



Sunset Report Alabama State Board of Medical Examiners and Alabama Medical Licensure Commission Montgomery, Alabama

October 1, 2023 through September 30, 2025

ALABAMA DEPARTMENT OF
EXAMINERS of Public Accounts

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September 16, 2026

Representative Margie Wilcox
Chairman, Sunset Committee
Alabama State House
Montgomery, Alabama 36130

Dear Representative Wilcox:

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 State Board of Medical Examiners and Alabama Medical Licensure Commission 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 State Board of Medical Examiners and Alabama Medical Licensure Commission in addition to information obtained from other sources.

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

Sincerely,

Rachel Laurie Riddle
Chief Examiner

Examiner
Kierra Burston

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PROFILE

Purpose/Authority

The Alabama State Board of Medical Examiners (the “Board”) was created by Act Number 63, Acts of Alabama 1876-1877, to regulate the practice of medicine in the state. By the authority of the ***Code of Alabama 1975***, Section 34-24-53(a) the Board of Censors of the Medical Association of the State of Alabama (MASA) is constituted as the State Board of Medical Examiners.

The Alabama Medical Licensure Commission (the “Commission”) was created by Act Number 1981-218, Acts of Alabama, with the exclusive power and authority to issue, revoke, and reinstate all licenses to practice medicine or osteopathy.

The Board and Commission operate under the authority of the ***Code of Alabama 1975***, Sections 34-24-50 through 34-24-61; Sections 34-24-70 through 34-24-75.2; Sections 34-24-290 through 34-24-306; Sections 34-24-520 through 34-24-543; Sections 34-24-600 through 34-24-610; and Sections 34-24-700 through 34-24-707. The Board and Commission form a unique bicameral system for the regulation of medical and osteopathic practitioners in the state. The Board certifies that applicants meet the statutory requirements for licensure, investigates complaints, and initiates formal actions against licensed physicians. The Commission grants medical and osteopathic licenses and adjudicates formal allegations concerning physician safety. Ultimately, the Commission has the sole authority to issue medical licenses in Alabama.

The Alabama Uniform Controlled Substance Act, established by Act Number 1407, Acts of Alabama 1971, was created to prevent drug abuse and drug dependence and to standardize all laws in Alabama to be in conformity with the new Federal Comprehensive Drug Abuse Prevention and Control Act of 1970. The ***Code of Alabama 1975***, Sections 20-2-50 through 20-2-280 authorize the Board of Medical Examiners to certify individuals who manufacture, distribute, or dispense controlled substances within the Act’s framework. Physicians must apply for an Alabama Controlled Substance Certificate. Physician Assistants, Certified Registered Nurse Practitioners and Certified Nurse Midwives must apply for a Qualified Alabama Controlled Substance Certificate in order to prescribe controlled substances.

Act Number 1998-604, Acts of Alabama, gave the Board authority to regulate the practices of Physician Assistants and Anesthesiologist Assistants. The ***Code of Alabama 1975***, Sections 34-24-290 through 34-24-306 requires that Physician Assistants and Anesthesiologist Assistants hold a current license to perform medical services under the supervision of a physician approved by the Board to supervise the assistant.

The Joint Committee of the State Board of Medical Examiners and the Board of Nursing for Advanced Practice Nurses was established by Act Number 1995-263, Acts of Alabama. The Joint Committee operates under the authority of the ***Code of Alabama 1975***, Section 34-21-80 through 34-21-93.1 to regulate all areas of advanced practice nursing and the collaborative practices between licensed physicians and certified registered nurse practitioners and certified nurse midwives.

The *Code of Alabama 1975*, Section 34-23-77 authorizes a pharmacist licensed by the Board of Pharmacy and a physician licensed by the Medical Licensure Commission to enter into a collaborative practice agreement.

The *Code of Alabama 1975*, Sections 20-2A-1 through 20-2A-36, known as the Darren Wesley ‘Ato’ Hall Compassion Act authorizes the Board of Medical Examiners to issue a physician certification authorizing a registered qualified patient to use medical cannabis.

The following Acts passed since the last sunset review have been codified in the current statutory authority.

Act Number 2024-300, Acts of Alabama, relating to licensure of physicians, amended Section 34-24-50.1, *Code of Alabama 1975*, to define “expedited license” for purposes of criminal background checks of applicants.

Act Number 2024-414, Acts of Alabama, relating to off-label medical treatment, prohibited the Alabama Board of Medical Examiners and the Medical Licensure Commission of Alabama from taking adverse action against a physician who prescribes or recommends off-label medical treatments.

Act Number 2025-71, Acts of Alabama, relating to the Alabama Sunset Law, continued the existence and functioning of the State Board of Medical Examiners and the Medical Licensure Commission until October 1, 2027, with certain modifications. This Act added Section 34-24-53.2 to the *Code of Alabama 1975*, to subject the board members and employees of the Board to the State’s ethics laws.

Act Number 2025-332, Acts of Alabama, relating to physicians, amended Section 34-24-75.1 *Code of Alabama 1975*, to remove a requirement that a physician volunteer at least 100 hours annually to qualify under the Retired Senior Volunteer Program administered by the State Board of Medical Examiners.

Act Number 2025-378, Acts of Alabama, relating to the Joint Committee of the State Board of Medical Examiners and the Board of Nursing for Advanced Practice Nurses, amended Sections 34-21-81 and 34-21-82, *Code of Alabama 1975* to revise the membership of the joint committee and the per diem provided to members.

<u>Characteristics</u>	
Members and Selection	State Board of Medical Examiners: The Board of Censors of the Medical Association of the State of Alabama is constituted as the State Board of Medical Examiners. <i>Code of Alabama 1975</i>, Section 34-24-53(a) The Board of Censors is composed of sixteen members including twelve censors and the president, the president-elect, the immediate past president, and the vice president of MASA. Seven censors are elected from each of the state's U.S. congressional districts, with the remaining five censor members elected from the state at large. The counsellors and delegates of MASA in each respective congressional district may nominate one or more of their members. The congressional district censors are elected from the district where their principal place of business is located. Election is by ballot with a majority of votes necessary to elect. Source: MASA Constitution and Bylaws Medical Licensure Commission: The Commission has eight members. The membership is composed of seven physicians who shall be appointed as follows: • Two physicians appointed by the Lieutenant Governor • Two physicians appointed by the Speaker of the House of Representatives • Three physicians appointed by the Governor • One public member appointed by the Governor <i>Code of Alabama 1975</i>, Section 34-24-310

Term	State Board of Medical Examiners: Censors are elected for three-year terms. Censors are limited to three three-year terms. Ex-officio service on the Board of Censors is not considered in determining the limitation of service of three terms of three-years each. <i>Source:</i> MASA Constitution and Bylaws Medical Licensure Commission: Members serve five-year staggered terms with no limit as to the number of terms a member can serve. <i>Code of Alabama 1975</i>, Section 34-24-310(a)
Qualifications	State Board of Medical Examiners: A member of the Board of Censors of the Medical Association of the State of Alabama. <i>Code of Alabama 1975</i>, Section 34-24-53(a) Medical Licensure Commission: • Seven physician members shall be either a Doctor of Medicine or a Doctor of Osteopathy and be licensed to practice medicine or osteopathy in this state. • Each member of the Commission shall be a citizen of this state. • The public member must not be a licensee of the Commission or hold a professional degree in any health care field or practice as a licensed health care professional. <i>Code of Alabama 1975</i>, Section 34-24-310
Consumer Representation	State Board of Medical Examiners: No statutory requirement. Medical Licensure Commission: One public member required by statute. One public member currently serving. <i>Code of Alabama 1975</i>, Section 34-24-310(b)

Racial Representation	State Board of Medical Examiners: No specific statutory requirement. Four minority members are currently serving. Medical Licensure Commission: No specific statutory requirement. Three minority members are currently serving.
Geographical Representation	State Board of Medical Examiners: No specific statutory requirement. The MASA Constitution and Bylaws require one member to be elected from each of the state's U.S. congressional districts. Medical Licensure Commission: No specific statutory requirement.
Other Representation	State Board of Medical Examiners: No specific statutory requirement. Medical Licensure Commission: The membership of the Commission shall be inclusive and reflect the racial, gender, geographic, urban/rural, and economic diversity of the state. <i>Code of Alabama 1975, Section 34-24-310</i>
Compensation	The State Board of Medical Examiners and Medical Licensure Commission members may receive a per diem at a rate of up to \$300.00 per day or any portion thereof, as established by the Board, that such Board member or Commission member shall be in attendance at an official meeting or function of the Board or Commission. In addition, each Board member and Commission member shall receive reimbursement for subsistence and travel in accordance with state law for each day actively engaged in the duties of their office. The Board has set the per diem rate at \$300.00 per day. <i>Code of Alabama 1975, Section 34-24-54</i>
Attended Board Member Training	Eight Board Members Two Prior Board Members Six Commission Members Two Prior Commission Members Executive Director Twenty-five Staff Members

<u>Operations</u>	
Administrator	William Perkins, Executive Director. Annual Salary \$430,220.70 Appointed by the Board. <i>Code of Alabama 1975</i>, Sections 34-24-311.1 and 34-24-312
Location	848 Washington Ave. Montgomery, AL 36104 Office Hours: Monday-Friday 8:00 to 5:00
Real Property Ownership	The Board of Medical Examiners owns a parking lot located at the corner of Adams Avenue and S. Jackson Street in Montgomery, AL.
Employees	The State Board of Medical Examiners has 49 employees. The Medical Licensure Commission's administrative functions and facilities are provided by the State Board of Medical Examiners. <i>Code of Alabama 1975</i>, Sections 34-24-311.1 through 34-24-313
Legal Counsel	The Board of Medical Examiners employs the following attorneys: • E. Wilson Hunter, General Counsel • Alicia Harrison, Associate General Counsel • Effie Hawthorne, Associate General Counsel • J. Matthew Hart, Special Counsel to the Executive Director All attorneys are full-time employees of the Board of Medical Examiners. Additionally, the Board of Medical Examiners currently has legal services contracts with the following attorneys: • William R. Gordon, as hearing officer. • Aaron L. Dettling with Fortif Law Partners, LLC, as legal counsel for the Commission.

Subpoena Power	Yes, both the Board and the Commission can issue subpoenas for witnesses and records. <i>Code of Alabama 1975</i>, Section 34-24-363
Internet Presence	https://www.albme.gov The website contains the Board's and Commission's current statutes, rules, disciplinary actions, annual reports, license search, verification options, contact information, renewals, and minutes of the Board's and Commission's meetings and monthly financial statements.
<u>Financial</u>	
Source of Funds	License and registration fees, fines, and penalties.
State Treasury	No, the Board and Commission operate outside the State's Treasury. The Board and Commission operate from the following bank accounts: • Servis First Bank ◆ Corporate Checking Account (Operating Fund) ◆ Money Market Account • River Bank & Trust ◆ Checking Account (Payroll Account) ◆ Money Market Account ◆ Certificate of Deposit <i>Code of Alabama 1975</i>, Section 34-24-54 and 34-24-312
Required Distributions	There are no required distributions.
Unused Funds	The Board retains unused funds at the fiscal year-end.

Licensure

Licensees

Licenses as of April 8, 2026:

License Type	
Doctor of Medicine (MD)	21,112
Doctor of Osteopathy (DO)	2,565
Limited (MD/DO)	539
Retired Senior Volunteer	8
Physician Assistant (PA)	1,789
Anesthesiologist Assistant (AA)	52
Total	26,065

Source: Board Staff

Certifications/ Registrations

Certificates/Registrations as of April 8, 2026:

Certification/Registration Type	
Alabama Controlled Substances Certificate	14,120
Alabama Medical Cannabis Permit	29
Collaborative Practice Registration	10,935
Collaborative Practice Pharmacy	8
Limited Purpose Schedule II Permit	1,099
Pain Management Registration	604
Qualified Alabama Controlled Substance Certificate – Physician Assistant	265
Qualified Alabama Controlled Substance Certificate – Nurse Practitioner	1,442
Registration Agreement – Anesthesiologist Assistant	52
Registration Agreement – Physician Assistant	1,757
Total	30,311

Source: Board Staff

Qualifications	Medical Doctor/Doctor of Osteopathy License/ Certificate of Qualification • <u>Medical Education Requirements:</u> All applicants for a certificate of qualification shall present a diploma or evidence of graduation from an accredited college or school of medicine. • <u>Post Graduate Requirements:</u> Applicants for a certificate of qualification who graduated from an accredited college or school of medicine must complete one year of postgraduate or residency training in an accredited program. All other applicants for a certificate of qualification who graduated from a college or school of medicine that is not accredited must present evidence of completion of two years of postgraduate or residency training in an accredited program. • <u>Examination Requirements:</u> Applicants for a certificate of qualification shall achieve a passing score on one of the following licensure examinations: • The United States Medical Licensing Examination. • The Comprehensive Osteopathic Medical Licensing Examination or its predecessor examination administered by the National Board of Osteopathic Medical Examiners. • The Licentiate of the Medical Council of Canada Examination. • All applicants who graduated from a college of medicine not accredited by the Liaison Committee of Medical Education or the Commission on Osteopathic College Accreditation shall achieve a certification given by the Education Council for Foreign Medical Graduates. • Payment of the required non-refundable application fee. • Submit to a criminal background check. • A citizen of the United States or a person who is lawfully present in the United States with appropriate documentation from the federal government.
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Qualifications (continued)	Temporary Certificate of Qualification The Board may issue a temporary certificate of qualification to a physician applicant who is relocated to or stationed in this state under official military orders and who satisfies any of the following: • Is an active duty, reserve, or transitioning member of a branch of the United States Armed Forces, including the National Guard. • Is the spouse of an active duty, reserve, or transitioning member of a branch of the United States Armed Forces, including the National Guard. • Is the surviving spouse of a service member who, at the time of his or her death, was serving on active duty. Limited License Certificate of Qualification Limited licenses may be issued for a period of up to one year to the following applicants: • Individuals teaching in any medical college in the Alabama, approved by the Association of American Medical Colleges or the Board. • Individuals enrolled in residency training programs approved by the Board. • Physicians employed full-time at a state penal institution or state mental institution or any other state institution approved by the Board. Retired Senior Volunteer Limited License Certificate of Qualification A physician is eligible to receive a certificate of qualification if he or she meets the following qualifications: • Have or has had a full and unrestricted license to practice medicine in the State of Alabama or in any other state of the United States or the District of Columbia, which license is or was at the time of expiration unrestricted and in good standing with no pending disciplinary actions or investigations at the time of expiration. • Certify that he or she is fully retired from the active practice of medicine. • Be in good health and is not currently undergoing treatment for a physical or mental condition which would impair the individual's ability to practice medicine with reasonable skill and safety to patients. • Certify that he or she intends to limit his or her medical practice to the provision of outpatient services at an established free medical clinic or such other nonprofit organization or facility that has been approved by the Board and that furnishes outpatient medical care to patients unable to pay for the care.
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Qualifications (continued)	• Certify that his or her license to practice medicine in any state or the District of Columbia has never been revoked, suspended, placed on probation, or otherwise subject to disciplinary action and that the applicant has not had his or her hospital medical staff privileges revoked, suspended, curtailed, limited, or surrendered while under investigation. • Acknowledge that he or she is subject to the continuing medical education requirements for physicians as specified in the rules of the State Board of Medical Examiners. • Furnish a certification of the employment arrangements or agreement with the qualified clinic or nonprofit organization. Bridge Year Graduate Physician Individuals seeking this permit must meet the following criteria: • Be a graduate of an accredited medical education institution. • Has applied, but was not accepted into, a postgraduate or residency training program for the first year following medical school graduation. • Payment of the required non-refundable application fee. • Submit to a criminal background check. Anesthesiologist/Physician Assistant License Applicants seeking this license must: • Provide evidence, satisfactory to the Board, of successful completion of an accredited training program. • Provide evidence, satisfactory to the Board, of successful completion of the Physician Assistant National Certification Examination (PANCE) as administered by the National Commission on Certification of Physician Assistants (NCCPA) or the National Certifying Examination for Anesthesiologist Assistants (NCEAA) as administered by the National Commission for Certification of Anesthesiologist Assistants (NCCAA). • Submit an application and pay the required application fee. • Submit to a criminal background check.
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Qualifications (continued)	Temporary Certificate for Applicants Relocated or Stationed in State Under Official Military Orders The Board may issue a temporary certificate of qualification to an assistant to physician applicant who is relocated to or stationed in Alabama under official military orders and who satisfies the following: • Is an active duty, reserve, or transitioning member or spouse of a member of a branch of the United States Armed Forces, including the National Guard. • Is the spouse of an active duty, reserve, or transitioning member of a branch of the United States Armed Forces, including the National Guard. • Is the surviving spouse of a service member, who at the time of his or her death, was serving on active duty. An assistant to physician may receive a temporary certificate if he or she meets and presents evidence of the following: • Possession of a full and unrestricted license issued by the appropriate medical licensing board of another state, the District of Columbia, a territory of the U.S. or a province of Canada. • Completion of a training program. • Completion of the Physician Assistant National Certification Examination or the National Certifying Examination for Anesthesiologist Assistants. • Has never been convicted, received adjudication, community supervision, or deferred disposition of any felony offense or any crime related to fraud, violence, sexual violations, or related to the practice of medicine. • Has never had his or her medical license subjected to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to the nonpayment of fees related to a license. • Has never had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration. • Is not currently under investigation by a licensing agency or law enforcement authority in any state, federal, or foreign jurisdiction. • Is a United States citizen, a national of the United States, or an alien lawfully present in the United States. <i>Code of Alabama 1975</i>, Sections 34-24-70, 34-24-70.1(a), 34-24-75, 34-24-75.1, 34-24-75.2, 34-24-297, 34-24-301.1
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Examinations	Applicants for a certificate of qualification to practice medicine in this state shall achieve a passing score on either the United States Medical Licensing Examination (USMLE), the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA) or its predecessor administered by the National Board of Osteopathic Medical Examiners or the Licentiate of the Medical Council of Canada Examination. Applicants for a Physician/Anesthesiologist Assistant license must provide evidence, satisfactory to the Board, of successful completion of the Physician Assistant National Certification Examination (PANCE) as administered by the National Commission on Certification of Physician Assistants (NCCPA) or the National Certifying Examination for Anesthesiologist Assistants (NCEAA) as administered by the National Commission for Certification of Anesthesiologist Assistants (NCCAA). The United States Medical Licensing Examination (USMLE) is administered at Prometric test centers in Birmingham, Auburn, Dothan, and Huntsville. The Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA) is administered at Pearson VUE test centers in Montgomery, Birmingham, Auburn, Dothan, Mobile, and Decatur. The Physician Assistant National Certification Examination (PANCE) is administered at Pearson VUE test centers in Montgomery, Birmingham, Dothan, Mobile, and Decatur. The National Certifying Examination for Anesthesiologist Assistants (NCEAA) is administered at Pearson Vue test centers in Montgomery, Birmingham, Dothan, and Mobile. <u>United States Medical Licensing (USMLE) – Medical Doctor</u> Examination is completed in three steps. Step 1 is a one-day test, usually taken at the end of the second year of medical school emphasizing knowledge of basic sciences, including anatomy, biochemistry, behavioral sciences, microbiology, immunology, pathology, pharmacology, and physiology. Step 2 tests clinical knowledge and ability to apply medical concepts in patient care and is usually taken by applicants completing their third year of medical school. Step 3 provides a final assessment of physicians assuming independent responsibility for delivering general medical care.
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**Examinations
(continued)****University of Alabama Birmingham School of Medicine****Step 1**

Academic Year	# of Test Takers	% Passing
2024	188	93%
2025	191	91%

Step 2

Academic Year	# of Test Takers	% Passing ⁽¹⁾
2024	170	99%
2025	171	98%

⁽¹⁾ Data is from July to June of following year.

