272, §3; Act 2009-15, p. 29, §3; Acts 2019, No. 2019-102, §1.)

Section 34-21-26 Practice of nursing by unlicensed persons declared public nuisance; injunctive relief.

After January 1, 1968, the practice of professional nursing by any person who has not been issued a license under the provisions of this article, or whose license has been suspended, revoked, or has expired, is hereby declared to be inimical to the public welfare and to constitute a

public nuisance. After January 1, 1971, the practice of practical nursing by any person who has not been issued a license under the provisions of this article, or whose license has been suspended, revoked, or has expired, is hereby declared to be inimical to the public welfare and declared to be a public nuisance. After January 1, 1968, the Board of Nursing of the State of Alabama may apply to any court of competent jurisdiction for an injunction to enjoin any person from practicing professional nursing, who has not been issued a license to practice professional nursing or whose license therefor has been suspended or revoked or has expired, and after January 1, 1971, the Board of Nursing of the State of Alabama may apply to any court of competent jurisdiction for an injunction to enjoin any person from practicing practical nursing who has not been issued a license to practice practical nursing or whose license therefor has been suspended or revoked or has expired.

Injunctions under this section shall be applied for in accordance with the civil remedies and procedures of the State of Alabama under Article 10 of Chapter 6 of Title 6 of this code and under the Alabama Rules of Civil Procedure.

Applications for injunctions hereunder shall be in addition to and not in lieu of all penalties and other remedies provided for in this chapter.

(Acts 1965, No. 867, p. 1615, §14.)

Section 34-21-40 Duty of Board of Nursing to provide programs, seminars, and workshops.

To meet the health care needs of the citizens of Alabama and to cope with the rapidly changing methods of health care delivery, the Alabama Board of Nursing is authorized and directed to provide quality continuing education programs, seminars, and workshops to acquaint and educate nurses in the most current and modern nursing procedures. These continuing education programs in nursing shall be designed to insure that nurses will be educated in the latest technics of health care delivery.

(Acts 1976, No. 749, p. 1030, §1; Acts 1977, No. 758, p. 1298, §1.)

Section 34-21-41 Grants, contracts, etc., with individuals, institutions, and agencies.

The Alabama Board of Nursing is authorized and directed to develop continuing education programs designed to meet the criteria outlined in Section 34-21-40. The Alabama Board of Nursing is authorized to make grants, contracts, appropriations, and to otherwise arrange with qualified individuals, institutions, or agencies to develop and implement comprehensive nursing education programs, seminars, and workshops that will insure the promotion, dissemination, and availability of modern nursing and health care technics to the citizens of Alabama.

(Acts 1976, No. 749, p. 1030, §2; Acts 1977, No. 758, p. 1298, §2.)

Section 34-21-42 Plans, programs, and criteria.

The Board of Nursing is hereby authorized and directed to establish plans, programs, and criteria sufficient to carry out continuing education programs for nurses outlined in Sections 34-21-40 and 34-21-41.

(Acts 1976, No. 749, p. 1030, §3; Acts 1977, No. 758, p. 1298, §3.)

Section 34-21-43 Source of funds.

All expenses in developing and conducting educational programs, seminars, and workshops under this article shall be paid from funds of the Board of Nursing. No expenses shall be borne by the State of Alabama from the General Fund of the state.

(Acts 1976, No. 749, p. 1030, §4; Acts 1977, No. 758, p. 1298, §4.)

Section 34-21-60 Established; number.

There shall be established for the fiscal year ending September 30, 2012, scholarships for graduate education of nurses. These scholarships shall be awarded to applicants from the State of Alabama at large. They shall be distributed, insofar as practicable, throughout the state. The number of scholarships shall equal five percent of the total enrollment in graduate nursing programs in Alabama. Each scholarship is limited to ten thousand dollars (\$10,000).

(Acts 1977, 1st Ex. Sess., No. 68, p. 1491, §1; Act 2012-262, p. 507, §1.)

Section 34-21-61 Qualifications of applicants; applications; administration.

(a) To be eligible to receive a scholarship provided by this article, an applicant shall satisfy all of the following requirements:

- (1) Be a resident of the State of Alabama for a period of at least one year immediately preceding the time of making application.
- (2) Be a person of good character.
- (3) Have an active, unencumbered license as a professional nurse in Alabama.
- (4) Be accepted for an Alabama graduate program conducted by an accredited college or university.
- (5) Agree to practice professional nursing or become a nursing instructor in the State of Alabama for at least two years after completing the graduate degree.

(b) The recipient of these scholarships may apply to the Board of Nursing for a waiver from these requirements for extenuating circumstances beyond the control of the recipient.

(c) Preference shall be given to applicants pursuing a career in nursing education.

(d) These scholarships shall be available to applicants seeking master's or doctorate degrees in nursing. Doctorate degrees in education are also acceptable provided the applicant holds a graduate degree in nursing.

(e) Application for these scholarships shall be made to the Alabama Board of Nursing. The Board of Nursing shall receive five percent of the total appropriation to administer the scholarships. *(Acts 1977, 1st Ex. Sess., No. 68, p. 1491, §2; Act 2012-262, p. 507, §1.)*

Section 34-21-62 Amount of scholarships; criteria for selection of recipients; renewal of scholarships; failure to complete course or service as a nurse.

Each scholarship provided for by this article shall not exceed ten thousand dollars (\$10,000) per year, payable from funds appropriated to the Alabama Board of Nursing for this purpose.

Contingent upon subsequent legislative funding of this program, a scholarship may either be renewed by the Alabama Board of Nursing for the same student or awarded to another applicant for the scholarship. Criteria for the selection of recipients and awarding of the scholarships shall be established by the Alabama Board of Nursing. These criteria shall be used as guides in the selection of the scholarship recipients from the various geographical areas of the state. In case a scholarship student fails to complete the course prescribed for a graduate degree in nursing, that student shall repay the amount of any scholarship funds received hereunder to the State Treasury. In the event of the scholarship recipient's death, the obligation for funds disbursed and not repaid shall be cancelled. In the event the scholarship recipient becomes mentally or physically impaired and is unable to complete a graduate course in nursing, or has received a graduate degree but is unable to complete one year of service as a nurse due to such disability, the obligation for funds disbursed and not repaid shall be cancelled.

(Acts 1977, 1st Ex. Sess., No. 68, p. 1491, §3; Act 2012-262, p. 507, §1.)

Section 34-21-63 Appropriations.

Any appropriation made to fund the scholarships may be made through the Education Trust Fund to the Alabama Board of Nursing for each fiscal year.

(Acts 1977, 1st Ex. Sess., No. 68, p. 1491, §4; Act 2012-262, p. 507, §1.)

Section 34-21-80 Declaration of Legislature.

The Legislature of the State of Alabama declares that the recognition and regulation of all areas of advanced practice nursing and the collaborative practices between licensed physicians and certified registered nurse practitioners and certified nurse midwives are essential to protect and maintain the public health and safety.

(Acts 1995, No. 95-263, p. 464, §1.)

Section 34-21-81 Definitions.

As used in this article, the following terms shall have the following meanings:

(1) BOARD OF MEDICAL EXAMINERS. The State Board of Medical Examiners established pursuant to Section 34-24-53.

(2) BOARD OF NURSING. The Board of Nursing established under Section 34-21-2.

(3) ADVANCED PRACTICE NURSE. A registered nurse that has gained additional knowledge and skills through successful completion of an organized program of nursing education that prepares nurses for advanced practice roles and has been certified by the Board of Nursing to engage in the practice of advanced practice nursing. There shall be four categories of advanced practice nurses: Certified registered nurse practitioners (CRNP), certified nurse midwives (CNM), certified registered nurse anesthetists (CRNA), and clinical nurse specialists (CNS). Certified registered nurse practitioners and certified nurse midwives are subject to collaborative practice agreements with an Alabama physician. Certified registered nurse anesthetists and clinical nurse specialists are not subject to collaborative practice agreements with an Alabama physician and are not subject to the requirements of Sections 34-21-82, 34-21-83, and 34-21-85 to 34-21-92, inclusive, and are prohibited from engaging in any of the acts or functions of a certified registered nurse practitioner (CRNP) or a certified nurse midwife (CNM) as established by this article and regulations adopted under this article.

(4) ADVANCED PRACTICE NURSING. The delivery of health care services by registered nurses who have gained additional knowledge and skills through successful completion of an organized program of nursing education that prepares nurses for advanced practice roles as certified registered nurse practitioners, certified nurse midwives, certified nurse anesthetists, and clinical nurse specialists:

a. Practice as a certified registered nurse practitioner (CRNP) means the performance of nursing skills by a registered nurse who has demonstrated by certification that he or she has advanced knowledge and skills in the delivery of nursing services within a health care system that provides for consultation, collaborative management, or referral as indicated by the health status of the client.

b. Practice as a certified nurse midwife (CNM) means the performance of nursing skills by a registered nurse who has demonstrated by certification that he or she has advanced knowledge and skills relative to the management of women's health care focusing on pregnancy, childbirth, the postpartum period, care of the newborn, family planning, and gynecological needs of women,

within a health care system that provides for consultation, collaborative management, or referral as indicated by the health status of the client.

c. Practice as a certified registered nurse anesthetist (CRNA) means the performance of or the assistance in any act involving the determination, preparation, administration, or monitoring of any drug used to render an individual insensible to pain for surgical and other therapeutic or diagnostic procedures. The nurse anesthetist is qualified in accordance with Section 27-46-3 and is licensed by the Board of Nursing and functions under the direction of a physician licensed to practice medicine, or a dentist, who is immediately available.

d. Practice of clinical nurse specialist (CNS) nursing means the performance of nursing skills by a registered nurse who, through study and supervised practice at the graduate level and as evidenced by certification, has advanced knowledge and practice skills in a specialized area of practice, except that a clinical nurse specialist may not do any of the following:

1. Perform delegated medical acts or engage in collaborative practice as described in this article.
2. Perform any of the functions of a certified registered nurse practitioner or a certified nurse midwife as described in this article and the regulations adopted under this article, whether or not performed within a collaborative practice relationship.
3. Prescribe drugs of any type. A clinical nurse specialist may perform nursing services permitted under this subdivision as an independent contractor.

(5) **COLLABORATION.** A formal relationship between one or more certified registered nurse practitioners and certified nurse midwives and a physician or physicians under which these nurses may engage in advanced practice nursing as evidenced by written protocols approved in accordance with the requirements of this article or exempted in accordance with requirements of this article. The term collaboration does not require direct, on-site supervision of the activities of a certified registered nurse practitioner or a certified nurse midwife by the collaborating physician. The term does require such professional oversight and direction as may be required by the rules and regulations of the State Board of Medical Examiners and the Board of Nursing.

(6) **PHYSICIAN or COLLABORATING PHYSICIAN.** A doctor of medicine or a doctor of osteopathy licensed to practice medicine in Alabama who agrees in writing to practice in collaboration with one or more certified registered nurse practitioners or certified nurse midwives in accordance with the rules and regulations adopted by the State Board of Medical Examiners and the Board of Nursing.