University of South Alabama Whiddon College of Medicine**Step 1**

Academic Year	# of Test Takers	% Passing
2024	77	92%
2025	77	91%

Step 2

Academic Year	# of Test Takers	% Passing
2024	73	97%
2025	67	100%

Step 3 data was not available for either school.

Comprehensive Osteopathic Medical Licensing Examination

This examination is completed in three levels. Level 1 integrates foundational biomedical sciences with other areas of osteopathic medical knowledge relevant to clinical problem solving and the promotion of health maintenance. Level 2 is a one-day computer-based examination that integrates foundational biomedical sciences with other areas of medical knowledge relevant to clinical problem-solving and the promotion of health maintenance. Level 3 is a two-day computer-based examination that assesses an osteopathic resident's competence in the foundational competency domains required for generalist physicians to deliver safe and effective osteopathic medical care and promote health in unsupervised clinical settings.

**Examinations
(continued)****Edward Via College of Osteopathic Medicine - Auburn**

Class of	Level 1	Level 2	Level 3
2024	93%	98%	95%
2025	99%	99%	97%

Alabama College of Osteopathic Medicine - Dothan

Academic Year	Level 1	Level 2	Level 3
2023-2024	96%	94%	93%
2024-2025	94%	92%	97%

Physicians Assistants**Faulkner University**

Class of	# Taken	# Passed	% Passed
2024	44	40	91%
2025 ⁽¹⁾			

⁽¹⁾ Data not available.**Samford University**

Class of	# Taken	# Passed	% Passed
2024	35	34	97%
2025	35	35	100%

University of Alabama Birmingham

Class of	# Taken	# Passed	% Passed
2024	55	52	95
2025	55	53	96

University of South Alabama

Class of	# Taken	# Passed	% Passed
2024	58	57	98%
2025	57	56	98%

Anesthesia Assistants**Edward Via College of Osteopathic Medicine Auburn**

Calendar Year	# Taken	# Passed	% Passed
2024 ⁽¹⁾			
2025	37	32	86%

⁽¹⁾ First class graduated in 2025.***Code of Alabama 1975***, Section 34-24-70(3) and 34-24-297***Source:*** Board Staff

Reciprocity	The Board may establish reciprocal agreements for licensure by endorsement with similar boards of other states, the District of Columbia, the territories of the United States, and the provinces of Canada in reference to the issuance of certificates of qualifications. The Board does not have state specific reciprocal agreements. The Interstate Medical Licensure Compact is an agreement among participating U. S. states to work together to significantly streamline the licensing process for physicians who want to practice in multiple states. It offers a voluntary, expedited pathway to licensure for physicians who qualify. The Compact currently includes 37 states, the District of Columbia, and the Territory of Guam. Alabama is a State of Principal License (SPL) member of the Interstate Medical Licensure Compact Commission. <i>Code of Alabama 1975</i>, Sections 34-24-73, 34-24-520 through 34-24-543 <i>Source:</i> Board Staff
Renewals	Physician licenses are renewed annually on or before December 31. Licenses not renewed by December 31 remain in full force and effect until January 31. Assistant licenses are renewed annually on or before January 1. There is no grace period. 99% of online renewals for current renewal period. <i>Code of Alabama 1975</i>, Sections 34-24-299 and 34-24-337 <i>Source:</i> Board Staff
Licensee Demographics	Data is not collected by agency. <i>Source:</i> Board Staff

Continuing Education	Physicians licensed to practice medicine in Alabama must earn in each calendar year, on or before December 31, not less than twenty-five (25) AMA PRA Category I Credits or equivalent as defined in this rule of continuing medical education. Physicians Assistants licensed by the Board must earn not less than fifty (50) hours of AMA PRA Category 1 Credits, or the equivalent, of continuing medical education as a condition precedent to receiving his or her annual renewal of license every two calendar years. Anesthesiologist Assistants licensed by the Board must earn not less than fifty (50) hours of AMA PRA Category 1 Credits, or the equivalent, of continuing medical education as a condition precedent to receiving his or her annual renewal of license every two calendar years. <i>Code of Alabama 1975</i>, Section 34-24-336 <i>Administrative Rules</i> 545-X-5-.02, 540-X-7-.29, 540-X-7-.62
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SIGNIFICANT ISSUES

There are no new significant issues.

STATUS OF PRIOR FINDINGS/SIGNIFICANT ISSUES

All prior findings/significant issues have been resolved.

MATTERS OF CONCERN FROM QUESTIONNAIRES

Matter of Concern 2026-001: Three of the fourteen (43%) physician and anesthesiologist assistant licensees responding to our survey expressed concerns related perceived exclusions to the anesthesiologist assistant profession by certified registered nurse assistants.

STATUS OF PRIOR MATTERS OF CONCERN FROM QUESTIONNAIRES

Prior Matter of Concern 2024-004 Three of the ten (30%) physician licensees responding to our survey indicated the most significant issues facing their profession is poor reimbursements.

Current Status: Unresolved. Two of the five (40%) physician licensees responding to our survey expressing concerns about reimbursements.

Prior Matter of Concern 2024-005: Thirty-nine complainants whose complaints had been resolved within the past two years responding to our survey indicated the following:

- Sixteen of the thirty-nine (41%) complainants indicated it took more 30 days for the Board to contact them after filing the complaint.
- Thirteen of the thirty-nine (33%) indicated the Board did not communicate the results of the investigation of their complaint.
- Twenty-four of the thirty-nine (61%) complainants do not think the Board of Medical Examiners and Medical Licensure Commission did everything it could to resolve their complaint.

Testing of a sample of complaint files indicated that the Board's system for handling complaints was adequate and no issues were noted.

Current Status: Unresolved. Twenty-eight complainants responded to our survey and indicated the following:

- Six of the twenty-eight (21%) complainants responding to our survey indicated it took more than 30 days for the Board to contact them after filing a complaint.
- Ten out of twenty-eight (36%) complainants responding to our survey indicated the Board did not communicate the results of their complaint.
- Twenty-one out of twenty-eight (75%) complainants responding to our survey indicated they do not believe the Board did everything it could to resolve their complaint.

Testing of a sample of complaint files indicated that the Board's system for handling complaints was adequate and no issues were noted.

QUESTIONNAIRES

Physician Licensee Questionnaire

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

1. What do you consider the most significant issue(s) facing your profession in Alabama?

Respondent #1 – “Payor reimbursement.”

Respondent #2 – “degradation of the physician role/ promoting nurse practitioners as "doctors".”

Respondent #3 – “Fear of being sued for malpractice.”

Respondent #4 – “1. Insurance overreach and dictation of care. 2. Reimbursement and overhead challenges for private practice physicians.”

Respondent #5 – “well, I don't practice in Alabama now. I work for the VA and moved from Tuscaloosa to Louisville VA in 2019. I can use my Alabama license to practice federally.”

2. Do you think regulation of your profession by the Board of Medical Examiners and the Medical Licensure Commission is necessary to protect the public welfare?

Yes	5	100%
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3. Do you think any of the Board of Medical Examiners and the Medical Licensure Commission's laws, rules, or policies are an unnecessary restriction on the practice of your profession?

Yes	2	40%
No	3	60%

4. Are you adequately informed by the Board of Medical Examiners and the Medical Licensure Commission of changes to and interpretations of the Board of Medical Examiners and the Medical Licensure Commission's positions, policies, rules, and laws?

Yes	4	80%
No	1	20%

5. Do you consider mandatory continuing education necessary for the competent practice of your profession?

Yes	5	100%
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6. Does the Board of Medical Examiners and the Medical Licensure Commission respond to your inquiries in a timely manner?

Yes	3	60%
Unknown	2	40%

7. Has the Board of Medical Examiners and the Medical Licensure Commission performed your licensing and renewal in a timely manner?

Yes	5	100%
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8. Do you have any additional comments you would like to make?

Respondent #1 – “I feel the ALBME needs to reconsider it's stance and requirements on phentermine use for both short and long term treatment of the disease of Obesity as it is both a national and State of Alabama medical crisis.”

Respondent #2 – “none.”

Respondent #3 – “No.”

Respondent #4 – “Appreciate the hard work to protect the public.”

Respondent #5 – “no.”

Physician and Anesthesiologist Assistants Licensee Questionnaire

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

1. What do you consider the most significant issue(s) facing your profession in Alabama?

Respondent #1 – “Professional exclusion activities by Alabama CRNAs. Bordering on antitrust issues. CRNAs are repeated threatening to quit or walk if CAAs are hired into their group.”

Respondent #2 – “Supervisory ratio of anesthesiologist to CAA is currently 1:4 for reimbursement. Anesthesiologist to CRNA ratio can be 1:6 with continued reimbursement. Why can't the CAA ratio be adjusted to 1:6 as well.”

Respondent #3 – “[REDACTED].”

Respondent #4 – “The political power of the AANA - there is a shortage of anesthesia providers, so it seems odd that the AANA would try to restrict AA practice.”

Respondent #5 – “Lack of hospitals practicing the care team model and hiring anesthesiology assistants.”

Respondent #6 – “The biggest problem facing the physician assistant profession in the state of Alabama is increased regulations of day-to-day operations when compared to other states. I believe that this significantly caps earning potential.”

Respondent #7 – “Distrust of the medical profession.”

Respondent #8 – “Unfair pay, CRNAs boycotting the hiring of CAAs in the Huntsville Hospital system.”

Respondent #9 – “Quality Care.”

Respondent #10 – “Restraint of trade actions of the CAA profession by the ALANA lobby.”

Respondent #11 – “increasing efforts to maintain the quality, professionalism, and integrity of healthcare practitioners in Alabama.”

Respondent #12 – “Restrictions that delay care to patients in a timely manner.”

Respondent #13 – “CRNA's telling patients they are Doctors of Anesthesia with their Education doctorate, trying to supplant MD's and restrict opportunities for Certified Anesthesiologist Assistants.”

Respondent #14 – “Rural medicine and access to healthcare.”

2. Do you think regulation of your profession by the Board of Medical Examiners and the Medical Licensure Commission is necessary to protect the public welfare?

Yes	14	100%
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- 3. Do you think any of the Board of Medical Examiners and the Medical Licensure Commission's laws, rules, or policies are an unnecessary restriction on the practice of your profession?**

Yes	2	14%
No	10	72%
Unknown	2	14%

- 4. Are you adequately informed by the Board of Medical Examiners and the Medical Licensure Commission of changes to and interpretations of the Board of Medical Examiners and the Medical Licensure Commission's positions, policies, rules, and laws?**

Yes	11	79%
No	1	7%
Unknown	2	14%

- 5. Do you consider mandatory continuing education necessary for the competent practice of your profession?**

Yes	13	93%
No	1	7%

- 6. Does the Board of Medical Examiners and the Medical Licensure Commission respond to your inquiries in a timely manner?**

Yes	9	64%
Unknown	5	36%

- 7. Has the Board of Medical Examiners and the Medical Licensure Commission performed your licensing and renewal in a timely manner?**

Yes	13	93%
No	1	7%

8. Do you have any additional comments you would like to make?

Respondent #1 – “Nothing additional, other than licensing I haven't had any communication with the board, so I don't really know if they are responsive personally.”

Respondent #2 – “No.”

Respondent #3 – “No.”

Respondent #4 – “It took a long time for my license to be approved, it seems like the process should occur faster.”

Respondent #5 – “N/A.”

Respondent #6 – “No further comments.”

Respondent #7 – “No.”

Respondent #8 – “While I think CMEs are necessary, it is already regulated by the NCCAA for my profession. The extra effort to provide CME to the AL Board of Medicine seems superfluous. If I don't have NCCAA credentials, I can't practice in AL.”

Respondent #9 – “No.”

Respondent #10 – “n/a.”

Respondent #11 – “having been licensed in a few states over the years, Alabama has the absolute BEST BOM program and website....practitioners are kept up to date, license renewal is easy, CE requirements are not overburdensome IMHO...”

Respondent #12 – “No.”

Respondent #13 – “When I first applied for State Licensure, [REDACTED] [REDACTED] worked quickly to get it done. I was so impressed that I have held AL BME in high regard ever since, often bragging about Alabama to practitioners in other states. Please keep that in mind when considering any additional professional requirements.”

Respondent #14 – “No thank you.”

Complainant Questionnaire

A letter was sent to one hundred complainants requesting participation in our survey. Twenty-eight participated in the survey. The percentages are based on the number who responded to the question.

1. Was the receipt of your complaint acknowledged by the Board of Medical Examiners and the Medical Licensure Commission?

Yes	23	82%
No	2	7%
Unknown	3	11%

2. Approximately how long after filing your complaint did the Board of Medical Examiners and the Medical Licensure Commission contact you?

Within 15 days	6	21%
Within 30 days	8	29%
Within 60 days	6	21%
More than 60 days	3	11%
Unknown	5	18%

3. Did the Board of Medical Examiners and the Medical Licensure Commission communicate the results of its investigation into your complaint to you?

Yes	18	64%
No	10	36%

4. Do you think the Board of Medical Examiners and the Medical Licensure Commission did everything it could to resolve your complaint?

Yes	2	11%
No	21	75%
Unknown	4	14%

5. Do you have any additional comments you would like to make?

Respondent #1 – “I did not receive any results of the investigation or final result of the complaint.”

Respondent #2 – “My issue was not resolved at all!!!!!!”

Respondent #3 – “The process needs to be examined as there seems to be no consequences for doctors unless the complainant suffered irreparable harm. In my case, it was clear that the doctor did not follow hospital protocol and was told on several occasions that that she didn’t do what she was supposed to do. Thankfully I’m an advocate for myself and I have family members and friends in the medical profession that know better and I sought care elsewhere otherwise I could have hurt myself or others as a result of this doctor not following protocol. In this investigative process the doctor received a slap on the wrist and it made me feel as though this process does not really care about what is being submitted.”

Respondent #4 – “I would suggest that frivolous patient complaints not be turned into formal investigations. It’s quite the waste of everyone’s time.”

Respondent #5 – “The reason I put Unknown is because some of the reports from the medical staff was not legible. I didn’t understand what they were saying. I couldn’t read their response in terms of the agency your agency. They did a great job. It’s just that I’m still not understanding what happened and if I can get a clear more legible response by them, not a determination on what happened but more of clarity that’s my only complaint, and I found out that the injury to my jaw was not the tooth actually, the top part of my drawer was fractured, which puts this whole situation. I’m in in a different light. I don’t believe the anesthesiologist that performed the anesthesia on me was held accountable or at least attributed to my injury and I’m end up paying for all this myself out-of-pocket we’re close to 15 \$16,000 to fix my my teeth in my jaw. I just need a better explanation from that anesthesiologist and I didn’t get that. I may re-file this lawsuit with an attorney, but in terms of what you guys did and how you responded back to me was great you spoke with me you did everything you could and I know you can’t disclose your findings, but I’m gonna see if I can go any further with this because it’s upsetting that I leave a surgery and this happened to me. This wasn’t my fault. This was negligence on the anesthesiologist and it seems like he has no accountability and I’m left with a fractured jaw and almost \$15-\$20,000 in damages to get my tooth fixed and my jaw fixed but thank you for all your help.”

Respondent #6 – “In my opinion, it is my belief that the complaint was never presented to the board. I requested a copy of the investigation documentation from [REDACTED]. [REDACTED] via certified mail, no response.”

Respondent #7 – “I have a very rare autoimmune disorder called Neuro-Bechets. I strongly feel the Medical Board was not fully aware of this disease before examining my case. As it is true there “are no tests to accurately diagnose Bechets” BUT this disease is diagnosed if the patient has three of the eight main symptoms of this disease. Which I clearly met. I had three of the eight main symptoms - mouth ulcers, genital ulcers, and brain lesions - and communicated to my neurologist AND rheumatologist. They dismissed my claims for nearly two years and misdiagnosed me with MS. Put on Ocrevus, which the Ocrevus treatments DID NOTHING TO HELP ME. I had to cross state lines into TN at Vanderbilt to get the correct diagnosis after becoming critically ill in June of 2023. I was treated with prednisone and the lesions on my brainstem shrank away. My autoimmune disorder is being managed with TNF anti-inflammatory treatments - Humira which put me in remission for the last two years until BCBS denied coverage. I am now switching to Inflectra IV infusions - TNF anti-inflammatory treatments. NO I DO NOT BELIEVE MY CASE WAS ACCURATELY EXAMINED DUE TO THE BOARD NOT FULLY AWARE OF BECHETS AND NEURO BECHETS. Signed...a Bechets warrior.”

Respondent #8 – “I realize that in the state of Alabama, it’s virtually impossible to sue a physician, unless you are gravely named or died. But this Practitioner was proven to a falsified records, withheld records from me, and still no action was taken. I urge you to look at the complaint I filed and I’d love to hear feedback you have for me. What’s a truly disgrace is this Practitioner is still practicing and remaining patients. Check out her prescribing habits, and you’ll find that she is prescribing narcotics to patients. The system failed me, and others.”

Respondent #9 – “██████████ started gathering information together when she was contacted by the medical board. She had very little information on me. The results that she mailed to me that was gave to you. She had the hospital to run a report and to get the results on me. She never had that type of information. She scheduled a appointment for me to come in to discuss results. I did not even know what she was talking about. She sent the information to my home and had it certified. This lady did not have any of this information until I reported her. ██████████ ██████████ had me on Eliptrian and I was having rebound headaches. When you tried to contact her office, you could not get her because she only worked at certain times in the day. It was only half days though. I had to physically go the office and request for someone to talk to me due to me being in pain. I will put my hand on the holy bible that she put that stuff together before she came in the front you all.”