(7) **JOINT COMMITTEE OF THE STATE BOARD OF MEDICAL EXAMINERS AND THE BOARD OF NURSING FOR ADVANCED PRACTICE NURSES.** The Joint Committee of the State Board of Medical Examiners and the Board of Nursing for Advanced Practice Nurses shall mean and shall be a committee composed of all of the following:

- a. Two physicians licensed to practice medicine in the State of Alabama.
- b. One registered nurse licensed to practice professional nursing in the State of Alabama.
- c. One licensed physician engaged in a collaborative practice with a certified registered nurse practitioner or a certified nurse midwife in the State of Alabama.
- d. One certified registered nurse practitioner engaged in advanced practice with a physician in the State of Alabama.
- e. One certified nurse midwife engaged in advanced practice with a physician in the State of Alabama.

(8) **LEGEND DRUG.** Any drug, medicine, chemical, or poison bearing on the label the words, "Caution, Federal Law prohibits dispensing without prescription" or similar words indicating that such drug, medicine, chemical, or poison may be sold or dispensed only upon the prescription of a licensed practitioner, except that the term legend drug shall not include any drug, substance, or

compound which is listed in Schedules I through V of the Alabama Uniform Controlled Substances Act.

(9) PRESCRIBE or PRESCRIBING. The act of issuing a written prescription for a legend drug.

(10) PRESCRIPTION. An order for a legend drug which is written and signed by a practitioner authorized by law to prescribe and administer such drugs and which is intended to be filled, compounded, or dispensed by a pharmacist.

(11) PROTOCOL. A document approved in accordance with Section 34-21-87 establishing the permissible functions and activities to be performed by certified registered nurse practitioners and certified nurse midwives and signed by collaborating physicians and any nurse practitioners or nurse midwives practicing with those physicians.

(Acts 1995, No. 95-263, p. 464, §2; Act 2001-239, p. 281, §3.)

Section 34-21-82 Joint committee - Appointment, terms of office, office of chairperson, and meetings.

(a)(1) The physician members of the joint committee shall be appointed by the State Board of Medical Examiners and shall serve three-year terms as set out below.

(2) The registered nurse members of the joint committee shall be appointed by the Board of Nursing and shall serve three-year terms as set out below.

(b)(1) In order to stagger the terms of office, the Board of Nursing and the State Board of Medical Examiners will each appoint to the initial joint committee one member for a term of one year, one member for a term of two years, and one member for a term of three years. Should a vacancy occur on the committee, a successor will be appointed to serve the unexpired term. The committee shall select one of its members to serve as chairperson for a one-year term.

(2) The office of chairperson shall alternate between a physician member of the committee and a nurse member of the committee.

(3) The committee shall meet annually, or more frequently if requested by the State Board of Medical Examiners or the Board of Nursing. Members of the committee shall receive per diem at a rate of \$100 per day or any portion thereof that such a committee member shall be in attendance at an official meeting or function of the committee and in addition shall receive reimbursement for subsistence and travel in accordance with state law for each day actively engaged in the duties of their offices. The State Board of Medical Examiners and the Board of Nursing shall pay per diem and expenses of the members each appoints to the joint committee and shall furnish necessary clerical and administrative support for operation of the committee.

(Acts 1995, No. 95-263, p. 464, §3.)

Section 34-21-83 State Board of Medical Examiners to establish qualifications for physicians engaged in collaborative practice with advanced practice nurses.

The State Board of Medical Examiners shall establish the qualifications for physicians who are engaged in collaborative practice with certified registered nurse practitioners and certified nurse midwives. The board may adopt rules and regulations to accomplish the purposes of this section.

(Acts 1995, No. 95-263, p. 464, §4.)

Section 34-21-84 Board of Nursing to establish qualifications for advanced practice nurses; rules and regulations establishing procedures for certification.

(a) The Board of Nursing shall be the sole state authority designated to establish the qualifications necessary for a registered nurse to be certified to engage in advanced practice nursing. The Board of Nursing shall recognize the educational qualifications and training of

advanced practice nurses by the issuance of a certification of qualification to engage in advanced practice nursing. To be eligible for certification, an applicant shall be currently licensed as a registered nurse in Alabama and shall meet the requirements for certification as an advanced practice nurse as defined in the rules and regulations established by the Board of Nursing.

(b) Pursuant to subsection (a), the Board of Nursing may adopt rules and regulations establishing the procedures for individuals to be certified to engage in advanced practice nursing, as well as grounds for denial or termination of certification or both, and the fees to be paid to the Board of Nursing in connection with an application for certification.

(Acts 1995, No. 95-263, p. 464, §5.)

Section 34-21-85 Joint committee designated to recommend rules and regulations; requirements to engage in advanced practice nursing.

The joint committee shall be the state authority designated to recommend rules and regulations to the State Board of Medical Examiners and the Board of Nursing for the purpose of regulating the collaborative practice of physicians and certified registered nurse practitioners and certified nurse midwives. No person may practice as a certified registered nurse practitioner or a certified nurse midwife in this state unless that person possesses a certificate of qualification issued by the Board of Nursing and practices under written protocols approved by the State Board of Medical Examiners and the Board of Nursing and signed by a qualified collaborating physician or physicians and certified registered nurse practitioner or certified nurse midwife or is exempt from the requirement of a written protocol according to rules promulgated by the State Board of Medical Examiners and the Board of Nursing. The joint committee shall recommend to the State Board of Medical Examiners and the Board of Nursing rules and regulations designed to govern the collaborative relationship between physicians and certified registered nurse practitioners and certified nurse midwives certified by the Board of Nursing to engage in these areas of advanced practice nursing. These rules and regulations shall be finally adopted by July 1, 1996. These rules and regulations and any and all additions, deletions, corrections, or changes thereto shall be considered rules and regulations requiring publication under the Alabama Administrative Procedure Act; however, the following shall not be considered rules or regulations under the Administrative Procedure Act:

(1) Protocols for use by certified registered nurse practitioners and certified nurse midwives certified to engage in these two areas of advanced practice nursing in collaboration with a physician; and

(2) The formulary of legend drugs that may be prescribed by certified registered nurse practitioners and certified nurse midwives authorized to do so.

(Acts 1995, No. 95-263, p. 464, §6.)

Section 34-21-86 Prescribing legend drugs; initiating call-in prescriptions; administering legend drugs.

(a) Certified registered nurse practitioners and certified nurse midwives, engaged in collaborative practice with physicians practicing under protocols approved in the manner prescribed by this article may prescribe legend drugs to their patients, subject to both of the following conditions:

(1) The drug type, dosage, quantity prescribed, and number of refills shall be authorized in an approved protocol signed by the collaborating physician; and

(2) The drug shall be on the formulary recommended by the joint committee and adopted by the State Board of Medical Examiners and the Board of Nursing.

(b) A certified registered nurse practitioner or a certified nurse midwife may not initiate a call-in prescription in the name of a collaborating physician for any drug, whether legend or controlled substance, which the nurse practitioner or certified nurse midwife is not authorized to prescribe under the protocol signed by the collaborating physician and certified registered nurse practitioner or certified nurse midwife and approved under this section unless the drug is specifically ordered for the patient by the physician, either in writing or by a verbal order which has been reduced to writing, and which has been signed by the physician within a time specified in the rules and regulations approved by the State Board of Medical Examiners and the Board of Nursing.

(c) Registered nurses and licensed practical nurses are authorized to administer any legend drug that has been lawfully ordered or prescribed by an authorized practitioner including certified registered nurse practitioners, certified nurse midwives, and/or assistants to physicians.

(Acts 1995, No. 95-263, p. 464, §7.)

Section 34-21-87 Joint committee to recommend model practice protocols, formulary of legend drugs, and certain rules and regulations.

Notwithstanding any other provisions of this article, the joint committee shall recommend model practice protocols to be used by certified registered nurse practitioners and certified nurse midwives and a formulary of legend drugs that may be prescribed by these advanced practice nurses, subject to approval by both the State Board of Medical Examiners and the Board of Nursing. The joint committee shall also recommend rules and regulations to establish the ratio of physicians to certified registered nurse practitioners and certified nurse midwives; provided, however, that the rules and regulations shall not limit the ratio to less than two nurse practitioners or midwives to one physician or one certified registered nurse practitioner and one certified nurse midwife to one physician and shall provide for exceptions. The joint committee shall also recommend rules and regulations that establish the manner in which a collaborating physician may designate a covering physician when temporarily unavailable as the collaborating physician. *(Acts 1995, No. 95-263, p. 464, §8.)*

Section 34-21-88 Acts which constitute grounds for termination.

The following acts shall constitute grounds for the termination by the Board of Nursing of a certified registered nurse practitioner's or a certified nurse midwife's certificate of qualification to engage in these areas of advanced practice nursing and for the termination of the approval of the State Board of Medical Examiners of the collaborating practice of a physician and certified registered nurse practitioner or a certified nurse midwife, or both:

(1) Prescribing in violation of this article or the rules and regulations of the State Board of Medical Examiners or the Board of Nursing.

(2) For a certified registered nurse practitioner or a certified nurse midwife to engage in any act or render any services not authorized in his or her protocol or for a physician to require or to knowingly permit or condone such an act.

(3) Failure on the part of a certified registered nurse practitioner or a certified nurse midwife to maintain current licensure with the Board of Nursing or failure of a physician to maintain current licensure with the Medical Licensure Commission.

(4) The commission of any act by a certified registered nurse practitioner or a certified nurse midwife which would constitute a violation of Section 34-21-25(b) or any act by a physician which would constitute a violation of Section 34-24-360. *(Acts 1995, No. 95-263, p. 464, §9.)*

Section 34-21-89 Boards permitted to initiate disciplinary actions for violations of section; requirements before action taken.

The Board of Nursing may initiate disciplinary actions against a certified registered nurse practitioner or a certified nurse midwife for violations of Section 34-21-86. The State Board of Medical Examiners may initiate disciplinary actions against a physician for violation of Section 34-21-86. Before either board takes such disciplinary action, it shall give the licensee against whom the action is contemplated a notice of the proposed action and an opportunity for a hearing before the respective board. All hearings shall be governed by the Alabama Administrative Procedure Act.

(Acts 1995, No. 95-263, p. 464, §10.)

Section 34-21-90 Requirements for engaging in practice.

No person shall engage in practice as a certified registered nurse practitioner or certified nurse midwife or in any of the acts or functions described in this article and the regulations adopted under this article in this state unless that person is certified by the Board of Nursing as an advanced practice nurse in a category of certified registered nurse practitioner or certified nurse midwife and is practicing in collaboration with a physician following protocols which have been approved in accordance with this article or has been exempted from the requirement of practicing in collaboration with a physician following protocols as provided in Section 34-21-85.

(Acts 1995, No. 95-263, p. 464, §11.)

Section 34-21-91 Injunctive proceedings by boards against persons violating article.

Both the State Board of Medical Examiners and the Board of Nursing in addition to the powers and duties otherwise expressed in this article, may commence and maintain in their own names in any circuit court having jurisdiction of any person within this state who is unlawfully engaging in advanced practice nursing as a certified registered nurse practitioner or a certified nurse midwife action in the nature of quo warranto as provided for in Section 6-6-590, et seq., to order the person to cease and desist from continuing to engage in these areas of advanced practice nursing within the State of Alabama, and jurisdiction is conferred upon the circuit courts of this state to hear and determine all such cases. The boards may commence and maintain such actions without the filing of bond or security and without the order or direction of a circuit judge. An injunction shall be issued upon proof that the person is now engaged in advanced practice nursing as a certified registered nurse practitioner or a certified nurse midwife in violation of this article without requiring proof of actual damage sustained by any person. In any case of violation of any injunction issued under this section, the court or any judge thereof may summarily try, and punish the offender for contempt of court. Injunctive proceedings as authorized in this section shall be in addition to, and not in lieu of, all penalties and other remedies prescribed by law.

(Acts 1995, No. 95-263, p. 464, §12.)

Section 34-21-92 Waiver of requirements until adoption of rules and regulations.

Until the State Board of Medical Examiners and the Board of Nursing adopt the rules and regulations necessary to effectuate the provisions of this article, the State Board of Medical Examiners and the Board of Nursing shall waive the requirements of Sections 34-21-84 and 34-21-85 and shall grant the appropriate certification to any nurse practitioner or nurse midwife who is currently certified or is eligible for certification to be a certified registered nurse practitioner or

certified nurse midwife and will continue to engage in practice under the existing rules and regulations. Until the State Board of Medical Examiners and the Board of Nursing adopt the rules and regulations necessary to effectuate the provisions of this article, the State Board of Medical Examiners and the Board of Nursing shall waive the requirements of Sections 34-21-84 and 34-21-85 and shall grant the appropriate approval to a collaborating physician submitting a request for approval of a collaborative practice agreement. Notwithstanding the provisions of Section 15 of Acts 1995, No. 95-263, nurse practitioners and nurse midwives are prohibited from prescribing until final rules and regulations are adopted by the State Board of Medical Examiners and the Board of Nursing in accordance with Section 34-21-87.
(*Acts 1995, No. 95-263, p. 464, §13.*)

Section 34-21-93 Construction of article with Sections 34-19-2 to 34-19-10.

The provisions of this article shall be applied and construed in pari materia with Sections 34-19-2 to 34-19-10. Upon final adoption of rules and regulations by the State Board of Medical Examiners and the Board of Nursing as authorized by this article, any inconsistent portions of Sections 34-19-2 to 34-19-10 are superseded.
(*Acts 1995, No. 95-263, p. 464, §14.*)

Section 34-21-93.1

(a) When any law or rule requires a signature, certification, stamp, verification, affidavit, or endorsement by a physician, the document shall be deemed to authorize a signature, certification, stamp, verification, affidavit, or endorsement by a certified registered nurse practitioner or certified nurse midwife for the items listed in this section. The authority in this section for a certified registered nurse practitioner and a certified nurse midwife shall be subject to an active collaboration agreement. This section applies to all of the following:

- (1) Certification of disability for patients to receive special access parking or disability access parking tags or placards.
- (2) A signature required for any of the following:
 - a. The following documents that require a complete history and physical examination consistent with the examining provider's scope of practice and certification:
 1. Physicals for bus drivers in this state using State of Alabama forms.
 2. Physicals to verify eligibility for students to participate in the Special Olympics.
 3. Employment and pre-employment physicals for Transportation Security Agency (TSA) employees at an airport or for governmental employees such as firefighters and law enforcement officers.
 4. Adoptive parent applications.
 5. College or trade school physicals.
 6. Boy Scout or Girl Scout physicals or physical required by similar organizations.
 - b. Forms excusing a potential jury member due to an illness.
 - c. Forms relating to absenteeism for employment or school purposes, including, but not limited to, documents associated with the federal Family and Medical Leave Act.
 - d. Authorizations for durable medical equipment.
 - e. Authorizations for diabetic testing supplies.
 - f. Authorization for diabetic shoes.
 - g. Home health recertification orders after initial certification.

- h. Within the state Medicaid system, any and all forms for the ordering of medications, nutritional supplements, or infant formulas, or referrals to providers of medical specialties, home health services, and physical or occupation therapy.
 - i. Death certificates.
 - j. Forms, including physical examination forms, needed for certifications in residential or inpatient dwellings within the Department of Mental Health.
 - k. Forms for ambulance transport.
 - l. Forms for donor breast milk.
 - m. Required documentation allowing a diabetic to renew or obtain a driver's license.
- (b) Additional forms may be approved by rule under the Alabama Administrative Procedure Act by the State Board of Medical Examiners, after consulting with the state professional society of nurse practitioners, the state professional society of nurse midwives, the state professional society of physicians, or the Joint Committee of the State Board of Medical Examiners and the Board of Nursing for Advanced Practice Nurses as established by Section 34-21-81, whichever is appropriate.
- (c) This section shall not be construed to expand the scope of practice for any certified registered nurse practitioner or certified nurse midwife.
- (d) This section does not expand the scope of a collaborative physician's responsibility with regard to nurse practitioners or nurse midwives under the laws of this state.
(Act 2018-474, §1.)

Section 34-21-94 Loan repayment program established.

There is hereby created and established the Alabama Loan-Repayment Program for Advanced-Practice Nursing. The program shall be administered by the Alabama Board of Nursing. The Loan Repayment Program shall be funded by direct appropriation from the Education Trust Fund. *(Act 2016-353, §1.)*

Section 34-21-95 Definitions.

As used in this article, the following terms shall have the following meanings, respectively, unless the context clearly indicates otherwise:

- (1) AREA OF CRITICAL NEED. An area with a critical need for more advanced-practice nurses, as determined by the board.
- (2) BOARD. The Alabama Board of Nursing.
- (3) PARTICIPANT. Any person who applies for and is awarded a loan as provided in this article.
- (4) PROGRAM. The Alabama Loan-Repayment Program for Advanced-Practice Nursing.
(Act 2016-353, §1.)

Section 34-21-96 Awarding of loans and terms of repayment.

(a)(1) The board shall establish and award, according to the judgment of the board, loans to provide for the training of qualified applicants for admission or students in accredited nursing education programs approved by the board who are pursuing, or have completed within the five years immediately preceding the current loan term, a graduate degree to become a certified registered nurse practitioner (CRNP), a certified nurse midwife (CNM), or a certified registered nurse anesthetist (CRNA), but only for people who have signed contracts as provided in subsection (b). The board may permit eligible people to apply for a loan under the Alabama

Loan-Repayment Program for Advanced-Practice Nursing in any scholastic year and for any previously completed scholastic year.

(2) The board may award to an eligible person, for as many as three years for a person pursuing or holding an eligible master's degree and as many as four years for a person pursuing or holding an eligible doctorate, an annual loan not to exceed fifteen thousand dollars (\$15,000), except that the board in each succeeding year may raise the maximum amount allowed for an annual loan by the average percentage increase for that year, compared to the previous year, in in-state tuition for graduate programs in advanced-practice nursing charged by public colleges or universities in Alabama.

(3) The board shall make a careful and thorough investigation of the ability, character and qualifications of each applicant for loans under the program, and shall in its judgment award a loan or loans under the requirements of the program.

(4) A person who has signed such a contract with the board may postpone choosing an area of critical need in which to work to a time set by the board.

(b) A loan or loans under this program may be awarded only to people who have signed contracts with the board to repay amounts received under the program by working following graduation, or immediately in the case of a then currently approved CRNP, CNM, or CRNA, in full-time practice as a CRNA, CRNP, or CNM in an area of critical need for 18 months for each year he or she received a loan under the program.

(c) A participant, subject to approval by the board, may change the area of critical need where he or she will work to repay loans under this program, but in no case shall the applicant work in full-time practice for less than three years in the new area of critical need.

(Act 2016-353, §1; Act 2019-301, §1.)

Section 34-21-97 Areas of critical need.

An area of critical need shall be an area in Alabama with a critical need, as determined by the board, for advanced-practice nurses, and shall not be a part of, or within five miles of, an urbanized area as defined most recently by the U.S. Census Bureau. The board shall adopt rules under the Administrative Procedure Act to implement this section. *(Act 2016-353, §1.)*

Section 34-21-98 Provisions for default or other failure to honor a contract with the board.

(a) In the event that the participant defaults on or otherwise fails to honor a loan-repayment contract with the board for any reason, the individual shall be liable for immediate repayment of the total principal loan amount plus interest at the rate of eight percent, or the prime lending rate, whichever is greater, accruing from the date of default or other failure to honor the contract. In addition, the participant shall pay an additional penalty as specified:

(1) For default or other failure to honor a contract under which a year's worth of loans have been received, a penalty equal to 20 percent of the total principal amount of the loan.

(2) For default or other failure to honor a contract under which two years' worth of loans have been received, a penalty equal to 30 percent of the total principal amount of the loan.

(3) For default or other failure to honor a contract under which three or more years' worth of loans have been received, a penalty equal to 40 percent of the total principal amount of the loan.

(4) If default or other failure to honor a contract occurs after graduation with a graduate degree in advanced-practice nursing but prior to completion of the repayment obligation set forth in Section 34-21-96, a penalty equal to 100 percent of the total principal amount of all loans received by the participant from the program.

(b) The failure of a participant to honor his or her contract with the board or to pay the amount he or she is liable for under this article shall constitute a ground for the revocation of his or her license to practice nursing.

(c) The board may excuse repayment of a loan, in whole or in part, upon the death of a participant, or upon the participant becoming disabled to the extent that he or she is no longer able to engage in the practice of nursing, or upon some other extreme hardship not the fault of the participant.

(Act 2016-353, §1.)

Section 34-21-99 Other requirements and powers of the board.

(a) The board annually shall report on the condition and accomplishments of the program to the Governor, Lieutenant Governor, Speaker of the House, President Pro-Tem of the Senate and the Chairs of the House and Senate Health Committees. The report shall include for the reporting year the locations where participants agreed to serve or where they were serving to repay loans.

(b) The board shall make reasonable rules and regulations to implement and administer the program.

(c) The board shall use any monies it receives from or for the operation of the program, including repayments, interest, and penalties paid because of default or other failure to honor a contract, to fund loans. *(Act 2016-353, §1.)*

ARTICLE 7 Enhanced Nurse Licensure Compact

Section 34-21-120

(a) The party states find and declare all of the following:

- (1) The health and safety of the public are affected by the degree of compliance with and the effectiveness of enforcement activities related to state nurse licensure laws.
- (2) Violations of nurse licensure and other laws regulating the practice of nursing may result in injury or harm to the public.
- (3) The expanded mobility of nurses and the use of advanced communication technologies as part of a national health care delivery system requires greater coordination and cooperation among states in the areas of nurse licensure and regulation.
- (4) New practice modalities and technology make compliance with individual state nurse licensure laws difficult and complex.
- (5) Uniformity of nurse licensure requirements throughout the states promotes public safety and public health benefits.