Respondent #10 – “N/A.”

Respondent #11 – “As the complaining party. I would have thought more transparent communication would've occurred.”

Respondent #12 – “I think they fail me an my dad. ██████████ was liable and showed neglect to the welfare of my dad. He didn't not have dementia as ██████████ diagnosed him with and all the other ailments when entering that nursing home he had medical reports from his previous doctor before entering the nursing home showed noting but high blood pressure and high cholesterol and gout and rheumatoid arthritis they took right at infield my complaint dec 24 I just got an answer back in March of 26. And I called and located the. Investigator that had the case telling him I still haven't heard any thing. But my dad wouldn't have had to have a colostomy bag if ██████████ would have sent him to the hospital when his stomach had swollen up the size of a basket ball. He let him stayed at the nursing home three extra days after I requested him to go to er. Then ██████████ has too many regular patients at his office private practice and several nursing homes. These patients aren't getting the proper care. ██████████ is claiming a lot of misdiagnoses on patients just to get the Medicare claim. My dad had over 20 conditions when ██████████ got through with him. My dad caught pneumonia in Sept 2024 and should have stayed in hospital several days to recover but they sent him back to nursing home why cause ██████████. Wasn't going to get paid. Y'all need to look at other parties in that nursing home and see how they all dying from neglect. Lot of times ██████████ stated he saw my dad and didn't. I filed complaints with state and noting was done. But some body going to pay for neglecting the elderly and diagnosing these patients with illness they don't have. Call me I probably can tell u more. Plus ██████████ don't allow other fr in emergency room to see his patients cause he knows he not going to properly take care of them. He such a smart mouth not caring individuals. Hopefully he will get sick and have to go to a nursing home and nobody will wipe his ██████████.”

Respondent #14 – “I filed the complaint. I received notices in the mail and that was it. I feel the system has failed me and my family. The doctor is still practicing and my father passed away in February of this year. Perhaps if someone had done more my Father would still be alive. No one is doing their job.”

Respondent #16 – “The doctor I submitted a complaint about closed his office without notifying his patients and was impossible to find. Evidently there were two other doctors in the same office who went with another firm. I do not know if they notified their patients directly or if they simply were discovered in their new office as when I contacted that office on a recommendation of a friend I was asked if I wanted to see either of these doctors who were previously associated with the cardiologist I had been going to and had seen me in the hospital in Montgomery. I wanted nothing to do with anyone from that office as I was told when leaving the hospital that I was to call for a follow-up appointment as soon as I got home. Needless to say it was quite a shock to eventually discover this doctor was no longer working anywhere in Montgomery or anywhere else as far as I could discover. To me this was lousy ethics to leave a patient, and I'm sure I am not the only one, high and dry with no records, no references to go to another physician - To boot I had to pay to get my records sent from some firm in Birmingham my new cardiologist who I left after one visit, one test and one consultation. I am now seeing a cardiologist in Birmingham who has done an excellent job for me. Despite the three-hour drive one way I plan to continue with the [REDACTED].”

Respondent #17 – “Board should interview complainant in person to ascertain details. Board always favors doctors and is a waste of time. You should be awarded damages from doctors that make mistakes. It is next to impossible to file a lawsuit against a doctor in AL.”

Respondent #18 – “The documentation clearly showed that my mother’s cardiologist knew that she had atrial fibrillation for years, but never placed her on a blood thinner, while sending my mother documentation that she had a normal heart rhythm. I do not feel that justice was served.”

Respondent #19 – “Don’t think they did enough. I was never told why they reach the decision they made. My husband lost his leg due to the careless of the doctor.”

Respondent #20 – “██████████ did a great job explaining how the investigation would be conducted and the timeline it would take. Even though I dropped my complaint I’m very grateful for the job he did for me and I want to thank him. He was very professional and assured me that the complaint would be handled in a neutral manner so that the outcome would be fair to all parties. Thanks again ██████████.”

Respondent #21 – “My concern with the resolution is the connection the physicians on the board have to one another along with the physicians having complaints filed against them. The physician my complaint was against works at ██████████, and many of the physicians on the board have an association to the hospital and very likely to her. We are kept so far on the outside of what is discussed/what their reasoning is it is hard to trust the outcome. We don't even know if the doctors who may have had an association recused themselves. We don't get to know if the physician being complained about gets to speak to the board to defend themselves. Also, no explanation is given for the board's answer, but when there is clearly no standard of care set for the topic I can see why it would be difficult to rule against the physician. Otherwise, ██████████, my contact, did a good job staying in touch with me and answering my questions.”

Respondent #22 – “No, I've provided all the evidence for the Medical Board examiners and they failed to care for my mother, ██████████ and ultimately killed her.”

Respondent #23 – “Did not solve anything. Dr just sent a certified letter stating that he would no longer be accepting my daughter as a patient because of the complaint (not that I was planning of taking my daughter back to him anyway). I will find a Dr that truly cares about my daughter’s wellbeing and health. My daughter still has breathing issues that are apparently unexplained but seem to be the asthma related symptoms that she has had for years but has recently gotten worse. The thing that helps her through these episodes is albuterol, the drug that the dr refused to prescribe after he told me that he would and for me to contact him if she needed refills. I have lost all faith in our healthcare system!”

Respondent #24 – “This Board was established to protect physicians. it is toothless and it is useless. There's no transparency of its proceedings. I was never shown ██████████’s response to my Complaint. I was never given any chance to respond to his answer. I was never notified of, or asked to testify at, any hearing into my allegations - in fact, I don't even know if there was a hearing! I was never notified of the findings or conclusions of the Board - except a terse letter saying he was not found to have violated the standards of practitioners, yet required to take additional "education." You mean to tell me it is standard practice in Alabama for a physician to leave a fragment of an old lens in an eye and stuff a new one right beside it? Is it standard practice for a physician to "press too hard on the eye" (██████████’s own words to me) when he removes the fragment, causing a detached retina? Is it stand practice to even fail to properly seat the new lens after he finally removes the fragment, requiring yet a 4th surgery on the same eye to do so? The Board has never responded to my formal Records Request made to it on ██████████, ██████████ - almost 6 months ago. Why not? Because there's also no accountability to the public!”

Respondent #25 – “I am deeply disappointed that the board chose not to protect other families from [REDACTED]. [REDACTED]’s illegal and criminal actions. Our entire family lived in hell because of him. That doctor BRAGGED about doing this to many other families. Which means he has gotten away with it yet again. I'm sure we were the first to bring it to the boards attention. But the board failed our family and our community- I will not rest until [REDACTED]. [REDACTED] is disciplined and fully prevented from ever harming our community again! I know he will continue to do this to others until he is stopped. He hurt the wrong family. I will make it my mission to see he is exposed and to show others in the state of Alabama that the Board of Medical Examiners are NOT doing their part in protecting families and their rights to have full say over their medical without being threatened, forced to comply, and mentally abused by a doctor that uses DHR as a weapon against innocent families. We deserve justice and the board should have disciplined [REDACTED]. [REDACTED]!”

Respondent #26 – “Had to have a 3rd surgery by a different dr out of Nashville TN when he opened my leg back up the part [REDACTED] [REDACTED] put in fell completely out. I feel like this dr doesn't need to be a doctor much less a surgeon.”

Respondent #27 – “The doctor is known to be abusive and unkind to children under his care who suffer mental health diagnosis.”

Respondent #28 – “A doctor lied to the patient and signed a court petition using false information about a geriatric patient that - had it not been for a neurologist who refused to lie - could have caused a woman to lose her physical and financial independence. The "resolution" was that nothing was found to be wrong but the board would give a gentle reminder to the doctor not do to that again. Absolutely frightening response! I fear for other elderly patients given this doctor is involved with (on board of?) an assisted living facility.”

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APPENDICES

Appendix I - Applicable Statutes

Article 3 Physicians and Osteopaths

Division 1 General Provisions

Section 34-24-50 “Practice of Medicine or Osteopathy” Defined.

The “practice of medicine or osteopathy” means: (1) To diagnose, treat, correct, advise, or prescribe for any human disease, ailment, injury, infirmity, deformity, pain, or other condition, physical or mental, real or imaginary, by any means or instrumentality;

(2) To maintain an office or place of business for the purpose of doing acts described in subdivision (1), whether for compensation or not;

(3) To use, in the conduct of any occupation or profession pertaining to the diagnosis or treatment of human disease or conditions, the designation “doctor,” “doctor of medicine,” “doctor of osteopathy,” “physician,” “surgeon,” “physician and surgeon,” “Dr.,” “M.D.,” or any combination thereof unless such a designation additionally contains the description of another branch of the healing arts for which a person has a license.

(Code 1876, §4244; Code 1886, §4078; Code 1896, §5333; Code 1907, §7564; Acts 1915, No. 623, p. 661; Code 1923, §5191; Code 1940, T. 46, §262; Acts 1959, No. 109, p. 620, §3; Acts 1973, No. 1120, p. 1882, §1; Acts 1975, 3rd Ex. Sess., No. 161, p. 405, §2.)

Section 34-24-50.1 Definitions.

Unless otherwise indicated from the context, the terms set out below as used in Articles 3, 8, 9, and 10 of this chapter have the following meanings:

(1) BOARD. The State Board of Medical Examiners.

(2) DOCTOR. Both doctors of medicine and doctors of osteopathy.

(3) EXPEDITED LICENSE. A license to practice medicine, a certificate of qualification, a certification of eligibility for a license to practice medicine, or a certification of eligibility for a certificate of qualification that is issued in an accelerated manner.

(4) LEGEND DRUG. Any drug, medicine, chemical, or poison, bearing on the label the words, “Caution: Federal Law prohibits dispensing without a prescription” or similar words indicating that the drug, medicine, chemical, or poison may be sold or dispensed only upon the prescription of a licensed medical practitioner, except that the term legend drug shall not include any drug, substance, or compound that is listed in Schedules I through V of the Alabama Uniform Controlled Substances Act.

(5) LICENSED TO PRACTICE MEDICINE. Both the practice of medicine by a doctor of medicine or the practice of osteopathy by a doctor of osteopathy.

(6) PHYSICIAN. Either a doctor of medicine or a doctor of osteopathy.

(Act 2002-140, p. 359, §2; Act 2023-233, §2; Act 2024-300, §1.)

Section 34-24-51 Practicing Medicine or Osteopathy Without License.

Any person who practices medicine or osteopathy or offers to do so in this state without a certificate of qualification having been issued in his or her behalf by the State Board of Medical Examiners and without a license and certificate of registration from the Medical Licensure Commission of Alabama shall be guilty of a Class C felony. However, nothing in this section or article shall apply to fellows, residents, interns, or medical students who are employed by or who are taking courses of instruction at the University of Alabama School of Medicine, the University of South Alabama College of Medicine, or such other medical schools or colleges, hospitals, or institutions in Alabama as may be approved by the Board of Medical Examiners; and provided, that the work of the fellows, residents, interns, or medical students is performed within the facilities of such medical schools or colleges, hospitals, or institutions under the supervision of a licensed physician and as an adjunct to his or her course of study or training, and until the fellows, residents, interns, or students meet training requirements for licensure under the laws of the State of Alabama and the regulations of the Board of Medical Examiners of the State of Alabama. Nothing in this section shall be construed as applying to any person practicing chiropractic, dentistry, podiatry, optometry, or any other branch of the healing arts, except medicine and osteopathy, pursuant to a license which has been issued, or which may hereafter be issued, by any state licensing board and who is practicing within the scope of such license. *(Code 1876, §4244; Code 1886, §4078; Code 1896, §5333; Code 1907, §7564; Acts 1915, No. 623, p. 661; Code 1923, §5191; Code 1940, T. 46, §262; Acts 1959, No. 109, p. 620, §3; Acts 1973, No. 1120, p. 1882, §1; Acts 1975, 3rd Ex. Sess., No. 161, p. 405, §2; Act 2007-402, p. 807, §1.)*

Section 34-24-52 Proceedings to Restrain Unlawful Practice.

The State Board of Medical Examiners, in addition to the powers and duties expressed in this article with respect to the denial of the certificate of qualification to practice medicine or suspension or revocation of a certificate of qualification to practice medicine, shall have the power to commence and maintain in any circuit court having jurisdiction of any person within this state who is practicing medicine without a certificate of qualification or to whom a certificate of qualification has been denied, or whose certificate of qualification has been suspended or revoked by the action of the board, an action in the nature of quo warranto as provided for in Section 6-6-590 et seq., as the same is now or may hereafter be amended, to order such person from continuing to practice medicine or osteopathy within the State of Alabama, and jurisdiction is conferred upon the circuit courts of this state to hear and determine all such cases. The board may commence and maintain such action without the filing of a bond or security without the order or direction of a circuit judge. Nothing in this section shall be construed as conferring criminal jurisdiction upon any court not now possessing such criminal jurisdiction, nor shall such court, as an incident to the action in the nature of quo warranto herein authorized, have the power to assess the criminal penalties heretofore set out. An injunction shall be issued upon proof that the person or persons is now or has in the past engaged in the unlawful practice of medicine or osteopathy without requiring proof of actual damage sustained by any person. If such injunction is issued, the injunction shall not relieve any person, corporation, or association, nor the officers or directors thereof, from criminal prosecution for the unlawful practice of medicine. *(Code 1876, §4244; Code 1886, §4078; Code 1896, §5333; Code 1907, §7564; Acts 1915, No. 623, p. 661; Code 1923, §5191; Code 1940, T. 46, §262; Acts 1959, No. 109, p. 620, §3; Acts 1973, No. 1120, p. 1882, §1; Acts 1975, 3rd Ex. Sess., No. 161, p. 405, §2.)*

Section 34-24-53 Board of Medical Examiners - Powers and Duties Generally; Rules and Regulations; Quorum; Fund to Defray Litigation Costs.

(a) The Board of Censors of the Medical Association of the State of Alabama, as constituted under the laws now in force, or which may hereafter be in force, and under the constitution of the association, as the constitution now exists or may hereafter exist, is constituted the State Board of Medical Examiners and is charged with the duties and clothed with the powers hereinafter prescribed; the board is hereby vested with authority to adopt and promulgate rules and regulations and to do such other acts as may be necessary to carry into effect the duties and powers which accrue to it under laws now in force or which may hereafter be in force; and a quorum as provided for by the constitution of the Medical Association of the State of Alabama shall be competent to act.

(b) The board is hereby specifically authorized to set aside from its general revenues and income a special fund designated to defray the fees, costs, and expenses of litigation involving the board and its members or staff, and the commission and its members and staff, arising out of the lawful discharge of the duties and obligations of the board or commission. A portion of the special fund so designated may be expended to purchase liability insurance for the members of the board, its officers, executives, and attorneys and for members of the commission and its officers, executives, and attorneys.

(Code 1876, §1530; Code 1886, §1301; Code 1896, §3260; Code 1907, §1626; Acts 1911, No. 209, p. 234, §1; Code 1923, §2836; Code 1940, T. 46, §258; Acts 1965, No. 797, p. 1497; Acts 1985, No. 85-338, P. 277, §3.)

Section 34-24-53.1 Board of Medical Examiners - Rulemaking Authority.

(a) The Legislature finds and declares all of the following:

(1) The power to make rules regulating the practice of medicine or osteopathy includes the power to prohibit unlicensed persons from practicing medicine or osteopathy and the power to regulate how licensed persons practice medicine or osteopathy.

(2) A primary goal of the provision of health care is to prioritize patient safety and wellness.

(3) The State Board of Medical Examiners and the Medical Licensure Commission are in the best position to determine the medical practices that prioritize patient safety and wellness.

(4) Prioritizing patient safety and wellness may sometimes be at odds with the goals of state and federal anti-trust laws, which include prioritizing competition and efficiency.

(5) It is the intent of the Legislature in enacting this section to immunize the Board of Medical Examiners and its members and the Medical Licensure Commission and its members from liability under state and federal anti-trust laws for the adoption of a rule that prioritizes patient safety and wellness but may be anti-competitive.

(b) Subject to subsection (c), rules adopted under Sections 34-24-53 and 34-24-311 may define and regulate the practice of medicine or osteopathy in a way that prioritizes patient safety and wellness, even if the rule is anti-competitive.

(c) A rule adopted under Section 34-24-53 or 34-24-311 may supplement or clarify any statutory definition but may not conflict with any statute that defines the practice of medicine or osteopathy, including, but not limited to, Section 34-21-81(4)c.

(d) Nothing in this section shall be construed to constrict or expand the current rights and privileges of any individual governed by the Board of Medical Examiners or the Medical Licensure Commission beyond that which existed prior to the ruling in the United States Supreme Court decision *N.C. State Bd. of Dental Examiners v. FTC*, 135 S.Ct. 1101(2015).

(e) Nothing in this section shall be construed to constrict or expand the current duties or responsibilities of the members of the Board of Medical Examiners or the Medical Licensure Commission in any context outside of federal or state anti-trust immunity beyond that which existed prior to the ruling in the United States Supreme Court decision *N.C. State Bd. of Dental Examiners v. FTC*, 135 S.Ct. 1101(2015).

(Act 2016-316, §§1-3.)

Section 34-24-53.2 Board of Medical Examiners -- Ethics.

Commencing June 1, 2025, each member and employee of the State Board of Medical Examiners is subject to the state ethics laws, Chapter 25 of Title 36, or any successor act thereof providing an ethics code for public servants.

(Act 2025-71, §3.)

Section 34-24-54 Board of Medical Examiners - Disposition of Funds; Expenses of Board and Commission Members.

All funds received by the State Board of Medical Examiners shall be deposited to the credit of the board in a federally insured financial institution selected by the board. Such funds may be expended for any lawful purpose authorized by this chapter upon a check or draft bearing the signature of the chairman of the board or his or her designee. Out of the funds of the board the members thereof and the members of the Medical Licensure Commission as established by Section 34-24-310 shall receive per diem at a rate of up to three hundred dollars (\$300) per day or any portion thereof, as established by the board, that such board member or commission member shall be in attendance at an official meeting or function of the board or commission. In addition, each board member and commission member shall receive reimbursement for subsistence and travel in accordance with state law for each day actively engaged in the duties of their office.

(Code 1907, §1643; Code 1923, §2869; Code 1940, T. 46, §292; Acts 1985, No. 85-338, p. 277, §3; Act 2001-366, p. 471, §1; Act 2005-297, 1st Sp. Sess., p. 556, §1.)

Section 34-24-55 Domestic Remedies and Emergency Services Exempted from Chapter.

Nothing in this chapter shall prohibit the administration of domestic remedies in a family by any member thereof, or prohibit any person from rendering service to a sick or injured person in an emergency.