(b) The general purpose of this compact is to achieve all of the following:

- (1) Facilitate the responsibility of each state to protect public health and safety.
- (2) Ensure and encourage the cooperation of party states in the areas of nurse licensure and regulation.
- (3) Facilitate the exchange of information between party states in the areas of nurse regulation, investigation, and adverse actions.
- (4) Promote compliance with the laws governing the practice of nursing in each jurisdiction.
- (5) Invest all party states with the authority to hold a nurse accountable for satisfying all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state licenses.
- (6) Decrease redundancies in the consideration and issuance of nurse licenses.

- (7) Provide opportunities for interstate practice by nurses who meet uniform licensing requirements. (*Act 2019-102, §3.*)

Section 34-21-121

For the purposes of this article, the following terms shall have the following meanings:

- (1) **ADVERSE ACTION.** Any administrative, civil, equitable, or criminal action permitted by the law of a state which is imposed by a licensing board or other authority against a nurse, including actions against the license or multistate licensure privilege of an individual, including revocation, suspension, probation, monitoring of a licensee, limitations on the practice of the licensee, the bringing of a cease and desist action against the licensee, or any other encumbrance on licensure affecting the authorization of a nurse to practice.
- (2) **ALTERNATIVE PROGRAM.** A nondisciplinary monitoring program approved by a licensing board.
- (3) **COMMISSION.** The Interstate Commission of Nurse Licensure Compact Administrators.
- (4) **COMPACT.** The Enhanced Nurse Licensure Compact created by this article.
- (5) **COORDINATED LICENSURE INFORMATION SYSTEM.** An integrated process for collecting, storing, and sharing information on nurse licensure and enforcement activities related to nurse licensure laws that is administered by a nonprofit organization composed of and controlled by licensing boards.
- (6) **CURRENT SIGNIFICANT INVESTIGATIVE INFORMATION.** Includes any of the following:
 - a. Investigative information that a licensing board, after a preliminary inquiry that includes notification and an opportunity for the nurse to respond, if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction.
 - b. Investigative information indicating that a nurse represents an immediate threat to public health and safety, regardless of whether the nurse has been notified and has had an opportunity to respond.
- (7) **ENCUMBRANCE.** A revocation or suspension of, or any limitation on, the full and unrestricted practice of nursing imposed by a licensing board.
- (8) **HOME STATE.** The party state which is the primary state of residence of a nurse.
- (9) **LICENSING BOARD.** The regulatory body of a party state that is responsible for issuing nurse licenses.
- (10) **MULTISTATE LICENSE.** A license to practice as a registered nurse or licensed practical nurse issued by a home state licensing board that allows a licensed nurse to practice in any state authorized to grant multistate licensure privileges under the compact.
- (11) **MULTISTATE LICENSURE PRIVILEGE.** A legal authorization associated with a multistate license that allows the practice of nursing as a registered nurse or licensed practical nurse in a remote state.
- (12) **NURSE.** A registered nurse or licensed practical nurse as those terms are defined by the practice laws of the party state.
- (13) **PARTY STATE.** Any state that has adopted this compact.
- (14) **REMOTE STATE.** A party state, other than the home state.
- (15) **SINGLE STATE LICENSE.** A nurse license issued by a state participating in the compact that authorizes practice only within the issuing state and does not include a multistate licensure privilege to practice in any other state.

(16) STATE. A state, territory, or possession of the United States and the District of Columbia.

(17) STATE PRACTICE LAWS. The laws, rules, and regulations of a party state that govern the practice of nursing, define the scope of nursing practice, and create the methods and grounds for imposing discipline. The term does not include requirements necessary to obtain and retain a license, except for qualifications or requirements of the home state.

(Act 2019-102, §3.)

Section 34-21-122

- (a) A multistate license to practice registered or licensed practical nursing issued by a home state to a resident in that state shall be recognized by each party state as authorizing a nurse to practice as a registered nurse or as a licensed practical nurse, under a multistate licensure privilege, in each party state.
- (b) A state shall implement procedures for considering the criminal history records of applicants for initial multistate licensure or licensure by endorsement. The procedures shall include the submission of fingerprints or other biometric-based information by applicants for the purpose of obtaining the criminal history record information of an applicant from the Federal Bureau of Investigation and the agency responsible for retaining the criminal records of that state.
- (c) Each party state shall require an applicant to satisfy all of the following to obtain or retain a multistate license in his or her home state:
 - (1) Satisfies the qualifications for licensure or renewal of licensure of the home state, as well as all other applicable state laws.
 - (2) Satisfies either of the following:
 - a. Has graduated or is eligible to graduate from a licensing board-approved registered nurse or licensed practical nurse prelicensure education program.
 - b. Has graduated from a foreign registered nurse or licensed practical nurse prelicensure education program that (i) has been approved by the authorized accrediting body in the applicable country and (ii) has been verified by an independent credentials review agency to be comparable to a licensing board-approved prelicensure education program.
 - (3) Has, if a graduate of a foreign prelicensure education program not taught in English or if English is not the native language of the applicant, successfully passed an English proficiency examination that includes the components of reading, speaking, writing, and listening.
 - (4) Has successfully passed an NCLEX-RN or NCLEX-PN Examination, or recognized predecessor examination, as applicable.
 - (5) Is eligible for or holds an active, unencumbered license.
 - (6) Has submitted, in connection with an application for initial multistate licensure or licensure by endorsement, fingerprints, or other biometric data for the purpose of obtaining criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining the criminal records of that state.
 - (7) Has not been convicted or found guilty, or has entered into an agreed disposition, of a felony offense under applicable state or federal criminal law.

- (8) Has not been convicted or found guilty, or has entered into an agreed disposition, of a misdemeanor offense related to the practice of nursing as determined on a case-by-case basis.
 - (9) Is not currently enrolled in an alternative program.
 - (10) Is subject to self-disclosure requirements regarding current participation in an alternative program.
 - (11) Has a valid United States Social Security number.
- (d) A party state, in accordance with existing state due process law, may take adverse action against the multistate licensure privilege of a nurse including revocation, suspension, probation, or any other action that affects the authorization of the nurse to practice under a multistate licensure privilege, including a cease and desist action. If a party state takes adverse action, the state shall promptly notify the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the home state of any adverse action by a remote state.
 - (e) A nurse practicing in a party state shall comply with the state practice laws of the state in which the client is located at the time service is provided. The practice of nursing is not limited to patient care, and shall include all nursing practice as defined by the practice laws of the party state in which the client is located. The practice of nursing in a party state under a multistate licensure privilege shall subject a nurse to the jurisdiction of the licensing board, the courts, and the laws of the party state in which the client is located at the time service is provided.
 - (f) Individuals not residing in a party state shall continue to be able to apply for a single state license in a party state as provided under the laws of the party state. A single state license granted to these individuals will not be recognized as granting the privilege to practice nursing in any other party state. Nothing in this compact shall affect the requirements established by a party state for the issuance of a single state license.
 - (g) Any nurse holding a home state multistate license, on the effective date of this compact, may retain and renew the multistate license issued by his or her then-current home state, provided that:
 - (1) A nurse, who changes his or her primary state of residence after the effective date of this compact, shall satisfy all applicable Section 34-21-122 requirements to obtain a multistate license from a new home state.
 - (2) A nurse who fails to satisfy the multistate licensure requirements in Section 34-21-122 due to a disqualifying event occurring after the effective date of this compact shall be ineligible to retain or renew a multistate license, and the multistate license of that nurse shall be revoked or deactivated in accordance with applicable rules adopted by the Interstate Commission of Nurse Licensure Compact Administrators. (*Act 2019-102, §3.*)

Section 34-21-123

- (a) Upon application for a multistate license, the licensing board in the issuing party state shall ascertain, through the coordinated licensure information system, all of the following:
 - (1) Whether the applicant has ever held, or is the holder of, a license issued by any other state.
 - (2) Whether there are any encumbrances on any license or multistate licensure privilege held by the applicant.

- (3) Whether any adverse action has been taken against any license or multistate licensure privilege held by the applicant.
- (4) Whether the applicant is currently participating in an alternative program.
- (b) A nurse may hold a multistate license, issued by the home state, in only one party state at a time.
- (c) If a nurse changes his or her primary state of residence by moving between two party states, the nurse shall apply for licensure in the new home state, and the multistate license issued by the prior home state shall be deactivated in accordance with applicable rules adopted by the commission.
 - (1) The nurse may apply for licensure in advance of a change in primary state of residence.
 - (2) A multistate license may not be issued by the new home state until the nurse provides satisfactory evidence of a change in primary state of residence to the new home state and satisfies all applicable requirements to obtain a multistate license from the new home state.
- (d) If a nurse changes his or her primary state of residence by moving from a party state to a nonparty state, the multistate license issued by the prior home state shall convert to a single state license, valid only in the former home state. (*Act 2019-102, §3.*)

Section 34-21-124

- (a) In addition to the other powers conferred by state law, a licensing board shall have the authority to do all of the following:
 - (1) Take adverse action against the multistate licensure privilege of a nurse to practice within that party state.
 - a. Only the home state shall have the power to take adverse action against the license of a nurse issued by the home state.
 - b. For purposes of taking adverse action, the home state licensing board shall give the same priority and effect to reported conduct received from a remote state as it would if such conduct had occurred within the home state. In so doing, the home state shall apply its own state laws to determine appropriate action.
 - (2) Issue cease and desist orders or impose an encumbrance on the authority of a nurse to practice within that party state.
 - (3) Complete any pending investigations of a nurse who changes his or her primary state of residence during the course of such investigations. The licensing board may also take any appropriate actions and shall promptly report the conclusions of any investigations to the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the new home state of any actions.
 - (4) Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses, as well as the production of evidence. Subpoenas issued by a licensing board in a party state for the attendance and testimony of witnesses or the production of evidence from another party state shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses,

mileage, and other fees required by the service statutes of the state in which the witnesses or evidence are located.

- (5) Obtain and submit, for each applicant for a multistate license, fingerprint or other biometric-based information to the Federal Bureau of Investigation for criminal background checks, receive the results of the Federal Bureau of Investigation record search on criminal background checks, and use the results in making licensure decisions.
 - (6) If otherwise permitted by state law, recover from the affected nurse the costs of investigations and disposition of cases resulting from any adverse action taken against that nurse.
 - (7) Take adverse action based on the factual findings of the remote state, provided that the licensing board follows its own procedures for taking the adverse action.
- (b) If adverse action is taken by the home state against the multistate license of a nurse, the multistate licensure privilege to practice in all other party states shall be deactivated until all encumbrances have been removed from the multistate license. All home state disciplinary orders that impose adverse action against the multistate license of a nurse shall include a statement that the multistate licensure privilege of the nurse is deactivated in all party states during the pendency of the order.
- (c) Nothing in this compact shall override the decision of a party state that participation in an alternative program may be used in lieu of adverse action. The home state licensing board shall deactivate the multistate licensure privilege under the multistate license of any nurse for the duration of his or her participation in an alternative program. (*Act 2019-102, §3.*)

Section 34-21-125

- (a) All party states shall participate in a coordinated licensure information system of all licensed registered nurses and licensed practical nurses. This system shall include information on the licensure and disciplinary history of each nurse, as submitted by party states, to assist in the coordination of nurse licensure and enforcement efforts.
- (b) The commission, in consultation with the administrator of the coordinated licensure information system, shall formulate necessary and proper procedures for the identification, collection, and exchange of information under this compact.
- (c) All licensing boards shall promptly report to the coordinated licensure information system any adverse action, any current significant investigative information, denials of applications with the reasons for the denials, and nurse current participation in alternative programs known to the licensing board, regardless of whether the participation is deemed nonpublic or confidential under state law.
- (d) Current significant investigative information and participation in nonpublic or confidential alternative programs shall be transmitted through the coordinated licensure information system only to party state licensing boards.
- (e) Notwithstanding any other provision of law, all party state licensing boards contributing information to the coordinated licensure information system may designate information that may not be shared with nonparty states or disclosed to other entities or individuals without the express permission of the contributing state.
- (f) Any personally identifiable information obtained from the coordinated licensure information system by a party state licensing board may not be shared with nonparty states or disclosed to other entities or individuals except to the extent permitted by the laws of the party state contributing the information.

- (g) Any information contributed to the coordinated licensure information system that is subsequently required to be expunged by the laws of the party state contributing that information shall also be expunged from the coordinated licensure information system.
- (h) The compact administrator of each party state shall furnish a uniform data set to the compact administrator of all other party states, which shall include, at a minimum, all of the following:
 - (1) Identifying information.
 - (2) Licensure data.
 - (3) Information related to alternative program participation.
 - (4) Other information that may facilitate the administration of this compact, as determined by commission rules.
- (i) The compact administrator of a party state shall provide all investigative documents and information requested by another party state. (*Act 2019-102, §3.*)

Section 34-21-126

- (a) The party states hereby create and establish a joint public entity known as the Interstate Commission of Nurse Licensure Compact Administrators.
 - (1) The commission is an instrumentality of the party states.
 - (2) Venue is proper, and judicial proceedings by or against the commission shall be brought solely and exclusively, in a court of competent jurisdiction where the principal office of the commission is located. The commission may waive venue and jurisdictional defenses to the extent the commission adopts or consents to participate in alternative dispute resolution proceedings.
 - (3) Nothing in this compact shall be construed to be a waiver of sovereign immunity.
- (b) Membership, voting, and meetings.
 - (1) Each party state shall have and be limited to one administrator. The head of the state licensing board for each party state, or his or her designee, shall be the administrator of this compact for that state. An administrator may be removed or suspended from office as provided by the law of the state from which the administrator is appointed. Any vacancy occurring in the commission shall be filled in accordance with the laws of the party state in which the vacancy exists.
 - (2) Each administrator shall be entitled to one vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the commission. An administrator shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for the participation of an administrator in meetings by telephone or other means of communication.
 - (3) The commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws or rules of the commission.
 - (4) All meetings of the commission shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in Section 34-21-127.
 - (5) The commission may convene in a closed, nonpublic meeting if the commission must discuss any of the following:
 - a. Noncompliance of a party state with its obligations under this compact.
 - b. The employment, compensation, discipline, or other personnel matters, practices, or procedures related to specific employees or other matters related to the internal personnel practices and procedures of the commission.

- c. Current, threatened, or reasonably anticipated litigation.
 - d. Negotiation of contracts for the purchase or sale of goods, services, or real estate.
 - e. Accusing any person of a crime or formally censuring any person.
 - f. Disclosure of trade secrets or commercial or financial information that is privileged or confidential.
 - g. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy.
 - h. Disclosure of investigatory records compiled for law enforcement purposes.
 - i. Disclosure of information related to any reports prepared by or on behalf of the commission for the purpose of investigation of compliance with this compact.
 - j. Matters specifically exempted from disclosure by federal or state statute.
- (6) If a meeting, or portion of a meeting, is closed pursuant to this subsection, the legal counsel of the commission, or his or her designee, shall certify that the meeting may be closed and shall reference each relevant exempting provision. The commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefor, including a description of the views expressed. All documents considered in connection with an action shall be identified in the minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the administrators or order of a court of competent jurisdiction.
- (c) The commission, by a majority vote of the administrators, shall prescribe bylaws or rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of this compact including, but not limited to, all of the following:
- (1) Establishing the fiscal year of the commission.
 - (2) Providing reasonable standards and procedures for all of the following:
 - a. For the establishment and meetings of other committees.
 - b. Governing any general or specific delegation of any authority or function of the commission.
 - (3) Providing reasonable procedures for calling and conducting meetings of the commission, ensuring reasonable advance notice of all meetings, and providing an opportunity for attendance of the meetings by interested parties, with enumerated exceptions designed to protect the interest of the public, the privacy of individuals, and proprietary information, including trade secrets. The commission may meet in closed session only after a majority of the administrators vote to close a meeting, in whole or in part. As soon as practicable, the commission shall make public a copy of the vote to close the meeting revealing the vote of each administrator, with no proxy votes allowed.
 - (4) Establishing the titles, duties, and authority and reasonable procedures for the election of the officers of the commission.
 - (5) Providing reasonable standards and procedures for the establishment of personnel policies and programs for the commission. Notwithstanding any civil service or other similar laws of any party state, the bylaws shall exclusively govern the personnel policies and programs of the commission.
 - (6) Providing a mechanism for winding up the operations of the commission and the equitable disposition of any surplus funds that may exist after the termination of this compact after the payment or reserving of all of its debts and obligations.
- (d) The commission shall publish its bylaws and rules, and any amendments thereto, in a convenient form on the website of the commission.

- (e) The commission shall maintain its financial records in accordance with the bylaws.
- (f) The commission shall meet and take such actions as are consistent with this compact and the bylaws.
- (g) The commission shall have all of the following powers:
 - (1) To promulgate uniform rules to facilitate and coordinate implementation and administration of this compact. The rules shall have the force and effect of law and shall be binding in all party states.
 - (2) To bring and prosecute legal proceedings or actions in the name of the commission, provided that the standing of any licensing board to sue or be sued under applicable law shall not be affected.
 - (3) To purchase and maintain insurance and bonds.
 - (4) To borrow, accept, or contract for services of personnel including, but not limited to, employees of a party state or nonprofit organizations.
 - (5) To cooperate with other organizations that administer state compacts related to the regulation of nursing including, but not limited to, sharing administrative or staff expenses, office space, or other resources.
 - (6) To hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of this compact, and to establish the personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters of the commission.
 - (7) To accept any and all appropriate donations, grants and gifts of money, equipment, supplies, materials, and services, and to receive, utilize, and dispose of the same; provided that at all times the commission shall avoid any appearance of impropriety or conflict of interest.
 - (8) To lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve, or use, any property, whether real, personal, or mixed; provided that at all times the commission shall avoid any appearance of impropriety.
 - (9) To sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property, whether real, personal, or mixed.
 - (10) To establish a budget and make expenditures.
 - (11) To borrow money; provided that the borrowing of money shall not be constituted as a debt of the State of Alabama in violation of Section 213 of the Constitution of Alabama of 1901, as amended by Amendment 26, now appearing as Section 213 of the Official Recompilation of the Constitution of Alabama of 1901, as amended.
 - (12) To appoint committees, including advisory committees comprised of administrators, state nursing regulators, state legislators or their representatives, and consumer representatives, and other interested persons.
 - (13) To provide and receive information from, and to cooperate with, law enforcement agencies.
 - (14) To adopt and use an official seal.
 - (15) To perform other functions as may be necessary or appropriate to achieve the purposes of this compact consistent with the state regulation of nurse licensure and practice.
- (h) Financing of the commission
 - (1) The commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities.

- (2) The commission may also levy on and collect an annual assessment from each party state to cover the cost of its operations, activities, and staff in its annual budget as approved each year. The aggregate annual assessment amount, if any, shall be allocated based upon a formula to be determined by the commission, which shall promulgate a rule that is binding upon all party states.
 - (3) The commission may not incur obligations of any kind before securing the funds adequate to meet the same; nor shall the commission pledge the credit of any of the party states, except by, and with the authority of, the party state.
 - (4) The commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the commission.
- (i) Qualified immunity, defense, and indemnification.
- (1) In accordance with Section 36-1-12, the administrators, officers, executive director, employees, and representatives of the commission shall be immune from suit and liability.
 - (2) The commission shall defend any administrator, officer, executive director, employee, or representative of the commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of commission employment, duties, or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities; provided that nothing in this compact shall be construed to prohibit that person from retaining his or her own counsel; and provided further that the actual or alleged act, error, or omission did not result from his or her intentional, willful, or wanton misconduct.
 - (3) The commission shall indemnify and hold harmless any administrator, officer, executive director, employee, or representative of the commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error, or omission that occurred within the scope of commission employment, duties, or responsibilities, or that the person had a reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from the intentional, willful, or wanton misconduct of that person. (*Act 2019-102, §3.*)

Section 34-21-127

- (a) The commission shall exercise its rulemaking powers pursuant to the criteria set forth in this compact and the rules adopted under this compact. Rules and amendments shall become binding as of the date specified in each rule or amendment and shall have the same force and effect as this compact.
- (b) Rules or amendments to the rules shall be adopted at a regular or special meeting of the commission.
- (c) Before the adoption of a final rule by the commission, and at least 60 days in advance of the meeting at which the rule shall be considered and voted upon, the commission shall

file a notice of proposed rulemaking on the website of the commission and on the website of each licensing board or the publication in which each party state would otherwise publish proposed rules.

- (d) The notice of proposed rulemaking shall include all of the following:
 - (1) The proposed time, date, and location of the meeting in which the rule shall be considered and voted upon.
 - (2) The text of the proposed rule or amendment, and the reason for the proposed rule or amendment.
 - (3) A request for comments on the proposed rule from any interested person.
 - (4) The manner in which interested persons may submit notice to the commission of their intention to attend the public hearing and any written comments.
- (e) Before adoption of a proposed rule, the commission shall allow persons to submit written data, facts, opinions, and arguments, which shall be made available to the public.
- (f) The commission shall grant an opportunity for a public hearing before it adopts a rule or amendment to a rule.
- (g) The commission shall publish the place, time, and date of the scheduled public hearing.
 - (1) Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing. All hearings shall be recorded, and a copy of the recording shall be made available upon request.
 - (2) Nothing in this section shall be construed as requiring a separate hearing on each rule. Proposed new rules or amendments to existing rules may be grouped together for the convenience of the commission at hearings required by this section.
- (h) If no one appears at a public hearing, the commission may proceed with the adoption of a proposed rule.
- (i) Following a scheduled hearing date, or by the close of business on the scheduled hearing date if a hearing was not conducted, the commission shall consider all written and oral comments received.
- (j) The commission, by majority vote of all administrators, shall take final action on a proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.
- (k) Upon determination that an emergency exists, the commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in this compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than 90 days after the effective date of the rule. For the purposes of this subsection, an emergency rule is a rule that is adopted immediately to do any of the following:
 - (1) Satisfy an imminent threat to public health, safety, or welfare.
 - (2) Prevent a loss of commission or party state funds.
 - (3) Satisfy a deadline for the promulgation of an administrative rule that is required by federal law or rule.
 - (4) The commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revision shall be posted on the website of the commission. The revision shall be subject to challenge by any person for a period of 30 days after posting. The revision may be challenged

only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing, and delivered to the commission, before the end of the notice period. If no challenge is made, the revision shall take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the commission. (*Act 2019-102, §3.*)

Section 34-21-128

(a) Oversight.