(Code 1907, §1646; Code 1923, §2872; Code 1940, T. 46, §295.)

Section 34-24-56 Report of Malpractice Judgments and Settlements - Filing; Contents; Sanction for Failure to Make Report.

(a) Every physician or surgeon who holds a license, certificate, or other similar authority issued under the provisions of this article and every professional corporation or professional association of a physician or surgeon shall, during the first 30 days of each calendar year, report to the State Board of Medical Examiners any final judgment rendered against such physician, surgeon, or the professional corporation or professional association of any such physician or surgeon during the preceding year, or any settlement in or out of court during the preceding year, resulting from a claim or action for damages for personal injuries caused by an error, omission, or negligence in the performance of medical professional services, or in the performance of medical professional services without consent.

(b) The report rendered under this section shall include the name of the physician or surgeon against whom the claim was made or asserted, the name of the claimant, a summary of the allegations made, the injuries incurred by the claimant, and the terms of the judgment or settlement. In the event that the judgment or settlement is entered against a professional corporation or a professional association, the report shall also include the name of the physician or physicians employed by or rendering medical services on behalf of the corporation against whom the claim was made or asserted.

(c) The failure to make the report required by this section shall constitute grounds for the imposition of disciplinary sanctions by the Medical Licensure Commission against the license of the physician or surgeon responsible for making such report. Those sanctions may include suspension or revocation or such other sanctions as may be authorized under Section 34-24-361(h) and Section 34-24-381. In the case of a judgment or a settlement entered against a professional corporation or a professional association, each physician owning shares of the voting stock of a professional corporation and each physician member of a professional association shall be individually and jointly responsible for insuring that the report is rendered on behalf of the corporation or association.

(Acts 1971, No. 2321, p. 3744, §1; Acts 1991, No. 91-663, p. 1271, §2.)

Section 34-24-57 Report of Malpractice Judgments and Settlements - Review; Ground for Suspension or Revocation of License, Etc.; Notification; Failure to Comply.

(a) The Board of Medical Examiners shall keep a record of all reports made under the provisions of Section 34-24-56, and each year shall review the record of any licensee, certificate holder, or person holding similar authority issued by it, who, during the preceding three-year period, has had two or more final judgments or settlements, or has had a total of three or more final judgments or settlements, or both, of the type required to be reported pursuant to this section.

(b) The review required by subsection (a) shall be for the purpose of determining whether the agency should take disciplinary action against the person.

(c) It shall be a ground for the suspension or revocation of a license, certificate, or other similar authority for the licensee, certificate holder, or person holding similar authority to have the number of final judgments or settlements, or both, referred to in subsection (a); except, that the Board of Examiners shall examine each settlement to determine if there was error, omission, or negligence by the licensee, certificate holder, or person holding similar authority. If the board determines there was no error, omission, or negligence, the settlement shall not be considered for the purpose of this section.

(d) The Board of Medical Examiners shall notify every person licensed, certified, or holding similar authority issued by it of the provisions of this article. The notification shall be by registered or certified mail, return receipt requested.

(e) After receiving the notification required by this section, each person who fails to comply with this section is guilty of a misdemeanor.

(Acts 1971, No. 2321, p. 3744, §2; Act 2005-297, 1st Sp. Sess., p. 556, §1.)

Section 34-24-58 Decisions, Opinions, Etc., of Utilization Review Committee Privileged.

(a) The decisions, opinions, actions and proceedings rendered, entered or acted upon in good faith and without malice and on the basis of facts reasonably known or reasonably believed to exist of any committee of physicians or surgeons, acting as a committee of the Medical Association of the State of Alabama, or any state, county, or municipal medical association or society, or as a committee of any licensed hospital or clinic, or the medical staff thereof, undertaken or performed within the scope and function of such committee as legally defined herein shall be privileged, and no member thereof shall be liable for such decision, opinion, action, or proceeding.

(b) Within the words and meaning of this section, a committee shall include one formed or appointed as a utilization review committee, or similar committee, or committee of similar purpose, to evaluate or review the diagnosis or treatment or the performance of medical services which are performed with respect to private patients or under public medical programs of either state or federal design, with respect to any physical or mental disease, injury, or ailment or to define, maintain, or apply the professional or medical standards of the association, society, hospital, clinic, or medical staff from, by, or for which it was appointed.

(Acts 1971, No. 2277, p. 3668, §§1, 2; Acts 1976, No. 693, p. 960, §2.)

Section 34-24-59 Reporting of Physician Disciplinary Actions.

(a) The chief administrative officer of each hospital shall report to the Alabama State Board of Medical Examiners any disciplinary action taken concerning any physician when the action is related to professional ethics, negligence, or incompetence in the practice of medicine, moral turpitude, sexual misconduct, abusive or disruptive behavior, or drug or alcohol abuse. Disciplinary action shall include termination, revocation, probation, restriction, denial, failure to renew, suspension, reduction, or resignation of hospital privileges for any of the above reasons. The report shall be in writing and be made within 30 days of the date of the initial action. Failure on the part of a chief administrative officer of a hospital to file a report required under this section shall be a violation of Section 22-21-25(b)(3), and the State Board of Health may, in its discretion, impose upon the hospital found to be in violation, a civil monetary penalty in an amount not to exceed two thousand five hundred dollars (\$2,500) for each violation. All monies collected pursuant to this section shall be retained by the Alabama Department of Public Health and may be expended for any legal purpose including, but not limited to, operational expenses of the department.

(b) Any professional society within this state comprised primarily of physicians, which takes formal disciplinary action against a member shall report the action to the Alabama State Board of Medical Examiners, when the action taken is related to professional ethics, negligence, or incompetence in the practice of medicine, moral turpitude, sexual misconduct, abusive or disruptive behavior, or drug or alcohol abuse. This report shall be in writing and made within 30 days of the action.

(c) Any report made pursuant to this section shall be privileged from discovery and the individual making the report shall be immune from liability.

(Acts 1981, No. 81-685, p. 1155, §§ 1-3; Acts 1995, No. 95-199, p. 310, §1; Act 2002-140, p. 359, §1.)

Section 34-24-60 Confidentiality of Records, Etc.; Authorized Release; Waiver.

(a)(1) All reports of investigations; documents subpoenaed by the board; reports of any investigative committee appointed by the board; memoranda of the board's counsel relating to investigations; statements of persons interviewed by the board or any committee of the board; all information, interviews, reports, statements, or memoranda of any kind furnished to the board or any committee of the board; and any findings, conclusions, or recommendations resulting from proceedings of the board or any committee of the board, unless presented as evidence at a public hearing, shall be privileged and confidential, shall be used only in the exercise of the proper functions of the board, and shall not be public records nor be available for court subpoena or for discovery proceedings. Meetings of the board in which any of the aforementioned items are received, reviewed, deliberated, voted on, or acted on by the board shall be closed sessions, and any report or recording of the meeting shall be privileged and confidential.

(2) Nothing contained herein shall apply to records made in the regular course of business of an individual; documents or records otherwise available from original sources are not to be construed as immune from discovery or use in any civil proceedings merely because they were presented or considered during the proceedings of the Board of Medical Examiners or the Medical Licensure Commission.

(b) The board may authorize the release of investigative records and files to municipal, county, state, and federal law enforcement or regulatory agencies or officials and to state and United States territorial medical licensing agencies or officials.

(c) Use of the materials and records in contested cases before the Medical Licensure Commission or release of records to law enforcement, regulatory, or medical licensing agencies or officials shall not be deemed a waiver of confidentiality or privilege established by this section.

(Act 2002-140, p. 359, §2; Act 2021-100, §1.)

Section 34-24-61 Controlled Substance Registration Certificate; Continuing Medical Education; Dismissal of Revocation, Etc.

(a) The State Board of Medical Examiners, when acting in the capacity of a certifying board under the Alabama Uniform Controlled Substances Act, Section 20-2-1, et seq., may, within its discretion and for cause, order, and direct that a physician or osteopath holding a registration certificate successfully complete a course or courses of continuing medical education on subjects related to the prescribing, dispensing, administering, or furnishing of controlled substances. The course or courses of continuing medical education ordered by the board under this section may not exceed 50 credit hours of instruction within the calendar year in which the order is entered. Failure or refusal to comply with an order or directive of the board entered pursuant to this section shall constitute grounds, after notice and hearing, for the suspension of the controlled substance registration certificate of the physician or osteopath in question which shall continue in effect until such time as the physician or osteopath has complied with the order of the board or the board has rescinded or withdrawn the order. The provisions of this section supersede any provisions of Sections 20-2-53 and 20-2-54 that are in conflict. A physician or osteopath adversely affected by a decision of the board to suspend his or her controlled substance registration certificate may obtain judicial review in accordance with the provisions of Section 20-2-53.

(b) Applications for reinstatement of a controlled substance registration certificate or for removal, termination, or modification of restrictions to a controlled substance registration certificate filed with the board less than 24 months following the effective date of the revocation, suspension, restriction, or surrender of a controlled substance registration certificate may, within the discretion of the board, be dismissed by the board without a hearing as prematurely filed. Applications filed more than 24 months following the effective date of the revocation, suspension, restriction, or surrender shall either be granted by the board or set for a hearing before the board which shall be conducted as a contested case under the Alabama Administrative Procedure Act.

(Act 2002-140, p. 359, §2; Act 2005-297, 1st Sp. Sess., p. 556, §1.

Division 2 Certificates of Qualifications

Division 1 General Provisions

Section 34-24-70 Qualifications of Applicants.

(a) The following constitute the requirements for the issuance of a certificate of qualification for a license to practice medicine in this state:

(1) MEDICAL EDUCATION REQUIREMENT. All applicants for a certificate of qualification shall present a diploma or evidence of graduation from any of the following institutions:

a. A college of medicine or school of medicine accredited by the Liaison Committee on Medical Education.

b. A college of osteopathy accredited by the Commission on Osteopathic College Accreditation.

c. A college of medicine or school of medicine not accredited by the Liaison Committee on Medical Education which is approved by the board. The board, within its discretion, may withhold approval of any college of medicine not designated in either paragraph a. or b. which:

1. Has had its accreditation withdrawn by a national or regional accreditation organization; or

2. Has had its authorization, certification, or licensure revoked or withdrawn by a national or regional governmental supervisory agency; or

3. Has been denied approval or has had its approval withdrawn by any national, state, or territorial licensing jurisdiction based upon an evaluation of the college of medicine or upon a finding of misconduct by the college; or

4. Has engaged in fraudulent, criminal, or other practices that are inconsistent with quality medical education, as determined by the board.

(2) POSTGRADUATE EDUCATION REQUIREMENT.

a. Applicants for a certificate of qualification who graduated from a college of medicine accredited by the Liaison Committee on Medical Education or a college of osteopathy accredited by the Commission on Osteopathic College Accreditation shall present evidence satisfactory to the board that the applicant has completed one year of postgraduate or residency training in any of the following programs:

1. A program accredited by the Accreditation Council for Graduate Medical Education.
2. A program accredited by the American Osteopathic Association.
3. A program accredited by the Accreditation Committee of the Royal College of Physicians and Surgeons of Canada.
4. A program accredited by the College of Family Physicians of Canada.

b. All other applicants for a certificate of qualification who graduated from a college of medicine not accredited by the Liaison Committee on Medical Education or a college of osteopathy not accredited by the Commission on Osteopathic College Accreditation shall present evidence satisfactory to the board that the applicant has completed two years of postgraduate or residency training in any of the following programs:

1. A program accredited by the Accreditation Council for Graduate Medical Education.
2. A program accredited by the Commission on Osteopathic College Accreditation.
3. A program accredited by the Accreditation Committee of the Royal College of Physicians and Surgeons of Canada.
4. A program accredited by the College of Family Physicians of Canada.

(3) EXAMINATION REQUIREMENTS. Applicants for a certificate of qualification shall achieve a passing score on one of the licensure examinations listed below. The minimum passing score, maximum number of attempts, and period of time within which all portions of the examination must be completed may be determined by rule of the board. The following examinations shall satisfy this requirement:

- a. The United States Medical Licensing Examination.
- b. The Comprehensive Osteopathic Medical Licensing Examination or its predecessor examination administered by the National Board of Osteopathic Medical Examiners.
- c. The Licentiate of the Medical Council of Canada Examination.
- d. If the examination was completed before January 1, 2000, applicants by endorsement who are licensed in another state, the District of Columbia, a territory of the United States, or a province of Canada are eligible for licensure upon proof of a passing score on one of the following examinations:
 1. The Federation Licensing Examination.
 2. The National Board of Medical Examiners Examination.
- e. The board may establish by rule acceptable combinations of the Federation Licensing Examination, National Board of Medical Examiners Examination, and/or United States Medical Licensing Examination through January 1, 2000, in satisfaction of the examination requirement for a certificate of qualification.

(4) APPLICATION FEE REQUIREMENT. All applicants shall pay in advance to the board of the required application fee in an amount established in the rules of the board. This fee is not refundable once payment is received by the board.

(5) **CRIMINAL HISTORY BACKGROUND CHECK.** In addition to other requirements established by law and for the purpose of determining an applicant's suitability for a certificate of qualification for a license to practice medicine or for the purpose of determining an applicant's suitability for the issuance of, or certification of eligibility for, any expedited license, each applicant shall submit to a criminal history background check. Each applicant shall submit a complete set of fingerprints, either inked cards or electronically, properly executed by a law enforcement agency or an individual properly trained in fingerprinting techniques to the board. The board shall submit the fingerprints to the Alabama State Bureau of Investigation (SBI). The fingerprints shall be forwarded by the SBI to the Federal Bureau of Investigation for a national criminal history record check. The applicant shall pay directly to the board, or its designee, all costs associated with the background check required by this section. The board shall keep information received pursuant to this section confidential, except that such information received and relied upon in denying the issuance of a certificate of qualification for a license to practice medicine in this state, or relied upon in denying the issuance of, or certification of eligibility for, any expedited license may be disclosed as may be necessary to support the denial.

(6) **Additional requirements for examination for certain applicants.** All applicants who graduated from a college of medicine not accredited by the Liaison Committee of Medical Education or the Commission on Osteopathic College Accreditation shall achieve a certification given by the Education Council for Foreign Medical Graduates.

(b) **Administration of examinations by the board.**

(1) Applicants for a certificate of qualification who are applying for initial licensure in the State of Alabama, and who meet all qualifications for administration of Step 3 of the United States Medical Licensing Examination are eligible to take the United States Medical Licensing Examination.

(2) The following individuals are eligible to take the Special Purpose Examination:

a. Applicants who are applying for licensure in Alabama who are required to take the examination under another provision of this section.

b. Individuals required to take the examination pursuant to an order or directive of the board or the Medical Licensure Commission.

(3) Any individual eligible to take the Special Purpose Examination pursuant to paragraph (2)a. or (2)b. who has not achieved a passing score within three administrations shall no longer be eligible to take the Special Purpose Examination.

(c) **Grounds for denial of a certificate of qualification.** The board may deny an application for a certificate of qualification on any of the following grounds:

(1) Failure of the applicant to achieve a passing score on any examination required under this section.

(2) Failure of the applicant to complete the application form as specified by the board or to provide additional information requested by the board in connection with the application, including failure to provide information to or submit to an evaluation recommended by the Alabama Physician Wellness Committee, or its designee.

(3) A finding that the applicant has submitted or caused to be submitted false, misleading, or untruthful information to the board in connection with an application for a certificate of qualification.

(4) Failure to appear before the board or a committee of the board if formally requested to appear in connection with an application for a certificate of qualification.

(5) A finding by the board that the applicant has committed any of the acts or offenses constituting grounds to discipline the licensee to practice medicine in this state pursuant to, but not limited to, Sections 16-47-128, 34-24-360, and 34-24-57.

(6) Failure of the applicant to comply with any of the requirements or rules for the issuance of a certificate of qualification for a license to practice medicine in this state.

(d) Non-disciplinary citation with administrative charge.(1) When a ground for denial of a certificate of qualification exists, an applicant for a certificate of qualification may request in writing to the board that a non-disciplinary citation with administrative charge be assessed against the applicant in lieu of a decision by the board to deny the application for a certificate of qualification. The board may grant, if it deems appropriate, a request for an assessment of a non-disciplinary citation with administrative charge and issue a certificate of qualification to the applicant.

(2) The administrative charge shall be in amounts established by the board in its rules, not to exceed ten thousand dollars (\$10,000). The applicant shall pay the administrative charge assessed in a non-disciplinary citation to the board prior to the issuance of a certificate of qualification.

(3) The administrative charge is not refundable once payment is received by the board. The imposition of a non-disciplinary citation with administrative charge is considered public information and is not considered a disciplinary action against the applicant.

(e) Withdrawal of application for certificate of qualification and certificate of qualification.

(1) An applicant for a certificate of qualification shall have six months from the date the initial signed application form is received by the board to complete the application, except that an applicant for a certificate of qualification who is required to pass an examination as part of the application process shall have 12 months from the date the initial signed application form is received to complete the application. After the expiration of the deadline for completing an application established in the preceding sentence, an incomplete application shall be withdrawn by the board.

(2) A certificate of qualification issued by the board shall be withdrawn by the board after a period of six months from the date of issuance unless the applicant has filed an application for a license to practice medicine with the Medical Licensure Commission of Alabama and paid the required fee.

(3) If either an application for a certificate of qualification or a certificate of qualification is withdrawn by the board, the applicant, to reapply, shall submit a new application form including a new application fee.

(f) Each applicant for a certificate of qualification shall be a citizen of the United States or, if not a citizen of the United States, a person who is lawfully present in the United States with appropriate documentation from the federal government.

(Code 1907, §1627; Code 1923, §2837; Acts 1939, No. 448, p. 600, §1; Code 1940, T. 46, §259; Acts 1959, No. 109, p. 620, §1; Acts 1969, No. 617, p. 1124, §1; Acts 1975, 3rd Ex. Sess., No. 161, p. 405, §1; Acts 1975, 4th Ex. Sess., No. 93, p. 2771, §1; Acts 1976, No. 747, p. 1027, §1; Acts 1981, 3rd Ex. Sess., No. 81-1139, p. 415, §§2, 3; Acts 1983, 3rd Ex. Sess., No. 83-812, p. 24, §1; Acts 1983, 3rd Ex. Sess., No. 83-827, p. 47, §1; Acts 1987, No. 87-775, p. 1514, §2; Acts 1993, No. 93-148, p. 202, §3; Act 99-103, p. 123, §1; Act 2002-140, p. 359, §1; Act 2004-374, p. 604, §1; Act 2007-402, p. 807, §1; Act 2008-397, p. 771, §1; Act 2009-34, p. 113, §3; Act 2021-100, §1; Act 2023-233, §2.)

Section 34-24-70.1 Temporary Certificate of Qualification for Certain Applicants Relocated to or Stationed in State Under Official Military Orders.

(a)(1) The board, subject to the rules adopted by the board, may issue a temporary certificate of qualification to a physician applicant who is relocated to or stationed in this state under official military orders and who satisfies any of the following:

- a. Is an active duty, reserve, or transitioning member of a branch of the United States Armed Forces, including the National Guard.
- b. Is the spouse of an active duty, reserve, or transitioning member of a branch of the United States Armed Forces, including the National Guard.
- c. Is the surviving spouse of a service member who, at the time of his or her death, was serving on active duty.

(2) For the purposes of this section, a transitioning service member is a member of the United States Armed Forces, including the National Guard, on active duty status or on separation leave who is within 24 months of retirement or 12 months of separation.

(b) The Medical Licensure Commission, subject to the rules adopted by the commission, may issue a temporary license to practice medicine to an applicant who has been issued a temporary certificate of qualification by the board under this section.

(c) A physician may receive a temporary certificate of qualification issued under subsection (a) if he or she satisfies the requirements of subsection (a), to the satisfaction of the board, and presents evidence satisfactory to the board of all of the following:

(1) Possession of a full and unrestricted license to practice medicine issued by the appropriate medical licensing board of another state, the District of Columbia, a territory of the United States, or a province of Canada.

(2) Graduation from a medical school accredited by the Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation, or a medical school listed on the International Medical Education Directory or its equivalent.

(3) Pursuant to the qualifications set forth in Section 34-24-70(a)(3) and any rule adopted pursuant to that section, passage of each component of the United States Medical Licensing Examination (USMLE), the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA), the Licentiate of the Medical Council of Canada Examination, or any of their predecessor examinations, accepted by the board as an equivalent examination for licensure purposes.

(4) Successful completion of graduate medical education approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association.

(5) Has never been convicted, received adjudication, community supervision, or deferred disposition of any felony offense or any crime related to fraud, violence, sexual violations, or related to the practice of medicine.

(6) Has never had his or her medical license subjected to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to the nonpayment of fees related to a license.

(7) Has never had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration.

(8) Is not currently under investigation by a licensing agency or law enforcement authority in any state, federal, or foreign jurisdiction.

(9) Is a United States citizen, a national of the United States, or an alien lawfully present in the United States.

(d) A physician who is issued a temporary certificate of qualification under this section shall apply for a certificate of qualification pursuant to Section 34-24-70 within 12 months after the issuance of a temporary certificate of qualification.

(1) A temporary certificate of qualification issued under subsection (a) shall expire 12 months after the date of issuance if an application for a certificate of qualification pursuant to Section 34-24-70 is not received by the board.

(2) A physician who applies for a certificate of qualification pursuant to Section 34-24-70 and the rules adopted by the board within 12 months after issuance of a temporary certificate of qualification may practice medicine under a license issued by the commission under this section until such time as the application is acted upon by the board and the Medical Licensure Commission.

(e) The State Board of Medical Examiners and the Medical Licensure Commission may each adopt rules to implement this section and to permit the expedited processing of applications for a temporary certificate of qualification and medical license.

(f) A temporary certificate of qualification and license shall clearly indicate that it is a temporary certificate or license for military service members or their spouses.

(g) Any physician issued a temporary license under this section shall be subject to having his or her license suspended or revoked by the Medical Licensure Commission for the same causes or reasons, and in the same manner, as provided by law for other physicians licensed pursuant to this chapter.

(Act 2021-100, §2.)

Section 34-24-71 Application for Examination.

An applicant shall, before being permitted to enter upon an examination, fill out an application blank giving his or her name, age, residence, college and date of graduation, references, and such other data as the State Board of Medical Examiners may require. The board may establish and charge reasonable fees for providing an application packet or a blank license application form, or both. The applicant shall make affidavit that he or she is the person he or she represents himself or herself to be and that he or she shall faithfully observe all rules governing the examination. Any member of the State Board of Medical Examiners or the supervisors of examinations appointed by the board may administer the oath prescribed. The board may refuse to examine a person whose reputation is such as to render him or her unworthy of membership in the medical profession.

(Code 1907, §1628; Code 1923, §2838; Code 1940, T. 46, §260; Acts 1959, No. 109, p. 620, §1; Act 2009-34, p. 113, §3.)

Section 34-24-73 Reciprocity Generally.

(a) The State Board of Medical Examiners may establish reciprocal agreements for licensure by endorsement with similar boards of other states, the District of Columbia, the territories of the United States, and the provinces of Canada in reference to the issuance of certificates of qualifications. Reciprocal agreements shall not be established with a board of examiners that does not require examination upon substantially the same branches of medical learning as those examinations required for licensure in this state, and that does not maintain a standard of proficiency at least equal to that maintained by the Board of Medical Examiners of this state. When reciprocal agreements have been established, subject to the requirements of Section 34-24-70, a certificate of qualification may be issued by endorsement in behalf of a person who presents evidence of compliance with the requirements of a reciprocating board.

(b) The State Board of Medical Examiners may issue a certificate of qualification by endorsement in behalf of a person who presents evidence of compliance with the requirements of the appropriate board of examiners of another state, the District of Columbia, a territory of the United States, or a province of Canada, if that board requires examination upon substantially the same branches of medical learning as those examinations required for licensure in this state and maintains a standard of proficiency at least equal to that maintained by the State Board of Medical Examiners of this state, whether or not it has established reciprocal agreements with the appropriate board of examiners. Subject to the requirements of Section 34-24-70, the State Board of Medical Examiners may also issue a certificate of qualification by endorsement in behalf of a person who presents evidence satisfactory to the board of successful completion of the Federation Licensing Examination or the examination given by the National Board of Medical Examiners, or the United States Medical Licensing Examination or the National Board of Osteopathic Medical Examiners Examination or the Licensing Medical Council of Canada Examination with a passing score acceptable to the State Board of Medical Examiners.

(c) Any certificate of qualification issued in accordance with this section shall include on its face a statement that the certificate was issued pro forma and by endorsement.

(d) Any certificate of qualification previously issued by the State Board of Medical Examiners under this section is validated, ratified, and confirmed if that certificate could have been legally issued as the section now reads.

(e) No person in whose behalf a reciprocal or pro forma certificate of qualification has been issued shall practice in this state unless the person obtains a license and certificate of registration from the State Medical Licensure Commission.

(Code 1907, §1634; Code 1923, §2844; Code 1940, T. 46, §267; Acts 1951, No. 185, p. 436, §1; Acts 1959, No. 109, p. 620, §5; Acts 1975, 3rd Ex. Sess., No. 161, p. 405, §3; Acts 1993, No. 93-148, p. 202, §3; Act 99-103, p. 123, §1.)

Section 34-24-74 Nonresident Consultants; Physician Accompanying Patient Being Transported into Alabama for Treatment.

A doctor of medicine or doctor of osteopathy licensed to practice medicine in any state of the United States or the District of Columbia who may be called into this state in order to treat a patient in consultation with a physician licensed to practice medicine in this state shall be allowed the temporary privilege of practicing medicine in this state. This privilege shall be limited to 10 calendar days in a calendar year.

A doctor of medicine or doctor of osteopathy licensed to practice medicine in any state in the United States or the District of Columbia who accompanies a patient being transported to the State of Alabama by air or ground transportation for the purpose of receiving medical treatment at any hospital, clinic, or medical facility in the State of Alabama shall be permitted to render necessary medical care to the patient while the patient is being transported in this state and upon arrival at the destination shall immediately refer the care of the patient to a physician licensed to practice medicine in this state.

(Code 1907, §1635; Code 1923, §2845; Code 1940, T. 46, §268; Acts 1988, No. 88-223, p. 347, §1.)

Section 34-24-75 Certain Certificates Issued Without Examination.

(a) The State Board of Medical Examiners may, in its discretion and subject to rules and regulations promulgated by the board, issue a certificate of qualification without examination in behalf of full-time employed physicians teaching in any medical college in Alabama, approved by the Association of American Medical Colleges or the board. The dean of the medical college located in this state shall be required to annually certify to the board the names of members of the college's faculty who have not had issued in their behalf a certificate of qualification by the board and who, in the opinion of the dean, possess the qualifications as the board has or may prescribe including qualifications in the basic sciences, medical education, and other qualifications. The dean, in submitting the certificate of qualifications, shall submit, in addition to the certificate and other information required, a dossier on the applicant to include the following: Name, place of birth, all places of residence, race, religious beliefs, any convictions of any crimes, education showing institution degrees, medical training degrees and experience, internships by years and place, and any other honorary degrees or recognitions. The dean shall include any other remarks appropriate. The statement shall be signed by the applicant under oath. The dean shall verify the records including the last statement upon "information and belief." The record shall be public records and shall be submitted to the board and kept as permanent records for the use of the board and for public inspection for due cause. If the board concurs in the opinion of the dean, the board may waive any requirement of examination or citizenship, but teacher applicants must be at least 21 years of age and of good moral character. Physicians having certificates issued hereunder must limit their practice to the confines of the medical center of which the medical college is a part, and as an adjunct to their teaching functions in that college. Certification will be automatically withdrawn and automatically expires without notice when full-time employment is terminated. The State Board of Medical Examiners shall make rules and regulations it considers necessary to carry out the purpose of this section. Certificates issued hereunder and licenses based thereon shall state on their face that the practice is limited to the confines of a particular medical center of which a certain medical college is a part and are issued pro forma without examination. Teaching physicians in whose behalf a certificate of qualification is issued hereunder shall be subject to having their certificates of qualification suspended or revoked by the board for the same causes or reasons and in the same manner as is provided by law in the case of other physicians. Certificates of qualification issued under this subsection shall expire annually.

Teaching physicians may apply to the Board of Medical Examiners to renew their certificates of qualification, but the board shall have full discretion to accept or reject the application for renewal. Teaching physicians to whom a certificate is issued under this subsection shall be required to pay the board for the initial certificate the same amount of fees as are now or as may be required of applicants for a certificate by endorsement. Fees charged by the board for renewal of certificates issued under this subsection shall not exceed \$15. Nothing in this subsection shall be construed so as to authorize any physician certified hereunder to practice medicine in any manner outside the confines of the medical center in which he or she is employed and any practice or attempt to practice medicine outside the confines of that medical center shall result in the immediate and automatic revocation without notice of any certificate of qualification issued pursuant to this subsection.

(b) The State Board of Medical Examiners may, in its discretion and subject to rules and regulations promulgated by the board, issue a certificate of qualification without examination in behalf of any physician employed full-time at any state penal institution or any state mental institution or any other state institution approved by the Board of Medical Examiners. Physicians having certificates issued hereunder must limit their practice to the confines of the institution in which they are employed. Certification will be automatically withdrawn and automatically expires without notice when full-time employment is terminated. The State Board of Medical Examiners shall make rules and regulations it considers necessary to carry out the purpose of this section. Certificates issued hereunder and licenses based thereon shall state on their face that the practice is limited to the confines of a state institution and are issued pro forma without examination. Physicians in whose behalf a certificate of qualification is issued hereunder shall be subject to having their certificates of qualification suspended or revoked by the board for the same causes or reasons and in the same manner as is provided by law in the case of other physicians. Certificates of qualification issued under this subsection shall expire annually. Physicians may apply to the Board of Medical Examiners to renew their certificates of qualification, but the board shall have full discretion to accept or reject the application for renewal. Physicians to whom a certificate is issued under this subsection shall be required to pay the board for the initial certificate the same amount of fees as are now or as may be required of applicants for a certificate by endorsement. Fees charged by the board for renewal of certificates issued under this subsection shall not exceed \$15. Nothing in this subsection shall be construed so as to authorize any physician certified hereunder to practice medicine in any manner outside the confines of the institution in which he or she is employed and any practice or attempt to practice medicine outside the confines of that institution shall result in the immediate and automatic revocation without notice of any certificate of qualification issued pursuant to this subsection.

(c) The State Board of Medical Examiners may, in its discretion and subject to the rules and regulations promulgated by the board, issue a certificate of qualification without examination in behalf of physicians enrolled in a residency training program approved by the board. The board shall also have the authority to require the verification and certification it deems necessary to insure that the applicant is qualified for a certificate of qualification. Physicians having certificates issued hereunder must limit their practice to the confines of the institution in which they are placed pursuant to their training program. Certification will be automatically withdrawn and automatically expires without notice when the physician is no longer enrolled in the training program. The State Board of Medical Examiners shall promulgate rules and regulations it considers necessary to carry out the intent of this subsection. Certificates issued hereunder and licenses based thereon shall state on their faces that the practice is limited to the confines of the institution in which the physician is placed pursuant to his or her training program and shall specifically name that institution. Certificates issued hereunder and licenses based thereon shall also state on their faces that they are issued pro forma without examination. Any physician in whose behalf a certificate of qualification is issued hereunder shall be subject to having his or her certificate of qualification suspended or revoked by the board for the same causes or reasons and in the same manner as is provided by law in the case of other physicians. Certificates of qualification issued under this subsection shall expire annually. Physicians may apply to the Board of Medical Examiners to renew their certificates of qualification, but the board shall have full discretion to accept or reject the application for renewal. Physicians to whom a certificate is issued under this subsection shall be required to pay the board for the initial certificate the same amount of fees as are now or as may be required of applicants for a certificate by endorsement. Fees charged by the board for renewal of certificates issued under this subsection shall not exceed \$15. Nothing in this subsection shall be construed so as to authorize any physician certified hereunder to practice medicine in any manner outside the confines of the institution in which he or she is placed pursuant to this training program and any practice or attempt to practice medicine outside the confines of an institution shall result in the immediate and automatic revocation without notice of any certificate of qualification issued pursuant to this subsection.

(Code 1907, §1636; Acts 1919, No. 599, p. 851; Code 1923, §2846; Code 1940, T. 46, §269; Acts 1959, No. 109, p. 620, §6; Acts 1965, No. 671, p. 1206, §1; Acts 1975, 3rd Ex. Sess., No. 161, p. 405, §4; Acts 1978, No. 536, p. 589, §1; Acts 1987, No. 87-568, p. 890, §1; Acts 1993, No. 93-148, p. 202, §3.)

Section 34-24-75.1 Certificate and Limited License Under Retired Senior Volunteer Program.

(a)(1) The board, at its discretion and subject to the rules adopted by the board, may issue a certificate of qualification on behalf of physicians meeting the requirements for participation in the Retired Senior Volunteer Program (RSVP).

(2) The Retired Senior Volunteer Program is created for the purpose of permitting doctors of medicine and doctors of osteopathy who are fully retired from the active practice of medicine to obtain a limited license without cost which would permit the provision of outpatient health care services at established free clinics operated pursuant to the Volunteer Medical Professional Act, Section 6-5-660 et seq. Physicians having certificates issued under this section must limit their practice to the confines of an established free medical clinic, as that term is defined in Section 6-5-662, or other nonprofit organizations or facilities located in Alabama which are approved by the board and which provide outpatient medical care to individuals unable to pay for the care.

- (3) Certificates issued under this section and licenses based thereon shall state on their faces that the certificates are issued under the RSVP and are subject to restrictions.
- (4) Any physician on whose behalf a certificate of qualification is issued under this section shall be subject to having his or her license suspended or revoked by the Medical Licensure Commission for the same causes or reasons and in the same manner as provided by law in the case of other physicians.
- (5) Certificates of qualification issued under this section shall expire annually. Physicians may apply to the board for renewal of their certificate, but the board shall have full discretion to accept or reject the application for renewal.
- (b) A physician is eligible to receive a certificate of qualification issued under subsection (a) if he or she meets the following qualifications:
- (1) The applicant currently has or has had a full and unrestricted license to practice medicine in the State of Alabama or in any other state of the United States or the District of Columbia, which license is or was at the time of expiration unrestricted and in good standing with no pending disciplinary actions or investigations at the time of expiration.
- (2) The applicant certifies, on a form prescribed by the board, that he or she is fully retired from the active practice of medicine.
- (3) The applicant is in good health and is not currently undergoing treatment for a physical or mental condition which would impair the individual's ability to practice medicine with reasonable skill and safety to patients.
- (4) The applicant certifies, on a form prescribed by the board, that he or she intends to limit his or her medical practice to the provision of outpatient services at an established free medical clinic as that term is defined in Section 6-5-662 or other nonprofit organization or facility that has been approved by the board and that furnishes outpatient medical care to patients unable to pay for the care.
- (5) The applicant certifies, on a form prescribed by the board, that his or her license to practice medicine in any state or the District of Columbia has never been revoked, suspended, placed on probation, or otherwise subject to disciplinary action and that the applicant has not had his or her hospital medical staff privileges revoked, suspended, curtailed, limited, or surrendered while under investigation.
- (6) The applicant acknowledges, on a form prescribed by the board, that he or she is subject to the continuing medical education requirements for physicians as specified in the rules of the State Board of Medical Examiners.
- (7) The applicant furnishes a certification of the employment arrangements or agreement with the qualified clinic or nonprofit organization.
- (c) A certificate of qualification issued under subsection (a) shall be issued at no cost to the applicant.
- (d) The Medical Licensure Commission and the State Board of Medical Examiners each may adopt reasonable rules necessary to implement the requirements of this section and Section 34-24-333(b). *(Act 2004-299, p. 422, §§1, 3; Act 2025-332, §1.)*

Section 34-24-75.2 Practice of Medicine as a Bridge Year Graduate Physician.

(a) The board may develop, implement, and maintain a permit that allows an individual who meets certain criteria and qualifications, as further provided in subsection (c), to practice medicine as a bridge year graduate physician. A permitted bridge year graduate physician shall practice only under the supervision of a licensed physician approved by the board.

(b)(1) The board shall convene a standing working group to consult and assist in the drafting

a. Two members appointed by the Medical Association of the State of Alabama.

b. One member appointed by the Alabama Academy of Family Physicians.

c. One member appointed by the Alabama Chapter of the American Academy of Pediatrics.

d. One member appointed by the Alabama Chapter of the American College of Physicians.

e. One member appointed by the Alabama Primary Health Care Association.

f. One member appointed by the board.

g. The director of a residency program appointed by the Dean of The University of Alabama at Birmingham School of Medicine.

h. The director of a residency program appointed by the Dean of the University of South Alabama College of Medicine.

i. The Director of the Cahaba Medicine Family Residency Program.

(2) Members of the standing working group shall receive, out of the funds of the board, reimbursement for subsistence and travel in accordance with state law for each day actively engaged in official business of the standing working group.