- (1) Each party state shall enforce this compact and take any action necessary and appropriate to effectuate the purposes and intent of this compact.
- (2) (2) The commission shall receive service of process in any proceeding that may affect the powers, responsibilities, or actions of the commission, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process in a proceeding to the commission shall render the judgment or order void as to the commission, this compact, or promulgated rules.

(b) Default, technical assistance, and termination.

- (1) If the commission determines that a party state has defaulted in the performance of its obligations or responsibilities under this compact or the adopted rules, the commission shall do all of the following:
 - a. Provide written notice to the defaulting state and other party states of the nature of the default, the proposed means of curing the default, or any other action to be taken by the commission.
 - b. Provide remedial training and specific technical assistance regarding the default.
- (2) If a state in default fails to cure the default, the membership of the defaulting state in this compact may be terminated upon an affirmative vote of a majority of the administrators, and all rights, privileges, and benefits conferred by this compact may be terminated on the effective date of termination. A cure of the default does not relieve the defaulting state of obligations or liabilities incurred during the period of default.
- (3) Termination of membership in this compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate membership shall be given by the commission to the governor of the defaulting state and to the executive officer of the licensing board of the defaulting state and each of the party states.
- (4) A state whose membership in this compact has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.
- (5) The commission may not bear any costs related to a state that is found to be in default or whose membership in this compact has been terminated unless agreed upon in writing between the commission and the defaulting state.
- (6) The defaulting state may appeal the action of the commission by petitioning the United States District Court for the District of Columbia or the federal district in which the commission has its principal offices. The prevailing party shall be awarded all costs of litigation, including reasonable attorneys fees.

(c) Dispute resolution.

- (1) Upon request by a party state, the commission shall attempt to resolve disputes related to this compact that arise among party states and between party and nonparty states.
 - (2) The commission shall adopt a rule providing for both mediation and binding dispute resolution for disputes, as appropriate.
 - (3) In the event the commission cannot resolve disputes among party states arising under this compact:
 - a. The party states may submit the issues in dispute to an arbitration panel, which shall be comprised of individuals appointed by the compact administrator in each of the affected party states and an individual mutually agreed upon by the compact administrators of all the party states involved in the dispute.
 - b. The decision of a majority of the arbitrators shall be final and binding.
- (d) Enforcement.
- (1) The commission, in the reasonable exercise of its discretion, shall enforce this compact and any rules adopted pursuant to this compact.
 - (2) By majority vote of the administrators, the commission may initiate legal action in the federal district in which the commission has its principal offices against a party state that is in default to enforce compliance with this compact and rules or bylaws adopted pursuant to this compact. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of the litigation, including reasonable attorneys fees.
 - (3) The remedies provided in this article shall not be the exclusive remedies of the commission. The commission may pursue other remedies available under federal or state law. (*Act 2019-102, §3.*)

Section 34-21-129

- (a) This compact shall become effective and binding on the earlier of the date of legislative enactment of this compact into law by not less than 26 states or December 31, 2019. All party states, that also participated in the prior Nurse Licensure Compact, which is superseded by this compact, shall be deemed to have withdrawn from the Nurse Licensure Compact on the first day of the sixth month after the effective date of this compact.
- (b) Each party state shall continue to recognize the multistate licensure privilege of a nurse to practice in that party state issued under the Nurse Licensure Compact until the party state has withdrawn from the Nurse Licensure Compact.
- (c) A party state may withdraw from this compact by enacting a general law repealing this compact. Withdrawal by a party state may not take effect until six months after the effective date of the repeal.
- (d) The withdrawal or termination of a party state shall not affect the continuing requirement of the state licensing board of that state to report adverse actions and significant investigations occurring before the effective date of the withdrawal or termination.
- (e) Nothing contained in this compact shall be construed to invalidate or prevent any nurse licensure agreement or other cooperative arrangement between a party state and a nonparty state that is made in accordance with any other provision of this compact.

- (f) This compact may be amended by the party states. No amendment to this compact shall become effective and binding upon the party states until it is enacted by all party states.
- (g) Representatives of nonparty states shall be invited to participate in the activities of the commission, on a nonvoting basis, before the adoption of this compact by all states.

(Act 2019-102, §3.)

Section 34-21-130

This compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this compact shall be severable, and if any phrase, clause, sentence, or provision of this compact is declared to be contrary to the constitution of any party state or of the United States, or if the applicability thereof to any government, agency, person, or circumstance is held invalid, the validity of the remainder of this compact and the applicability thereof to any government, agency, person, or circumstance shall not be affected thereby. If this compact shall be held to be contrary to the constitution of any party state, this compact shall remain in full force and effect as to the remaining party states and in full force and effect as to the party state affected as to all severable matters. *(Act 2019-102, §3.)*

Professional Services by Vendor

	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>
Legal				
Legal Counsel				
Dorman Walker	\$ -	\$ 26,691.83	\$ 11,199.50	\$ 1,881.75
Hearing Officer				
Wilkerson & Bryan, P C	30,865.40	18,831.58	37,141.63	8,360.00
Mary D. Wilkerson	-	-	-	38,480.00
Subtotal Hearing Officer	30,865.40	18,831.58	37,141.63	46,840.00
Court Reporting				
Baker & Baker Reporting & Video Services, Inc.	21,338.25	19,323.35	22,463.40	22,366.40
Court Services (Witness)				
Gloria J Franklin	25.00	-	-	-
Total Legal Services	52,228.65	64,846.76	70,804.53	71,088.15
Data Processing				
Business Systems & Consultants	-	-	1,800.00	-
Department of Finance	19,101.73	21,130.76	37,388.45	-
Liveperson Inc	-	-	-	4,410.00
Office Of Information Tech	-	-	51,851.40	133,342.50
The Univeristy of Alabama	57,248.03	58,307.19	45,458.77	22,202.15
TSA, INC.	-	26,735.00	1,500.00	-
Total Data Processing	76,349.76	106,172.95	137,998.62	159,954.65
Administrative Services				
Advertising				
Arthur L. Davis Publishing Agency, Inc.	6,516.37	6,692.31	6,690.65	6,837.69
AT&T	18.08	19.72	19.72	19.72
Legislative Services Agency	3,950.00	8,710.00	6,790.00	11,990.00
Subtotal Advertising	10,484.45	15,422.03	13,500.37	18,847.41
Comptroller Srvc	6,800.74	6,298.11	6,084.33	11,669.19

Education/Training

Ala Assoc Of Regulatory Boards	\$ 1,050.00	\$ 1,050.00	\$ 1,625.00	\$ 1,350.00
Alabama State Nurses Assn.	64.00	-	-	-
Alabama Partnership For Telehealth, Inc	130.00	-	-	-
Alabama Rural Health Association	-	-	-	440.00
American Bar Association	-	-	-	429.00
Business Systems & Consultants	-	-	-	2,000.00
Career Step Llc	1,495.00	-	-	-
Certified Staffing Solutions, Inc.	-	-	4,300.00	4,300.00
Clear	-	-	-	4,708.99
Council On Licensure, Enforcement, & Regulation	-	-	-	199.00
Department of Finance	-	257.50	-	-
Federation Of Assoc Of Regulatory Boards	975.00	975.00	2,015.00	5,805.00
Graceland University	1,154.00	-	-	-
Institute For Natural Resource	-	-	-	166.00
National Employment Law Institute	895.00	-	-	-
National Property Management Assn Capitol City Chapter	-	-	-	90.00
Natl Council St Bds Of Nursing	150.00	2,200.00	1,400.00	1,300.00
Skillpath Seminars	-	556.00	-	-
Subtotal Education	5,913.00	5,038.50	9,340.00	20,787.99

Finance/IT Planning

Department of Finance	2,980.00	2,797.50	517.50	-
Office Of Information Technnc	-	-	3,131.00	3,821.77
Subtotal Finance/IT	2,980.00	2,797.50	3,648.50	3,821.77

Food Service

Chappy's Deli				
Hyatt Regency B'Ham	-	836.20	820.70	-
Montgomery Marriott				
Prattville	-	8,869.40	-	-
Subtotal food services	3,484.90	-	-	1,159.40
	3,484.90	9,705.60	820.70	1,159.40

FRMS - processing

Department of Finance

Information and Research	11,245.60	3,314.66	2,333.04	13,893.42
Alrrs, LLC.	\$ -	\$ 1,999.00	\$ 1,999.00	\$ 1,999.00
Thomson Reuters West		-	2,008.40	
US Dept Of Homeland				
Security	320.02	300.00	300.00	300.00
Total Info & Research	320.02	300.00	300.00	300.00

Inter-departmental

Legislative Services Agency	-	400.00	2,000.00	1,200.00
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Mailing Services

Department of Finance	2,640.14	482.52	467.88	286.35
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Medical

Laboratory Corp Of America				
Holdings	-	35.00	-	140.00

Personnel Services

State Personnel	14,881.00	15,465.00	17,515.00	20,982.00
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Photographic

Fouts Commercial				
Photography	920.00	970.00	1,441.00	1,335.00

Sanitation

Gilmore Services	853.26	880.90	687.06	747.14
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Security & Monitoring

AL State Law Enforcement				
Agency	302.28	2,249.06	801.11	-

Furniture Moving

Dept. Of Corrections	-	-	-	950.00
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STAARS

Department of Finance	68,000.00	68,077.54	34,000.00	-
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Total Administrative	128,825.39	133,435.42	96,946.39	98,118.67
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Total Professional Services	\$ 257,403.80	\$ 304,455.13	\$ 305,749.54	\$ 329,161.47
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Board Approval of Nursing School Programs

The Board exercises approval authority over nursing school programs, as authorized by state law and the Board's administrative rules.

According to the Board's Executive Officer, there are varying levels of nursing school surveys by the Board. All schools are required to submit an annual report, which is surveyed by the Board and staff for indicators that the program may have problems. If the annual report indicates deficiencies, or there are verifiable complaints about the program from students or faculty or the NCLEX pass rate falls below 80% on the three-year rolling average, a comprehensive site survey is conducted to identify deficiencies in meeting the educational program outcomes and require a plan of correction from the nursing program. As of January 2020, the Executive Officer stated there are six programs in the process of correcting deficiencies.

Examination Results by Alabama Educational Institution – Registered Nurse

		FISCAL YEAR 2016			FISCAL YEAR 2017			CALENDAR YEAR 2018			CALENDAR YEAR 2019		
		#CAND	#PASS	PASS	#CAND	#PASS	PASS	#CAND	#PASS	PASS	#CAND	#PASS	PASS
Registered Nursing Schools		Program											
ADN = Associates Degree in Nursing BSN = Bachelor of Science in Nursing													
Alabama Southern Community College Currently: Coastal Alabama Comm College- AL Southern	ADN	8	7	87.50%	11	10	90.91%	22	22	100%	31	29	93.55%
Auburn University	BSN	154	144	93.51%	173	159	91.91%	178	170	95.51%	181	179	98.90%
Auburn University of Montgomery	BSN	98	79	80.61%	72	65	90.28%	121	97	80%	90	84	93.33%
Bevill State Community College	ADN	158	137	86.71%	154	137	88.96%	251	223	88.84%	184	159	86.41%
Bishop State Community College	ADN	41	28	68.29%	46	43	93.48%	59	51	86%	81	64	79.01%
Calhoun State Community College	ADN	179	165	92.18%	143	132	92.31%	127	117	92.13%	96	91	94.79%
Central Ala Community College	ADN	47	34	72.34%	21	15	71.43%	19	17	89%	39	26	66.67%
Chattahoochee Valley St Community College	ADN	23	18	78.26%	42	40	95.24%	47	42	89.36%	44	37	84.09%
Faulkner State Community College Currently: Coastal Alabama Comm College- Faulkner	ADN	64	63	98.44%	90	88	97.78%	81	81	100%	73	73	100.00%
Gadsden State Community College	ADN	83	76	91.57%	95	81	85.26%	159	104	65.41%	161	116	72.05%
GC Wallace State Community College- Dothan	ADN	111	98	88.29%	135	123	91.11%	155	130	84%	187	152	81.28%
GC Wallace State Community College- Hanceville	ADN	149	137	91.95%	139	130	93.53%	202	191	94.55%	198	189	95.45%
GC Wallace State Community College- Selma	ADN	24	19	79.17%	48	45	93.75%	33	33	100%	38	34	89.47%
J F Drake State Community & Technical College	ADN	N/A			N/A			N/A			18	5	27.78%
Jacksonville State University	BSN	110	100	90.91%	111	102	91.89%	102	97	95%	118	112	94.92%
Jefferson Davis Community College Currently: Coastal Alabama Comm College- Jeff Davis	ADN	75	58	77.33%	45	37	82.22%	42	39	92.86%	38	37	97.37%
Jefferson State Community College	ADN	237	201	84.81%	202	186	92.08%	223	214	96%	184	170	92.39%

Registered Nursing Schools	Program	#CAND	#PASS	PASS									
Lawson State Community College	ADN	21	21	100%	41	39	95.12%	29	25	86.21%	43	39	90.70%
Lurleen B Wallace Community College - McArthur Campus	ADN	26	20	76.92%	34	26	76.47%	34	28	82%	43	34	79.07%
Northeast Alabama Community College	ADN	36	31	86.11%	41	38	92.68%	45	41	91.11%	39	26	66.67%
Northwest-Shoals Community College	ADN	64	57	89.06%	62	54	87.10%	52	46	88%	58	53	91.38%
Shelton State Community College	ADN	67	61	91.04%	87	74	85.06%	155	128	82.58%	106	94	88.68%
Snead State Community College	ADN	37	36	97.30%	41	40	97.56%	50	40	80%	42	37	88.10%
Southern Union Community College Currently: Southern State Community College	ADN	121	100	82.64%	118	100	84.75%	116	103	88.79%	108	102	94.44%
Troy University	ADN	77	67	87.01%	58	50	86.21%	31	28	90%	74	61	82.43%
Troy University	BSN	59	58	98.31%	86	81	94.19%	97	94	96.91%	93	90	96.77%
University of Alabama- Birmingham	BSN	271	262	96.68%	269	260	96.65%	268	257	96%	273	266	97.44%
University of Alabama- Capstone	BSN	187	178	95.19%	213	201	94.37%	206	198	96.12%	206	202	98.06%
University of AL- Huntsville	BSN	172	145	84.30%	83	74	89.16%	149	131	88%	144	131	90.97%
University of North Alabama	BSN	102	87	85.29%	91	89	97.80%	84	80	95.24%	94	86	91.49%
University of South Alabama	BSN	273	233	85.35%	252	243	96.43%	237	227	96%	232	225	96.98%
University of West Alabama	ADN	25	22	88.00%	38	31	81.58%	44	34	77.27%	51	43	84.31%
Alabama RN Totals		3,099		87.26%	3,041		90.23%	3,418		89.83%	3,367		87.03%

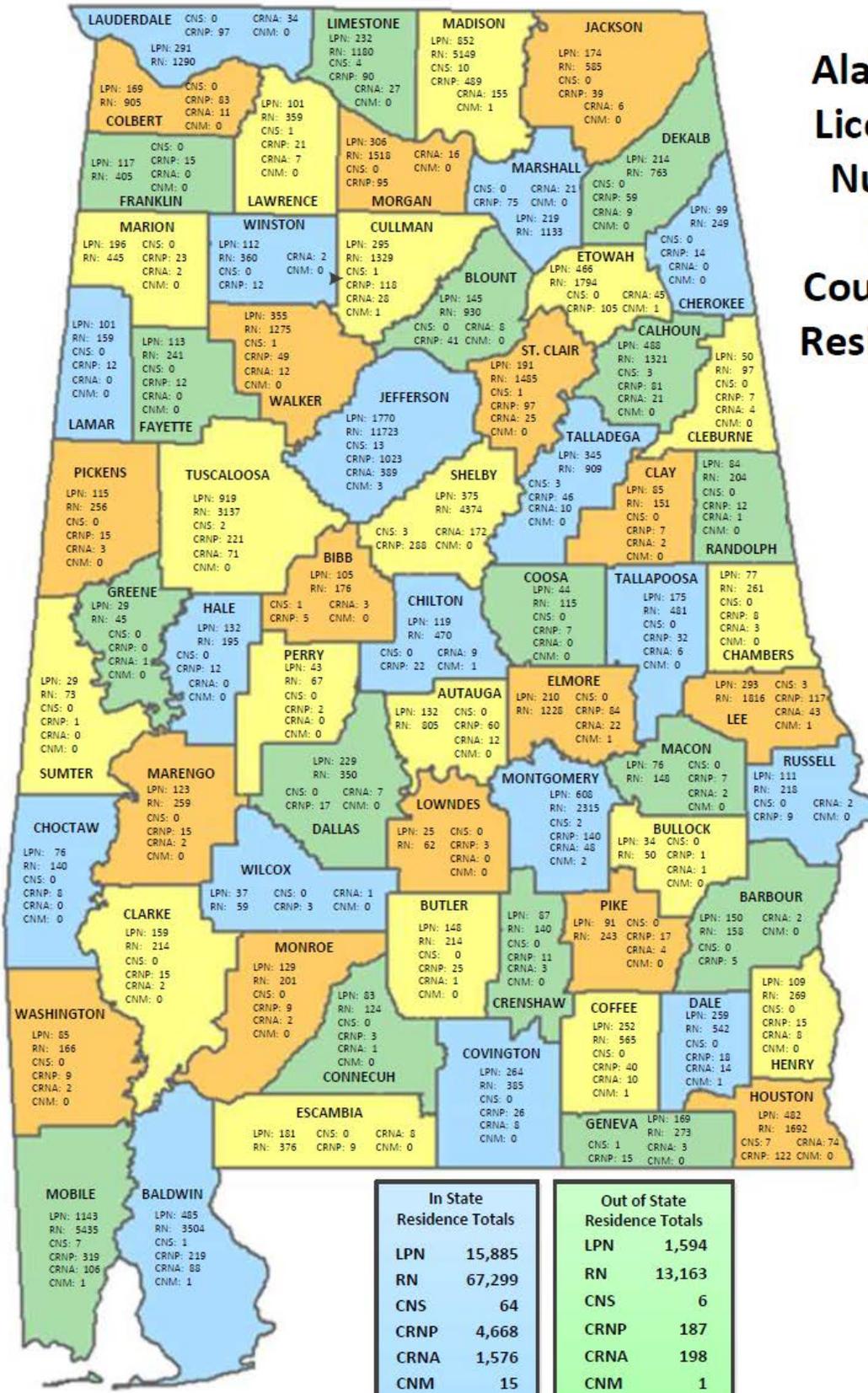
Examination Results by Alabama Educational Institution – Licensed Practical Nurse

	FISCAL YEAR 2016			FISCAL YEAR 2017			CALENDAR YEAR 2018			CALENDAR YEAR 2019		
	10/1/2015-9/30/2016			10/1/2016-9/30/2017			01/01/2018-12/31/2018			01/01/2019-12/31/2019		
<u>Practical Nursing Schools</u>	#CAND	#PASS	PASS	#CAND	#PASS	PASS	#CAND	#PASS	PASS	#CAND	#PASS	PASS
Alabama Southern Community College Currently: Coastal Alabama Comm College-AL Southern	36	35	97.20%	22	20	90.91%	3	3	100%	20	18	90.00%
Bevill State Community College	78	76	97.40%	72	71	98.61%	73	72	98.63%	75	75	100.00%
Bishop State Community College-SW	28	23	82.10%	22	20	90.91%	38	36	94.74%	26	25	96.15%
Calhoun Community College	23	21	91.30%	21	21	100%	26	26	100%	64	64	100.00%
Central Alabama Community College	20	19	95.00%	32	31	96.88%	19	19	100%	24	24	100%
Chattahoochee Valley Community College	6	6	100%	14	14	100%	18	18	100%	24	24	100%
J. F. Drake State Technical College	37	33	89.20%	34	29	85.29%	25	25	100%	5	5	100%
Faulkner State Community College Currently: Coastal Alabama Comm College-Faulkner	27	27	100%	10	10	100%	24	24	100%	29	29	100%
Coastal Alabama Community College-Jeff Davis	N/A			N/A			2	2	100%	10	10	100%
Gadsden State Community College	61	61	100.00%	61	57	93.44%	100	88	88.00%	72	70	97.22%
Lawson State Community College	25	25	100.00%	17	17	100.00%	18	18	100%	17	17	100%
MacArthur State Technical College Currently: Lurleen B Wallace Community College	29	26	89.70%	22	20	90.91%	22	20	90.91%	22	20	90.91%
Northeast Alabama Community College	19	16	84.20%	16	16	100.00%	20	20	100%	40	38	95%
Northwest-Shoals Community College	15	15	100%	13	13	100%	52	51	98.08%	60	56	93.33%
Reid State Technical College	44	36	81.80%	73	57	78.08%	48	40	83%	62	53	85%
Shelton State Community College	66	63	95.50%	48	46	95.83%	37	37	100%	36	35	97.22%

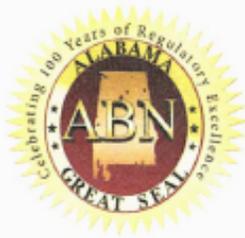
Practical Nursing Schools	#CAND	#PASS	PASS									
Southern Union Community College Currently: Southern State Community College	31	29	93.50%	71	64	90.14%	46	46	100%	65	65	100%
Trenholm State Technical College Currently: Trenholm State Community College	27	23	85.20%	22	21	95.45%	28	21	75.00%	26	19	73.08%
GC Wallace Community College-Dothan	96	89	92.70%	78	72	92.31%	84	80	95%	87	75	86%
GC Wallace State Community College-Hanceville	32	32	100%	17	17	100%	67	65	97.01%	49	49	100.00%
GC Wallace State Community College-Selma	30	26	86.70%	34	25	73.53%	35	31	89%	27	22	81%
Alabama LPN Totals	730		93.08%	699		93.61%	785		95.69%	840		94.58%

Nurses by County

Alabama Licensed Nurses by County of Residence



Board Members



Alabama Board of Nursing
Peggy Sellers Benson, RN, MSHA, MSN, NE-BC
Executive Officer

RSA Plaza, Suite 250
770 Washington Ave
Montgomery, AL 36104

www.abn.alabama.gov
(334) 293-5200
1-800-656-5318
Fax (334) 293-5201

Mailing address:
P.O. Box 303900
Montgomery, AL 36130-3900

January 22, 2020

Ms. E. Christine Kilpatrick
Examiner of Public Accounts
P.O. Box 302251
Montgomery, AL. 36130

RE: Item # 2

Dear Ms. Kilpatrick,

As requested in your letter of January 21, 2020, the specific information you requested regarding the Board of Nursing members and Chief Administration Officer are listed below. The officers are listed followed by the current members. Please let me know if you need additional information.