(3) The standing working group may conduct its business in person or by electronic means.

(c) The board shall provide by rule for the criteria for participation in the bridge year graduate physician program which, at a minimum, shall require the individual seeking a permit to meet the following qualifications:

(1) Is a graduate of a medical educational institution as set forth in Section 34-24-70(a)(1).

(2) Has applied, but was not accepted into, a postgraduate or residency training program, as set forth in Section 34-24-70(a)(2), for the first year following medical school graduation. The board may establish a process for otherwise qualified applicants to petition the board to waive this requirement.

(3) Has submitted to the board an application on a form approved by the board.

(4) Has paid to the board in advance the required application fee in an amount established by board rule. This fee is nonrefundable once payment is received by the board.

(d) In addition to the qualifications described in subsection (c), and for the purposes of determining an applicant's suitability to obtain a permit to practice as a bridge year graduate physician in this state, each applicant shall submit to a criminal history background check. Each applicant shall submit a complete set of fingerprints, either inked cards or electronically, properly executed by a law enforcement agency or an individual properly trained in fingerprinting techniques to the board. The board shall submit the fingerprints provided to the State Bureau of Investigation (SBI). The fingerprints shall be forwarded by the SBI to the Federal Bureau of Investigation for a national criminal history record check. The applicant shall pay directly to the board, or its designee, all costs associated with the background check required by this section. The board shall keep information received pursuant to this subsection confidential, except that such information received and relied upon in denying the issuance of a permit to practice as a bridge year graduate physician in this state may be disclosed as may be necessary to support the denial.

(e) Upon the filing of an application in the proper form, if the board is satisfied that all requirements of the law have been met and that the application should be approved in the interest of public welfare, the board shall issue to the applicant a permit to practice as a bridge year graduate physician. The permit shall be of a size and design to be determined by the board. Every permit issued by the board shall be dated, shall be numbered in the order of issuance, and shall be signed by the chair of the board or the chair's designee.

(f) A permit issued pursuant to this section shall be valid for one year and may be renewed, upon application and payment of a renewal fee, as determined by the board, by rule, for no more than one additional one-year period.

(g) The board may adopt rules further setting forth the qualifications of a physician eligible to supervise a bridge year graduate physician and for the level of supervisory oversight required, which, at a minimum, shall include on-site physician supervision.

(h)(1) An individual holding a permit to practice as a bridge year graduate physician may prescribe, dispense, or administer legend drugs to patients, subject to both of the following conditions:

a. The drug shall be on the formulary approved under the guidelines of the board.

b. The drug is administered or issued pursuant to a job description approved by the board and signed by the bridge year graduate physician's supervising physician.

(2) Permitted bridge year graduate physicians may administer any legend drug that they are authorized to prescribe under this subsection. A bridge year graduate physician may not initiate a call-in prescription in the name of his or her supervising physician for any drug, whether legend drug or controlled substance, which the bridge year graduate physician is not authorized to prescribe under the job description signed by his or her supervising physician and approved under this subsection, unless the drug is specifically ordered for the patient by the supervising physician, either in writing or by a verbal order which has been reduced to writing and which has been signed by the supervising physician within a time specified in the guidelines of the board.

(i) The board may deny, suspend, terminate, or revoke a bridge year graduate physician permit for any reason provided by law or board rule for the termination of licenses, permits, registrations, or certificates issued by the board or the Medical Licensure Commission, including, but not limited to, a violation of this section or the rules adopted by the board pursuant to this section.

(j) At the end of the bridge year, the physician supervising a bridge year graduate physician, in a manner prescribed by the board, shall submit a report to the board indicating the scope and breadth of the practice of the participating bridge year graduate physician and the instruction and training given to the bridge year graduate physician. The supervising physician's report shall contain a statement as to whether or not the bridge year graduate physician would be recommended for a residency position upon reapplication.

(k) A permit issued in accordance with this section shall not confer any future right to licensure to practice medicine in this state.

(l) The board may adopt rules regulating the permitting and practice of bridge year graduate physicians in this state, even if the rules displace competition.

(Act 2023-233, §3)

Article 7 Assistants to Physicians

Section 34-24-290 Definitions.

For the purposes of this article, the following words and phrases shall have the following meanings:

- (1) APPROVED PROGRAM. A program for the education and training of assistants to physicians which has been formally approved in writing by the board.
- (2) ASSISTANT TO PHYSICIAN. A person who is a graduate of an approved program, is licensed by the board, and is registered by the board to perform medical services under the supervision of a physician approved by the board to supervise the assistant.
- (3) BOARD. The Board of Medical Examiners of the State of Alabama.
- (4) 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 the drug, medicine, chemical, or poison may be sold or dispensed only upon the prescription of a licensed medical 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.
- (5) PHYSICIAN. A person who is licensed to practice medicine in this state and is approved by the board to supervise assistants to physicians.
- (6) PHYSICIAN SUPERVISION. A formal relationship between a licensed assistant to a physician and a licensed physician under which the assistant to the physician is authorized to practice as evidenced by a written job description approved in accordance with this article. Physician supervision requires that there shall be at all times a direct continuing and close supervisory relationship between the assistant to the physician and the physician to whom that assistant is registered. The term supervision does not require direct on-site supervision of the assistant to the physician; however, it does require the professional oversight and direction as may be required by the regulations and guidelines of the Board of Medical Examiners.
- (7) PRESCRIBE or PRESCRIBING. The act of issuing a written prescription for a legend drug.
- (8) PRESCRIPTION. An order for a legend drug which is written and signed by an assistant to a physician authorized to prescribe and administer the drugs and which is intended to be filled, compounded, or dispensed by a pharmacist.
- (9) TRAINEE. A person who is currently enrolled in an approved program in this state.
(*Acts 1971, No. 1948, p. 3146, §2; Acts 1994, No. 94-261, p. 490, §1; Act 98-604, p. 1324, §1.*)

Section 34-24-291 Purpose of Article.

(a) Shortages of all skilled health personnel, both physicians and others, new scientific and technological developments and new methods of organizing health services have made the question of new uses for allied health personnel the critical issue to be resolved if our supply of health manpower is to be used effectively and productively. In its concern with the growing shortage and geographic maldistribution of health care services in Alabama, the Legislature intends to establish in this article a framework for legal recognition and development of new categories of health manpower - assistants to physicians.

(b) It is also the intent of this article to encourage the more effective utilization of the skills of physicians by enabling them to delegate certain health care tasks to qualified assistants to physicians where such delegation is consistent with the patient's health and welfare.

(c) It is also the intent of this article to encourage and permit the utilization of the assistants to physicians by physicians and to remove existing legal constraints. It is also the purpose of this article to allow for innovative developments of programs for the education of assistants to physicians. And, it is also the purpose of this article to provide for the establishing of a system of approving and regulating physicians and assistants to physicians so that a high quality of service is insured.

(Acts 1971, No. 1948, p. 3146, §1.)

Section 34-24-292 Services Performed by Trainees and Assistants.

(a) Notwithstanding any other provision of law, a licensed assistant to a physician may perform medical services when the services are rendered under the supervision of a licensed physician or physicians approved by the board; except, that no medical services may be performed under this article except under the supervision of an ophthalmologist in the office in which the physician normally actually practices his or her profession and nowhere else in any of the following areas:

(1) The measurement of the powers or range of human vision or the determination of the accommodation and refractive state of the human eye or the scope of its functions in general or the fitting or adaptation of lenses or frames for the aid thereof.

(2) The prescribing or directing the use of or using any optical device in connection with ocular exercises, visual training, or orthoptics.

(3) The prescribing of contact lenses for or the fitting or adaptation of contact lenses to the human eye. Nothing in this section shall preclude the performance of routine visual screening.

(b) In the performance of any medical service contemplated by this article, an assistant to a physician shall be conclusively presumed to be the agent, servant, or employee solely of the licensed physician or physicians under whose supervision he or she performs the service, and no other person, firm, corporation, or other organization shall be held liable or responsible for any act or omission of the assistant arising out of the performance of the medical service.

(c) A licensed assistant to a physician registered to a licensed physician practicing under a job description approved in the manner prescribed by this article may prescribe legend drugs to 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 job description signed by the physicians to whom the assistant is registered.

(2) The drug shall be on the formulary approved under the guidelines of the Board of Medical Examiners.

(d) Assistants to physicians may administer any legend drug which they are authorized to prescribe under this section. An assistant to a physician may not initiate a call-in prescription in the name of his or her physician for any drug, whether legend drug or controlled substance, which the assistant is not authorized to prescribe under the job description signed by his or her physician 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 guidelines of the Board of Medical Examiners.

(Acts 1971, No. 1948, p. 3146, §3; Acts 1975, No. 1152, p. 2276, §1; Acts 1994, No. 94-261, p. 490, §1; Act 98-604, p. 1324, §1.)

Section 34-24-293 Powers and Duties of Board.

(a) The Board of Medical Examiners shall have and exercise all powers and duties previously granted to it. The board may make specific rules and regulations pertaining to the licensure approval, registration, and regulation of assistants to physicians. The board may also make specific rules and regulations pertaining to approvals, disapprovals, and withdrawing approvals from physicians to utilize assistants to physicians.

(b) The board may recognize, approve, and disapprove new categories and specialties of assistants to physicians as they develop in the delivery of health care.

(c) The board shall issue certificates of approval for programs for the education and training of assistants to physicians which meet board standards.

(d) In developing criteria for program approval, the board shall give consideration to and encourage the utilization of equivalency and proficiency testing and other mechanisms whereby full credit is given to trainees for past education and experience in health fields.

(e) The board shall adopt and publish standards to insure that the programs operate in a manner which does not endanger the health and welfare of patients who receive services within the scope of the program. The board shall review the quality of the curriculum, faculty, and the facilities of the programs and shall issue certificates of approval, and at the other times as it deems necessary to determine that the purposes of this article are being met.

(f) The board shall formulate guidelines for the consideration of applications by a licensed physician or physicians to supervise assistants to physicians. Each application made by a physician or physicians to the board shall include all of the following:

(1) The qualifications, including related experience, possessed by the proposed assistant to a physician.

(2) The professional background and specialty of the physician or physicians.

(3) A description by the physician of his or her, or physicians of their, practice and the way in which the assistant or assistants are to be utilized.

- (g) The board shall approve an application by a licensed physician or physicians to supervise an assistant to a physician where the board finds that the proposed assistant is a graduate of an approved program, is licensed by the board, and is fully qualified by reason of experience and education to perform medical services under the supervision of a licensed physician and that the licensed physician or physicians are suitable and competent to exercise such supervision.
- (h) The board shall provide for penalties for violation of rules and regulations promulgated by the board, including the revocation or suspension of approval of registration to act as an assistant to a physician and approval of physicians to supervise assistants to physicians.
- (i) The board shall prescribe a method by which a candidate for approval, having prior certification, registration, or licensure, may be evaluated and approved. The board shall also prescribe a method by which a candidate for approval may be evaluated and given approval based upon the candidate's past education and work experience.
- (j) The board may cooperate and participate in those federal programs affecting or in conjunction with these types of allied health personnel.
- (k) For the administration of its duties and power in connection with these new categories of health manpower, the board shall establish a reasonable fee schedule, and receipts from payments of the fees shall be expended by the board in carrying out the purposes of this article.
- (l) The board may establish written guidelines which govern the prescription practices of assistants to physicians. The guidelines and any and all additions, deletions, corrections, or changes thereto shall not be considered a rule or regulation requiring publication under the Alabama Administrative Procedure Act. The guidelines shall establish a formulary of legend drugs that may be prescribed by an assistant to physician and establish minimum requirements for review of the prescribing practice of an assistant to a physician by his or her supervising physician.
- (m) The board may adopt such other rules and regulations as are reasonably necessary to carry out the intent, purposes, and provisions of this article.
- (Acts 1971, No. 1948, p. 3146, §4; Acts 1994, No. 94-261, p. 490, §1; Act 98-604, p. 1324, §1.)*

Section 34-24-294 Injunctive Proceedings.

- (a) The Board of Medical Examiners may, in the name of the people of the State of Alabama and through the Attorney General of the State of Alabama, or district attorney under the supervision of the Attorney General, apply for an injunction in any court of competent jurisdiction to enjoin any person from committing any act prohibited by the board or by the provisions of this article.
- (b) If it is established that any person has been or is committing any act prohibited by the board or by any provision of this article, the court or any judge shall enter a judgment perpetually enjoining the person from further committing the act.
- (c) In case of violation of any injunction issued under the provisions of this section, the court or any judge thereof may summarily try and punish the offender for contempt of court.
- (d) Such injunctive proceedings shall be in addition to and not in lieu of all penalties and other remedies provided in this article.
- (Acts 1971, No. 1948, p. 3146, §5.)*

Section 34-24-295 License Required.

- (a) Any person practicing or offering to practice as an assistant to physician in this state shall be licensed and registered by the board in accordance with this article and the rules of the board.
- (b) There shall be no independent unsupervised practice by an assistant to physician who is granted a license to practice as an assistant to physician.
- (Act 98-604, p. 1324, §2.)*

Section 34-24-296 Practice Without License; Penalty.

(a) Any person who practices or offers to practice as an assistant to physician in this state without a license and registration issued and approved by the board shall be guilty of a misdemeanor which shall be punishable as provided by law.

(b) Any violation of the regulations duly promulgated by the board shall constitute a misdemeanor and shall be punishable as provided by law.

(Act 98-604, p. 1324, §3.)

Section 34-24-297 Issuance of License - Requirements.

The following constitutes the requirements for the issuance of a license to practice as an assistant to physician:

(1) Provide evidence, satisfactory to the board, of successful completion of a training program accredited by the Committee on Allied Health Education and Accreditation (CAHEA) , the Commission on Accreditation of Allied Health Education Programs (CAAHEP), the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), or the Accreditation Review Committee for the Anesthesiologist Assistant (ARC-AA), or their successor agencies.

(2) Provide evidence, satisfactory to the board, of successful completion of the Physician Assistant National Certification Examination (PANCE) as administered by the National Commission on Certification of Physician Assistants (NCCPA) or the National Certifying Examination for Anesthesiologist Assistants (NCEAA) as administered by the National Commission for Certification of Anesthesiologist Assistants (NCCAA).

(3) Submit an application on forms approved by the board in its rules.

(4) Pay in advance to the board the required application fee in an amount established in the rules of the board.

(5) In addition to the above requirements and for the purpose of determining an applicant's suitability for a license to practice as an assistant to physician in this state, each applicant shall submit to a criminal history background check. Each applicant shall submit a complete set of fingerprints to the Board of Medical Examiners, or any channeler approved by the board. The board, or its channeler, shall submit the fingerprints provided by each applicant for a license to practice as an assistant to physician to the Alabama State Bureau of Investigation (SBI). The fingerprints shall be forwarded by the SBI to the Federal Bureau of Investigation (FBI) for a national criminal history record check. Costs associated with conducting a criminal history background check shall be borne by the applicant and are payable directly to the board or its designee. The Board of Medical Examiners shall keep information received pursuant to this section confidential except that such information received and relied upon in denying the issuance of a license to practice as an assistant to physician in this state may be disclosed as may be necessary to support the denial.

(Act 98-604, p. 1324, §4; Act 2008-378, p. 697, §1; Act 2021-100, §1.)

Section 34-24-298 Issuance of License - Application; Approval.

(a) Upon the filing of an application in the proper form, if the board is satisfied that all requirements of the law have been met and that the application should be approved in the interest of public welfare, the board shall issue to the applicant a license to practice as an assistant to physician of a size and design to be determined by the board.

(b) Every license issued by the board shall be dated, shall be numbered in the order of issuance, and shall be signed by the chair of the board or the chair's designee.

(Act 98-604, p. 1324, §5.)

Section 34-24-299 Renewal of License.

A license issued by the board to an assistant to physician must be renewed annually on or before January 1 of each year. Application for annual renewal must be received by the board on or before December 31 and must be accompanied by a fee in an amount established in the regulations of the board.

(Act 98-604, p. 1324, §6.)

Section 34-24-300 Licensing of Certified Physician Assistant or Surgeon Assistant.

Notwithstanding any other provision of this article to the contrary, any person who was certified by the board as a physician assistant or surgeon assistant to a licensed physician on December 21, 1994, shall be eligible for the issuance of a license to practice as an assistant to physician in this state. To qualify for a license under this section, an applicant must submit an application for license and the required fee no later than one year after May 6, 1998. After one year from May 6, 1998, an applicant for license must meet all the requirements of Section 34-24-297.

(Act 98-604, p. 1324, §7.)

Section 34-24-301 Temporary Licenses.

(a) The board may, in its discretion, grant a temporary license to an applicant who meets the qualifications for licensure as an assistant to physician except that the applicant has not taken the Physician Assistant National Certification Examination (PANCE) or the National Certifying Examination for Anesthesiologist Assistants (NCEAA) for the first time or the applicant has taken the PANCE or the NCEAA for the first time and is awaiting the results. A temporary license is valid:

(1) For one year from the date issued, or

(2) Until the results of an applicant's examination are available, or

(3) Until the board makes a final decision on the applicant's request for licensure as an assistant to physician, whichever comes first.

(b) Assistants to physicians granted a temporary license will not be granted prescriptive privileges, allowed to practice without direct, on-site physician supervision, or allowed to practice in a remote practice site.

(c) The board, in its discretion, may waive the requirements in subsection (b).

(d) An assistant to physician who is granted a temporary license shall not practice or offer to practice in this state unless he or she is registered by the board in accordance with this article and the rules of the board.

(e) There shall be no independent unsupervised practice by an assistant to physician who is granted a temporary license.

(Act 98-604, p. 1324, §8.)

Section 34-24-301.1 Temporary License for Certain Applicants Relocated to or Stationed in State Under Official Military Orders.

(a)(1) The board, subject to the rules adopted by the board, may issue a temporary license to an assistant to physician applicant who is relocated to or stationed in this state under official military orders and who satisfies any of the following:

- a. Is an active duty, reserve, or transitioning member of a branch of the United States Armed Forces, including the National Guard.
- b. Is the spouse of an active duty, reserve, or transitioning member of a branch of the United States Armed Forces, including the National Guard.
- c. Is the surviving spouse of a service member who, at the time of his or her death, was serving on active duty.

(2) For the purposes of this section, a transitioning service member is a member of the United States Armed Forces, including the National Guard, on active duty status or on separation leave who is within 24 months of retirement or 12 months of separation.

(b) An assistant to physician may receive a temporary license issued under subsection (a) if he or she satisfies the requirements of subsection (a), to the satisfaction of the board, and presents evidence satisfactory to the board of all of the following:

(1) Possession of a full and unrestricted license to practice as an assistant to physician issued by the appropriate licensing board of another state, the District of Columbia, a territory of the United States, or a province of Canada.