Name: Cheryl Bailey, MBA, BSN, RN
Position: President - 2018-Present, Nursing Practice
Address: Cullman, AL. 35055
Date of Appointment: 01/01/2018
Term Expires: 12/31/2021

Name: Valorie A. Dearmon, DNP, RN, NEA-BC
Position: Vice President – 2018-Present, Nursing Education, Retired
Address: Fairhope, AL. 36532
Date of Appointment: 01/01/2020
Term Expires: 12/31/2023

Name: Victoria Hill, MSN, RN
Position: Secretary – 2018-Present, Nursing Practice
Address: Helena, AL. 35080
Date of Appointment: 0/01/2019
Term Expires: 12/31/2022

Name: Louise C. O'Keefe, PhD, CRNP, CNE
Position: Nursing Education
Address: Madison, AL. 35758
Date of Appointment: 01/01/2020
Term Expires: 12/31/2023

Name: Natalie Baker, DNP, CRNP, FAANP
Position: Advanced Practice
Vice-President: 2017
Address: Madison, AL. 35756
Date of Appointment: 01/01/2019
Term Expires: 12/31/2022

Name: Gladys Davis Hill, MSN, RN
Position: Nursing Education
Secretary: 2015-2017
Address: Moundville, AL. 35474
Date of Appointment: 01/01/2018
Term Expires: 12/31/2021

Name: Cynthia Louise Buford, LPN
Position: LPNAA
Address: Ralph, AL. 35480
Date of Appointment: 01/01/2017
Term Expires: 12/31/2020

Name: Peggie Carpenter, BA, LPN, GC
Position: Retired AFLPN (May 1, 2016)
Address: Tuscaloosa, AL. 35401
Date of Appointment: 01/01/2019
Term Expires: 12/31/2022

Name: Cherry Denise Rodgers, LPN
Position: AFLPN
Address: Montgomery, AL. 36110
Date of Appointment: 01/01/2020
Term Expires: 12/31/2023

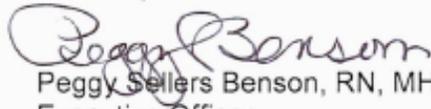
Name: Cara Floyd, LPN
Position: LPNAA
Address: Gordo, AL. 35466
Date of Appointment: 01/01/2018
Term Expires: 12/31/2021

Name: Janice Seip, CRNA, RN
Position: Advanced Practice
Address: Montgomery, AL. 36109
Date of Appointment: 01/01/2018
Term Expires: 12/31/2021

Name: Martha Houston
Position: Consumer
Address: Pelham, AL. 35124
Date of Appointment: 01/01/2018
Term Expires: 12/31/2021

Name: Gabriel Sapalaran, BSN, RN
Position: Nursing Practice
Address: Birmingham, AL. 35242
Date of Appointment: 07/16/2019
Term Expires: 12/31/2020

Sincerely,



Peggy Sellers Benson, RN, MHSA, MSN, NE-BC
Executive Officer

Board's Response to Significant Issues



Alabama Board of Nursing
Peggy Sellers Benson, RN, MSHA, MSN, NE-BC
Executive Officer

RSA Plaza, Suite 250
770 Washington Ave
Montgomery, AL 36104

www.abn.alabama.gov
(334) 293-5200
1-800-656-5318
Fax (334) 293-5201

Mailing address:
P.O. Box 303900
Montgomery, AL 36130-3900

August 5, 2020

Ms. Maria Catledge,
Director, Operational Audit
Examiners of Public Accounts
P.O. Box 30225L
Montgomery, AL 36130

RE: Response to Significant Issues

Dear Ms. Catledge,

As requested in your August 4, 2020 letter, the Board's response to the significant issues is as follows:

STATUS OF PRIOR FINDINGS/SIGNIFICANT ISSUES

All prior findings and significant issues have been resolved except for the following.

Prior Significant Issue 2009-01 - In the 2008 regular legislative session, House Bill 129, sponsored by Representative Grantland, and Senate Bill 428, sponsored by Senator Dixon, were introduced to amend Section 34-21-2, *Code of Alabama 1975*, to grant investigators of the Board of Nursing the authority to exercise the power of peace officers and to require investigators to comply with the minimum standards for peace officers. The bills would also amend Section 20-2-90, *Code of Alabama 1975*, to grant the Board's investigators the power to enforce the controlled substance laws. The bills were not successful, but the changes remain a concern for the Board of Nursing.

According to the Executive Officer of the Board of Nursing, the Board's investigators do not possess access to investigative information from other law enforcement agencies because of the lack of arrest powers. According to the executive officer, if a nurse is arrested for possession of a controlled substance, most law enforcement agencies will not share investigative information. As a result, the agency often must wait until the criminal case is resolved before instituting disciplinary action.

According to the Executive Officer, the arrest powers for the investigators of the Board of Nursing are critical to the Board's legal mandate of public protection. Arrest powers require compliance with standards of the Peace Officer Standards and Training Commission, which indicates to other law enforcement agencies that a minimum standard is met. This is frequently

how law enforcement agencies determine what investigative information to share. The Board's investigators do not reveal investigative information to other agencies, and therefore other agencies do not reveal information to them. Thus, if a nurse conducts criminal behavior, particularly as it relates to drugs, the action against the license might be delayed. Because the Board's investigators do not possess arrest powers and are not law enforcement officers, they are not granted access to the National Crime Information Center (NCIC) to check criminal histories of applicants and licensees. The Board of Pharmacy and the Board of Medical Examiners investigators hold arrest powers. If the Board of Nursing works a joint case with either agency, investigative information that might be useful to the Board is not shared because of the lack of arrest powers.

The **Code of Alabama 1975**, Section 20-2-90 (a) and (b) stipulate which agencies exercise the power of peace officers with respect to enforcement of the controlled substances laws and provide that, "The State Board of Pharmacy and its drug inspectors shall enforce all provisions of this chapter. The agents and officers of this Department of Public Safety, the drug and narcotic agents and inspectors of the State Board of Health, the investigators of the State Board of Medical Examiners, the investigators of the Board of Dental Examiners, and all peace officers of the state and all prosecuting attorneys are also charged with the enforcement of this chapter. *The agents and officers of the Department of Public Safety, the drug inspectors of the State Board of Pharmacy, the investigators of the State Board of Medical Examiners, the investigators of the Board of Dental Examiners, and the drug and narcotic agents and inspectors of the State Board of Health shall have the powers of peace officers in the performance of their duties to:*

- (1) Make arrests without warrant for any offense under this chapter committed in their presence, or if they have probable cause to believe that the person to be arrested has committed or is committing a violation of this chapter which may constitute a felony.
- (2) Make seizures of property pursuant to this chapter.
- (3) Carry firearms in the performance of their official duties.
 - (a) In addition to the requirements of subsection (b), drug inspectors of the State Board of Pharmacy shall, beginning October 1, 1993, meet the minimum standards required of peace officers in this state."

Prior Status 2012 - Representatives Buttram and Sanderford introduced House Bill 527 during the 2011 legislative session to amend the Board's statutes to grant investigators of the Board of Nursing the authority to exercise the power of peace officers and to require investigators to comply with the minimum standards for peace officers. The bill would also amend the Board's statutes to grant the Board's investigators the power to enforce the controlled substance laws. The bill did not pass, and the issues remain a concern for the Board of Nursing. Three of the 12 current Board members who responded to a survey expressed concern that the Board's investigators did not have police powers.

Prior Status 2016 - This issue remains unresolved and continues as a concern especially in light of the 2014 Controlled Substances Prescriptive authority for the advanced practice-collaborative practice nurses. CRNPs and CNMs can now prescribe controlled substances but

the ABN investigators and ABN staff are not allowed access to the Prescription Monitoring Database Program data. Furthermore, the Board cannot access the information and the current statute does not allow another agency to share the information with the ABN.

Current Status 2020 – This issue remains unresolved and continues as a concern. Seven of eleven responding Board members (64%) stated this is the most significant issue facing the Board.

ABN RESPONSE

During the 2018 regular session, the Board again petitioned the legislature for law enforcement authority. This legislation, which was sponsored by Senator Gerald Dial and Representative April Weaver, was approved by the Senate and reported favorably from the House Health Committee but did not receive consideration by the full House of Representatives prior to adjournment. The ABN plans to continue pursuit of this legislative action.

Significant Issue 2009-03 - The Board desires access to the State's controlled substance prescription drug database but is not one of the enumerated entities provided access. The executive officer stated, "Of the 1,147 written complaints received by the Board in FY 2007, 317 related specifically to substance abuse. Prescription drug abuse is a common problem seen among licensees. Hydrocodone is the drug of choice for Alabama's nurses who are chemically dependent. Nurses are not always forthcoming with identifying the names of physicians and/or dentists who are prescribing the drugs. It is often difficult to find out the pharmacy used by nurses as well. Access to the Controlled Substance Abuse Prescription Drug Database would allow the Board of Nursing to obtain better information and data specific to the drug used by its nurses.

Entities and persons with access to the database are specified in the *Code of Alabama 1975*, Section 20-2-14.

Prior Status 2012 - The code section was not amended to give the Board access to the State's controlled substance prescription database.

Prior Status 2016 - This issue remains unresolved and continues as a concern especially in light of the 2014 Controlled Substances Prescriptive authority for advanced practice-collaborative practice nurses. CRNPs and CNMs can now prescribe controlled substances but the Board's investigators and staff are not allowed access to the Prescription Database Monitoring Program data. Furthermore, the Board staff cannot access the information and the current statute does not allow another agency to share the information with the ABN.

Current Status 2020 - This issue remains unresolved and continues as a concern. House Bill 102 and Senate Bill 73, sponsored by Representative April Weaver and Senator Greg Reed, were considered during the 2020 regular session.