(2) Completion of a training program accredited by the Committee on Allied Health Education and Accreditation (CAHEA), the Commission on Accreditation of Allied Health Education Programs (CAAHEP), the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), or the Accreditation Review Committee for the Anesthesiologist Assistant (ARC-AA), or their successor agencies.

(3) Completion of the Physician Assistant National Certification Examination (PANCE) as administered by the National Commission on Certification of Physician Assistants (NCCPA) or the National Certifying Examination for Anesthesiologist Assistants (NCEAA) as administered by the National Commission for Certification of Anesthesiologist Assistants (NCCAA).

(4) Has never been convicted, received adjudication, community supervision, or deferred disposition of any felony offense or any crime related to fraud, violence, sexual violations, or related to health care.

(5) Has never had his or her license to practice as an assistant to physician subjected to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to the nonpayment of fees related to a license.

(6) Has never had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration.

(7) Is not currently under investigation by a licensing agency or law enforcement authority in any state, federal, or foreign jurisdiction.

(8) Is a United States citizen, a national of the United States, or an alien lawfully present in the United States.

(c) An assistant to physician who is issued a temporary license under this section shall apply for a license to practice as an assistant to physician pursuant to Section 34-24-297 within 12 months after the issuance of a temporary license.

(1) A temporary license issued under subsection (a) shall expire 12 months after the date of issuance if an application for a license to practice as an assistant to physician pursuant to Section 34-24-297 is not received by the board.

(2) An assistant to physician who applies for a license pursuant to Section 34-24-297 and the rules adopted by the board within 12 months after issuance of a temporary license may practice as an assistant to physician under a license issued by the board under this section until such time as the application is acted upon by the board.

(d) The board may adopt rules to implement this section and to permit the expedited processing of applications for a temporary license to practice as an assistant to physician.

(e) A temporary license shall clearly indicate that it is a temporary license for military service members or their spouses.

(f) Any assistant to physician issued a temporary license under this section shall be subject to having his or her license suspended or revoked by the board for the same causes or reasons, and in the same manner, as provided by law for other assistants to physicians licensed pursuant to this chapter.

(Act 2021-100, §2.)

Section 34-24-302 Denial, Suspension, Revocation, Etc., of License; Investigation; Mental, Physical, or Laboratory Examination; Authorization for Release of Information.

(a) The board, within its discretion, may deny the issuance of a license to any person or, after notice and hearing in accordance with board rules, shall, within its discretion, suspend, revoke, restrict, or otherwise discipline the license of a person who shall be found guilty on the basis of substantial evidence of any of the following acts or offenses:

(1) Conviction of a felony.

(2) Conviction of any crime or other offense, felony, or misdemeanor, reflecting on the ability of the individual to render patient care in a safe manner.

(3) Conviction of any violation of state or federal laws relating to controlled substances.

(4) Termination, restriction, suspension, revocation, or curtailment of licensure, registration, or certification as an assistant to physician by another state or other licensing jurisdiction on grounds similar to those stated herein.

(5) The denial of a registration, a certification, or a license to practice as an assistant to physician by another state or other licensing jurisdiction.

(6) Being unable to render patient care with reasonable skill and safety by reason of illness, inebriation, addiction to, or excessive use of alcohol, narcotics, chemicals, drugs, or any other substance, or by reason of a mental or physical condition or disability.

(7) Revocation, termination, suspension, or restriction of hospital privileges.

(8) Knowingly submitting or causing to be submitted any false, fraudulent, deceptive, or misleading information to the board in connection with an application for licensure or registration as an assistant to physician.

(9) That the assistant to physician has represented himself or herself or permitted another to represent him or her as a physician.

- (10) That the assistant to physician has performed otherwise than at the direction and under the supervision of a physician approved by the board.
- (11) That the assistant to physician has been delegated or has performed or attempted to perform tasks and functions beyond his or her competence.
- (12) That the assistant to physician has performed or attempted to perform tasks beyond those authorized in the approved job description.
- (13) Practicing or permitting another to practice as an assistant to physician without the required license and registration from the board.
- (14) Prescribing by an assistant to physician in violation of statutory authority or board rules or guidelines.
- (15) Intentional falsification of a certification of compliance with the continuing medical education requirement for assistants to physicians established in the board rules.
- (b) As part of any investigation undertaken by the Board of Medical Examiners regarding the denial, suspension, revocation, restriction, or otherwise disciplining of the license of an assistant to physician, the board may require a criminal history background check of the assistant to physician. In such event, the assistant to physician shall submit a complete set of fingerprints to the Board of Medical Examiners, or any channeler approved by the board. The board, or its channeler, shall submit the fingerprints by the assistant to physician to the Alabama State Bureau of Investigation (SBI). The fingerprints shall be forwarded by the SBI to the Federal Bureau of Investigation (FBI) for a national criminal history record check. Costs associated with conducting a criminal history background check shall be borne by the assistant to physician and are payable directly to the board or its designee. The Board of Medical Examiners shall keep information received pursuant to this section confidential except that such information may be disclosed to the assistant to physician.
- (c) When the issue is whether or not an assistant to physician is physically or mentally capable of practicing as an assistant to physician with reasonable skill and safety to patients, then, upon a showing of probable cause to the board that the assistant to physician is not capable of practicing as an assistant to physician with reasonable skill and safety to patients, the board may order and direct the assistant to physician in question to submit to a physical, mental, or laboratory examination or any combination of such examinations to be performed by a physician or osteopath designated by the board. The expense of such examination shall be borne by the assistant to physician who is so examined.
- (d) Every assistant to physician licensed to practice as an assistant to physician in the State of Alabama who accepts the privilege of practicing as an assistant to physician in the State of Alabama by actually practicing or by the making and filing of an annual registration to practice as an assistant to physician shall be deemed to have given consent to submit to a mental, physical, or laboratory examination or to any combination of such examinations and to waive all objections to the admissibility of the examining physician's testimony or examination reports on the ground that they constitute privileged doctor-patient communications.

(e) Upon receipt of credible information that an assistant to physician in this state has been evaluated or has received inpatient or outpatient treatment for any physical, psychiatric, or psychological illness or for chemical dependency, drug addiction, or alcohol abuse, the board may order that the assistant to physician execute and deliver to the board an authorization and release form directed to each and every facility or treatment provider authorizing and directing the release to the board of any reports of evaluation, mental or physical, or examination, including psychiatric, psychological, and neuropsychiatric examinations, hospital and treatment provider medical records, reports of laboratory tests for the presence of alcohol or drugs, rehabilitation records, or mental competency evaluations. Any and all expenses incurred in the furnishing of the reports, records, or documents which are the subject of an order issued by the board shall be borne by the assistant to physician who is the subject of the order.

(f) Failure or refusal by the assistant to physician to comply with an order of the board directing the execution and delivery to the board of an authorization and release form as provided in subsection (e) shall constitute grounds for the summary suspension of the assistant to physician's license to practice as an assistant to physician by the board, which suspension shall continue in effect until such time as the assistant to physician complies with the order of the board or the order is withdrawn by the board. This subsection supersedes any provisions of subsection (d) of Section 41-22-19 of the Alabama Administrative Procedure Act that are in conflict.

(g) All reports, records, and documents released to the board under subsection (e) are declared to be privileged and confidential and shall not be public records nor available for court subpoena or for discovery proceedings, but may be used by the board in the course of its investigation and may be introduced as evidence in administrative hearings conducted by the board.

(h) Nothing contained herein shall apply to records made in the regular course of business of an individual; documents or records otherwise available from original sources are not to be construed as immune from discovery or use in any civil proceedings merely because they were presented or considered during the proceedings of the State Board of Medical Examiners.

(Act 98-604, p. 1324, §9; Act 2008-378, p. 697, §1; Act 2021-100, §1.)

Section 34-24-303 Registration with Board; Application; Denial or Termination of Registration.

(a) Prior to practicing or offering to practice in this state, a licensed assistant to physician shall be registered by the board to perform medical services under the supervision of a physician approved by the board to supervise the assistant.

(b) Registration shall be accomplished by the submission to the board of an application on forms established in the board rules, payment of the required registration fee in an amount established in the board rules, and the granting of approval pursuant to procedures designated in the board rules.

(c) Registration may be denied or terminated by the board in accordance with grounds and procedures established in the rules of the board.

(Act 98-604, p. 1324, §10.)

Section 34-24-304 Administrative Fines for Violation of Section 34-24-302, Rules or Regulations.

In addition to any other penalty authorized by Section 34-24-302, the State Board of Medical Examiners may in its discretion assess administrative fines not to exceed ten thousand dollars (\$10,000) for each violation of any of the provisions of Section 34-24-302 or any rule or regulation duly promulgated by the board.

(Act 2002-140, p. 359, §4.)

Section 34-24-305 Payment of Fines; Refund.

The board shall not renew the license as set forth in Section 34-24-299 of any assistant to physician against whom an administrative fine has been assessed by the board until such fine is paid in full. In the event that the fine is subsequently reduced or set aside on judicial review as provided in the Alabama Administrative Procedure Act, the assistant to physician shall be entitled to a prompt refund of the amount of the fine but shall not be entitled to interest thereon.

(Act 2002-140, p. 359, §4.)

Section 34-24-306 Voluntary Restriction on License.

(a) An assistant to physician may surrender his or her license to practice as an assistant to physician or request in writing to the Board of Medical Examiners that a restriction be placed upon his or her license to practice as an assistant to physician within the State of Alabama. The board may accept a surrender or grant such a request for restriction and shall have the authority, if it deems appropriate, to attach such restrictions to the license of the assistant to physician to practice as an assistant to physician within the State of Alabama. Removal of a voluntary restriction on the license of an assistant to physician shall be done only with the approval of the Board of Medical Examiners. If the board accepts the surrender of a license of an assistant to physician, any current registration of the assistant to physician shall be automatically terminated, the license shall be withdrawn, and the assistant to physician shall not be authorized to practice as an assistant to physician within the State of Alabama.

(b) Requests for modification or termination of restrictions on a license or for reinstatement of a revoked or surrendered license to practice as an assistant to physician which are filed with the board within 24 months of the effective date of the restriction, revocation, or surrender may, within the discretion of the board, be dismissed by the board as prematurely filed. A request as described above which is filed with the board more than 24 months following the effective date of the restriction, revocation, or surrender may be granted or may be set for a hearing before the board, and such hearing shall be conducted as a contested case under the Alabama Administrative Procedure Act.

(c) The board shall be without jurisdiction to reinstate the license of an assistant to physician whose license was revoked or voluntarily surrendered if the request for reinstatement is received by the board more than five years after the effective date of the revocation or surrender.

(Act 2008-378, p. 697, §2.)

Article 8 Licensing and Registration of Physicians and Osteopaths

Division 1 Medical Licensure Commission

Section 34-24-310 Created; Composition; Appointment of Members; Terms of Office; Public Members.

(a) There is created the Medical Licensure Commission composed of seven physicians, each of whom shall be either a doctor of medicine or a doctor of osteopathy and be licensed to practice medicine or osteopathy in this state. The members of the commission shall be appointed as follows: Two physicians shall be appointed by the Lieutenant Governor; two physicians shall be appointed by the Speaker of the House of Representatives; and the remaining three physicians shall be appointed by the Governor. Each member of the commission shall be a citizen of this state and the membership of the commission shall be inclusive and reflect the racial, gender, geographic, urban/rural, and economic diversity of the state. The members shall serve a five-year term with no limit as to the number of terms a member can serve. In order to stagger the terms, the initial appointment shall be as follows: The two members appointed by the Lieutenant Governor shall serve a five-year term, the two members appointed by the Speaker shall serve a four-year term, one member appointed by the Governor shall serve a three-year term, one member appointed by the Governor shall serve a two-year term, and one member appointed by the Governor shall serve a one-year term.

(b) Within 30 days following October 1, 1995, the Governor shall appoint one public member to the commission for an initial term of five years and thereafter shall appoint successor public members to serve terms of five years. There shall be no limitation upon the number of terms a public member may serve. The public member shall continue to serve beyond the expiration of his or her current term until a successor has been appointed. No public member shall be a licensee of the commission or hold a professional degree in any health care field or practice as a licensed health care professional. The public member shall be entitled to participate and vote in all matters before the commission.

(Acts 1981, No. 81-218, p. 273, §1; Acts 1995, No. 95-277, p. 499, §1; Act 2009-34, p. 113, §3.)

Section 34-24-311 General Authority.

The above constituted commission shall have the exclusive power and authority to issue, revoke, and reinstate all licenses authorizing the licensee to practice medicine or osteopathy in the State of Alabama. The commission shall have the authority to promulgate such reasonable rules and regulations as it deems proper for implementing and carrying out the provisions of this article. However, prior to exercising its power and authority to issue, revoke, or reinstate licenses, or to promulgate rules and regulations, the Medical Licensure Commission shall receive and consider but not be bound by the recommendation of the State Board of Medical Examiners.

(Acts 1981, No. 81-218, p. 273, §2.)

Section 34-24-311.1 Employment of Staff.

The State Board of Medical Examiners may employ such professional, managerial, and clerical staff under such terms, conditions, and personnel policies as the board deems necessary to enable the board to carry out its duties and responsibilities. The policies shall include, but not be limited to, insurance, annual and other leave, vacation, and holiday policies.

(Act 2003-370, p. 1046, §1.)

Section 34-24-312 State Board of Medical Examiners to Furnish Facilities, Receive Funds, Etc.

All personnel and facilities necessary to administer and enforce this article shall be furnished by the State Board of Medical Examiners. All money, funds, fees, charges, and other receipts provided for in this article shall be paid to the State Board of Medical Examiners and used by the board to carry out the provisions of this article.

(Acts 1981, No. 81-218, p. 273, §3.)

Section 34-24-313 Employment of Investigators, Agents, Etc., to Assist Commission; Assistance of Prosecuting Attorneys; Consultants.

(a) The State Board of Medical Examiners may employ investigators, attorneys, agents, and any other employees and assistants or use any other means necessary to aid the commission in bringing about and maintaining a rigid administration and enforcement of this article, and the board may incur reasonable, necessary, and proper expenses for assisting the commission and for implementing this article and all laws regulating the practice of medicine or osteopathy within the State of Alabama. The commission and the board may request assistance from the Attorney General, district attorneys, or other prosecuting attorneys of this state in the various circuits and counties. All prosecuting attorneys throughout the state shall assist the commission or the board, upon request of either, in any action for injunction or any prosecution without charge or additional compensation.

(b) The board may employ consultants to render professional services such as, but not limited to, reviewing medical records and providing expert testimony in contested cases, to aid the board in carrying out its lawful responsibilities of regulating the practice of medicine or osteopathy within the State of Alabama. Consultants shall be compensated for professional services at rates established by the board by regulation. In addition, consultants shall be reimbursed for actual reasonable expenses for travel, lodging, meals, long distance telephone expense, and other expenses reasonably incurred in the performance of the consultant's professional services.

(c) Members of the board may render professional services to the board as consultants and shall be reimbursed for those services and for expenses as provided in paragraph (b) above. No board member shall be reimbursed under this section for any day that the board member receives per diem and mileage reimbursement for attendance at board functions and travel pursuant to Section 34-24-54.

(Acts 1981, No. 81-218, p. 273, §4; Acts 1993, No. 93-148, p. 202, §3.)

Section 34-24-314 Authority to Acquire and Hold Real Property; Sale.

The State Board of Medical Examiners may acquire and hold, in its own name, real property by purchase, gift, or other lawful means, except eminent domain, which real property is used by the board to carry out its responsibilities. The board may also transfer, sell, convey, or cause to be conveyed real property and any improvements thereon, subject to the requirements of this section. In purchasing any real property, the board may expend its own funds, and any obligations created in connection with the purchase of the real property shall solely and exclusively be obligations of the board and shall not create debts, obligations, or liabilities of the State of Alabama. As used in this section, real property shall include land, lots, and all things and interests, including lease hold interests, pertaining thereto, and all other things annexed or attached to the land which would pass to a vendee by conveyance of the land or lot, including mineral and gas and oil interests. All sales or leases made by the board of any real property owned or held by the board shall be subject to the requirements of Article 3, Chapter 15, Title 9. Notwithstanding the foregoing, the proceeds from the sale of real property owned by the board which are distributed pursuant to Section 9-15-83 shall be paid to the board.

(Act 2005-39, p. 54, §1.)

Division 2 License and Registration Generally

Section 34-24-330 State Board of Medical Examiners to Issue Certificate of Qualification for Each Applicant; Right of Appeal When Action Unfavorable.

It shall be the duty of the State Board of Medical Examiners to issue a certificate of qualification to the Medical Licensure Commission certifying each applicant for a license who has successfully passed the required examination or whose application for a license or certificate of qualification by reciprocity has been acted upon favorably by the board, or whose application for a certificate of qualification without examination or application for reinstatement of a certificate of qualification has been acted upon favorably by the board. Any applicant whose application either for an initial certificate of qualification or for reinstatement of a certificate of qualification is not acted upon favorably by the board shall have the right of appeal to the commission which shall have the authority to either affirm the board's action or order the board to issue a certificate of qualification to the applicant.

(Acts 1981, No. 81-218, p. 273, §5.)

Section 34-24-331 Application for Reciprocity to Be Certified.

A licensee who seeks to be licensed in another state by reciprocity on the basis of his or her Alabama license shall have his or her application therefor certified by the State Board of Medical Examiners and approved by the Medical Licensure Commission. The fee for this certification shall be \$10 and shall be paid to the board.

(Acts 1981, No. 81-218, p. 273, §6.)

Section 34-24-332 Replacement License Certificate.

A licensee whose license has been lost or destroyed may make application to the Medical Licensure Commission for a replacement license certificate. Such application shall be accompanied by an affidavit stating the facts concerning the loss or destruction of the license. Any licensee whose name has changed by marriage or court order may surrender his or her license and make application to the Medical Licensure Commission for a replacement certificate. Such application shall be accompanied by legal documentation as required by the Medical Licensure Commission. The fee for any replacement license certificate shall not exceed fifty dollars (\$50) and shall be payable to the Medical Licensure Commission.

(Acts 1981, No. 81-218, p. 273, §7; Act 2007-402, p. 807, §1.)

Section 34-24-333 Issuance of Certificate of Qualification; Application and Issuance of License; Issuance of License Under Retired Senior Volunteer Program.

(a) When an applicant for a license to practice medicine or osteopathy has complied fully with all requirements of the law regulating the practice of medicine or osteopathy, the board shall issue a certificate of qualification to the commission certifying the qualification of such person, and thereafter such applicant may apply to the commission for a license to practice medicine or osteopathy for which such certificate indicates his or her qualification. If the commission finds that the applicant is of good moral character and has been duly certified by the board, the commission shall issue to such applicant a license, unless it appears to the commission that there is other good and reasonable cause for refusing to issue such license, it being the purpose and intent of this section to give the Medical Licensure Commission overall supervision, discretion, and judgment with respect to the issuance of licenses authorizing the licensee to practice medicine or osteopathy within the State of Alabama.

(b) The commission may, at its discretion, issue a license to practice medicine to an applicant who has been issued a certificate of qualification under the Retired Senior Volunteer Program. A license issued under this section shall contain the following information upon the face of the document: "Issued subject to restrictions under the Retired Senior Volunteer Program." Such license shall be issued by the commission without cost to the applicant. Each license shall state on its face that it is valid for a period of one calendar year and the expiration date. A license issued by the commission under this subsection may be revoked, suspended, restricted, placed on probation, or subjected to other sanctions for the same causes and reasons and in the same manner as provided by law for the disciplining of a physician's license to practice medicine.

(Acts 1981, No. 81-218, p. 273, §8; Act 2004-299, p. 422, §2.)

Section 34-24-334 Issuance of License; Design, Number, Fee, Etc.

Upon the filing of a certificate of qualification along with an application in proper form, if the commission is satisfied that all requirements of the law have been met, and that such application should be approved in the interest of public welfare, it shall forthwith issue to the applicant a license of a size and artistic design to be determined by the commission.

Every such license issued by the commission shall be dated and be numbered in the order of issuance and shall be signed by the Chairman of the Medical Licensure Commission or his or her designate and by the Chairman of the State Board of Medical Examiners or his or her designate. The fee for such license shall be set by the commission but shall not exceed three hundred dollars (\$300).

(Acts 1981, No. 81-218, p. 273, §9, Act 2002-140, p. 359, §1.)

Section 34-24-335 Denial of Applications; Procedure; No Refund of Fees.

In the event the Medical Licensure Commission determines that the application of any person for a license should be denied, the commission shall promptly upon reaching its decision notify the applicant of its action, and such notice shall contain the reason for the commission's denial of the application. In all cases where an application is denied, any fee which accompanied the application for the license shall not be refunded, and no applicant shall have the right to recover any part of such fee accompanying his or her application for license, the board being empowered to retain all of the fee in order to reimburse the state for expenses incident to an investigation of the applicant and the credentials certified to the commission.

(Acts 1981, No. 81-218, p. 273, §10.)

Section 34-24-336 Continuing Medical Education.

(a) It shall be the duty of the State Board of Medical Examiners to promote continuing medical education of all physicians and osteopaths licensed by the commission and is empowered to spend a portion of its funds in any manner it deems desirable for carrying out this purpose. The board is specifically empowered to provide funds to any nonprofit corporation for the purpose of conducting continuing medical education programs without being bound by the provisions of any law requiring competitive bidding. Such programs must be open to all licensed physicians and osteopaths without regard to membership in any professional organization.

(b) The board shall adopt a program of continuing medical education for all licensees living in the State of Alabama not later than October 1, 1991. After that date, successful completion of the requirements of the continuing medical education program shall be a requisite for license renewal. Licensees who reside outside of Alabama are exempt from the provisions of this subsection.

(c) Effective January 1, 2003, the board may require all physicians and osteopaths to successfully complete a prescribed course of continuing medical education on a subject or subjects designated by the board. The board may prescribe by regulation a fixed period of time or deadline for completion of the prescribed continuing medical education course or courses. The board may make provision for a physician or osteopath to be excused from this requirement for reasons satisfactory to the board. The Medical Licensure Commission of Alabama may, subject to notice and hearing, within its discretion, indefinitely suspend the license to practice medicine of a physician or osteopath who fails to successfully complete the course or courses of continuing medical education required by this subsection or impose administrative fines or other penalties as authorized by Section 34-24-381.

(Acts 1981, No. 81-218, p. 273, §11; Acts 1989, No. 89-244, p. 357, §3; Act 2002-140, p. 359, §1.)

Section 34-24-337 Renewal of Certificate; Reinstatement of License.

(a) Renewal of license. Every person licensed to practice medicine or osteopathy in the State of Alabama shall, on or before December 31 of each succeeding year, apply to the commission for renewal of a certificate of registration which shall be effective during the next calendar year. All new licenses issued by the commission, upon application, shall be registered by the commission at the time of issuance, and a certificate of registration, which shall be effective until and including the following December 31, shall be issued to the licensee. Each renewal application shall be made on a form to be furnished by the commission. The application shall give the name of the applicant in full, his or her address, the date and number of the license issued to the applicant for the practice of medicine or osteopathy, and such other facts as shall tend to identify the applicant for registration as the commission shall deem necessary. Each applicant for registration shall submit with the application payment in an amount to be set by the commission, not to exceed five hundred dollars (\$500), as a registration fee.

(b) Late fee. Each applicant for registration submitting a renewal application during the period of time, January 1 through January 31, in addition to the registration fee set forth herein, shall pay to the commission a late fee in an amount to be set by the Medical Licensure Commission not to exceed two hundred dollars (\$200).

(c) Grace period. When a licensee fails to renew his or her license on or before December 31, the license shall remain in full force and effect during the period January 1 through January 31.

(d)(1) When any licensee shall fail to register and pay the annual registration fee and late fee on or before January 31, as provided in this section, the license of such person shall automatically become inactive without further notice or hearing and such person shall not be authorized to practice medicine; provided, that any person whose license becomes automatically inactive as provided herein may make application in writing to the commission for the reinstatement of such license, which shall be accompanied by payment of all fees which would have been assessed for past renewal periods and the sum of two hundred fifty dollars (\$250) not to exceed a total of eight hundred fifty dollars (\$850) for each reinstatement.

(2) In addition to other requirements established by law and for the purpose of determining an applicant's suitability for reinstatement of a license to practice medicine, each applicant shall submit to a criminal history background check. Each applicant shall submit a complete set of fingerprints to the Medical Licensure Commission, or any channeler approved by the board. The commission, or its channeler, shall submit the fingerprints provided by each applicant for reinstatement of a license to practice medicine to the Alabama State Bureau of Investigation (SBI). The fingerprints shall be forwarded by the SBI to the Federal Bureau of Investigation (FBI) for a national criminal history record check. Costs associated with conducting a criminal history background check shall be borne by the applicant and are payable directly to the commission, or its designee. The Medical Licensure Commission shall keep information received pursuant to this section confidential, except that any such information received and relied upon in denying the reinstatement of a license to practice medicine in this state may be disclosed as necessary to support the denial.

(3) Reinstatement of the license shall be accomplished in accordance with subsections (e) to (j), inclusive.

(e) Within five days after receipt of the written application for reinstatement, the fees as provided above, fingerprints, and related information, the commission shall notify the Board of Medical Examiners that the applicant has applied for reinstatement and shall furnish the board with a copy of the application for reinstatement. Within 60 days from the receipt of the application for reinstatement by the commission, the board may file with the commission a notice which shall be termed a "NOTICE OF INTENT TO CONTEST REINSTATEMENT". The contents of the notice shall be sufficient to inform the commission that the board has probable cause to believe that grounds exist for the denial of the application for reinstatement and informing the commission that a hearing is requested before the commission prior to the reinstatement of the license of the applicant. A copy of the NOTICE OF INTENT TO CONTEST REINSTATEMENT shall be sent by the commission to the applicant by certified mail return receipt.

(f) After 60 days from the date that the commission receives the application for reinstatement if the board has not filed a NOTICE OF INTENT TO CONTEST REINSTATEMENT, or at any time that the board notifies the commission in writing that it has determined not to file a NOTICE OF INTENT TO CONTEST REINSTATEMENT or that it has determined to withdraw a NOTICE OF INTENT TO CONTEST REINSTATEMENT previously filed, then the commission shall reinstate the license of the applicant.

(g) Within 30 days after the filing of a NOTICE OF INTENT TO CONTEST REINSTATEMENT, the board shall file with the commission a written complaint which shall be served upon the applicant and set down for hearing by the commission in the manner prescribed in subsection (e) of Section 34-24-361.

(h) The commission may deny reinstatement of a license upon a finding that the applicant has committed any of the acts or offenses set forth in Sections 34-24-360, 34-24-57, 16-47-128, or any other provision of law establishing grounds for the revocation, suspension, or discipline of a license to practice medicine. In addition, the commission may reinstate the license and impose any penalty, restriction, or condition of probation provided for in subsection (h) of Section 34-24-361 and Section 34-24-381 as the commission deems necessary to protect the public health and the patients of the applicant. If, at the conclusion of the hearing, the commission determines that no violation has occurred, the license of the applicant shall be reinstated.

(i) All hearings and appeals under this section shall be governed by Sections 34-24-310 to 34-24-384, inclusive, and the Alabama Administrative Procedure Act.

(j) When a license to practice medicine becomes inactive under subsection (d) of this section for nonpayment of the annual registration fee, the commission shall not be deprived of jurisdiction to hear and adjudicate written complaints filed by the Board of Medical Examiners under subsection (e) of Section 34-24-361 and subsection (g) of this section. In all cases where an application for reinstatement is denied, the fees which accompany the application for reinstatement shall not be refunded and no applicant shall have the right to recover any part of such fees, the board being empowered to retain all of the fees in order to reimburse the state of expenses incident to the investigation of the applicant and the conduct of hearings as provided in this section.

(Acts 1981, No. 81-218, p. 273, §12; Acts 1994, No. 94-195, p. 249, §1; Act 2001-268, p. 325, §3; Act 2007-402, p. 807, §1; Act 2008-397, p. 771, §1; Act 2021-100, §1.)

Section 34-24-338 Certificate of Registration - Contents; Change of Address.

Upon due application therefor, by a licensee of the Medical Licensure Commission, and upon the payment of fees required to be paid by this article, the commission shall issue to such applicant a certificate of registration signed by the executive officer of the commission, which certificate shall recite that such person is duly registered for the year specified.

Such certificate of registration shall contain the name of the person to whom it is issued, the address of the person, the date and number of the license and such other information as the commission shall deem advisable.

If any registrant shall change his address during the year for which any certificate of registration shall have been issued by the commission, such registrant shall, within 15 days thereafter, notify the commission of such change, whereupon the commission shall issue to such registrant without additional fee, a duplicate registration certificate for such new location.

(Acts 1981, No. 81-218, p. 273, §13.)

Section 34-24-339 Certificate of Registration - Not Required for Retired Persons.

Any person licensed to practice medicine or osteopathy in this state, who is retired or may hereafter retire from such practice, shall not be required to register as required by this article; provided, that such person shall file with the commission an affidavit on a form to be furnished by the commission, and such affidavit shall state the date on which the person retired from such practice and such other facts as shall tend to verify such retirement as the commission shall deem necessary; provided, that if such person thereafter reengages in the practice of medicine or osteopathy such person shall register with the Medical Licensure Commission as provided by this article.

(Acts 1981, No. 81-218, p. 273, §14.)

Section 34-24-340 Collection of Fees.

(a) Fees for the issuance of licenses to practice medicine or osteopathy and registration fees shall be collected and kept by the State Board of Medical Examiners which shall furnish all employees and facilities utilized by the commission. The State Board of Medical Examiners shall continue to collect fees for examination, certificates of qualification, and such other fees as are authorized by law or this article.

(b) Fees for physicians participating in a collaborative practice with a certified registered nurse practitioner or a certified nurse midwife shall be collected and kept by the State Board of Medical Examiners. The fee for a physician participating in a collaborative practice shall be set by the State Board of Medical Examiners, in an amount not to exceed two hundred dollars (\$200).

(Acts 1981, No. 81-218, p. 273, §15; Act 2007-402, p. 807, §1.)

Section 34-24-341 Commission to Commence Actions Where Persons Practicing Without License; Court Jurisdiction; Issuance of Injunctions.

The Medical Licensure Commission, in addition to the powers and duties expressed in this article with respect to the denial of a license, denial of a certificate of registration, and suspension or revocation of a license, is empowered to commence and maintain in its own name in any circuit court having jurisdiction of any person within this state, who is practicing without a license or to whom a license has been denied, or to whom a certificate of registration has been denied or whose license has been suspended or revoked by action of the commission, an action in the nature of quo warranto as provided for in Section 6-6-590 et seq., as the same is now or may hereafter be amended, to order such person to cease and desist from continuing to practice medicine or osteopathy within the State of Alabama, and jurisdiction is conferred upon the circuit courts of this state to hear and determine all such cases. The commission may commence and maintain such action without the filing of a bond or security and without the order or direction of a circuit judge. Nothing in this section shall be construed as conferring criminal jurisdiction upon any court not now possessing such criminal jurisdiction, nor shall such court, as an incident to the action in the nature of quo warranto herein authorized, have the power to assess the criminal penalties herein set out. An injunction shall be issued upon proof that the person is now or has in the past engaged in the unlawful practice of medicine or osteopathy without requiring proof of actual damage sustained by any person. If such injunction is issued, the injunction shall not relieve any person, corporation, or association, nor the officers or directors thereof, from criminal prosecution for the unlawful practice of medicine or osteopathy.

(Acts 1981, No. 81-218, p. 273, §16.)

Section 34-24-342 Construction of Article; Commission to Have Exclusive Power Over Licenses; Licenses to Be Filed with County Probate Judge.

No provision of this article shall be construed as repealing any other law with reference to the requirements regulating the practice of medicine or osteopathy except insofar as the same may conflict with the provisions of this article. It is the purpose of this article to vest exclusively in the Medical Licensure Commission the power to issue, revoke, and reinstate all licenses to practice medicine or osteopathy.

Any person who receives a license to practice medicine or osteopathy shall, within 10 days after locating in a county, file the license in the office of the judge of probate of such county for records; and, should the practitioner remove his or her residence to another county, he or she shall within that time have his or her license recorded in that county.

(Acts 1981, No. 81-218, p. 273, §17.)

Section 34-24-343 Penalty for Violations of Article.

Any person who shall practice medicine or osteopathy without first having complied with all the provisions of this article, and any person who shall violate any of the provisions of this article, shall be guilty of a Class C felony and shall be subject to the punishment prescribed for a Class C felony. Each day such person shall practice medicine or osteopathy without meeting all the requirements of all laws now in force and of this article shall constitute a separate offense; and any person filing or attempting to file, as his or her own, a diploma or license of another or a forged affidavit of identification shall be guilty of a felony and shall be subject to the punishment prescribed for forgery in the second degree.

(Acts 1981, No. 81-218, p. 273, §18; Act 2008-397, p. 771, §1.)

Section 34-24-344 Limited Waiver of Licensing Requirements for Certain Athletic Team Physicians.

(a) Subject to subsection (b), the licensing requirements of this chapter do not apply to any person who holds a current unrestricted license to practice medicine or osteopathy in another state when the person, pursuant to a written agreement with an athletic team located in that state provides medical services to any member of the official traveling party.

(b) In providing medical services pursuant to subsection (a), the person may not provide medical services at a health care facility including, but not limited to, a hospital, an ambulatory surgical facility, or any other facility in which medical care, diagnosis, or treatment is provided on an inpatient or outpatient basis.

(Act 2015-451, §1.)

Division 3 Suspension or Revocation of Licenses

Section 34-24-360 Restrictions, Etc., on License; Grounds.

The Medical Licensure Commission shall have the power and duty to suspend, revoke, or restrict any license to practice medicine or osteopathy in the State of Alabama or place on probation or fine any licensee whenever the licensee shall be found guilty on the basis of substantial evidence of any of the following acts or offenses:

(1) Fraud in applying for or procuring a certificate of qualification to practice medicine or osteopathy or a license to practice medicine or osteopathy in the State of Alabama.

(2) Unprofessional conduct as defined herein or in the rules and regulations promulgated by the commission.

(3) Practicing medicine or osteopathy in such a manner as to endanger the health of the patients of the practitioner.

(4) Conviction of a felony; a copy of the record of conviction, certified to by the clerk of the court entering the conviction, shall be conclusive evidence.

(5) Conviction of any crime or offense which reflects the inability of the practitioner to practice medicine or osteopathy with due regard for the health or safety of his or her patients; a copy of the record of conviction, certified to by the clerk of the court entering the conviction, shall be conclusive evidence.

(6) Conviction for any violation of a federal or state law relating to controlled substances; a copy of the record of conviction, certified to by the clerk of the court entering the conviction, shall be conclusive evidence.

(7) Use of any untruthful or deceptive or improbable statements concerning the licensee's qualifications or the effects or results of his or her proposed treatment.

- (8) Distribution by prescribing, dispensing, furnishing, or supplying of controlled substances to any person or patient for any reason other than a legitimate medical purpose.
- (9) Gross malpractice or repeated malpractice or gross negligence in the practice of medicine or osteopathy.
- (10) Division of fees or agreement to split or divide the fees received for professional services with any person for bringing or referring a patient.
- (11) Performance of unnecessary diagnostic tests or medical or surgical services.
- (12) Charging fees determined by the commission to be grossly excessive or intentionally filing or causing to be filed false or fraudulent claims, as defined by the commission, for medical or surgical services to any private or government third party payor having a legal or contractual obligation to pay such claims on behalf of a patient.
- (13) Aiding or abetting the practice of medicine by any person not licensed by the commission.
- (14) Conviction of fraud in filing Medicare or Medicaid claims or conviction of fraud in filing claims to any third party payor; a copy of the record of conviction, certified to by the clerk of the court entering the conviction, shall be conclusive evidence.
- (15) Any disciplinary action taken by another state against a licensee to practice medicine or osteopathy, based upon acts by the licensee similar to acts described in this section; a certified copy of the record of the disciplinary action of the state making such an action is conclusive evidence thereof.
- (16) Refusal to appear before the State Board of Medical Examiners after having been formally requested to do so in writing by the executive director of the board.
- (17) Making any fraudulent or untrue statement to the commission or to the State Board of Medical Examiners.
- (18) The termination, revocation, probation, restriction, denial, failure to renew, suspension, reduction, or resignation of staff privileges of a licensee by a hospital in this or any other state when such action is related to negligence or incompetence in the practice of medicine, moral turpitude, sexual misconduct, abusive or disruptive behavior, or drug or alcohol abuse.
- (19)a. Being unable to practice medicine or osteopathy 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.
- b. When the issue is whether or not a doctor is physically or mentally capable of practicing medicine or osteopathy with reasonable skill and safety to patients, then, upon a showing of probable cause to the board or commission that the doctor is not capable of practicing medicine or osteopathy with reasonable skill and safety to patients, the board or commission may order and direct the doctor in question to submit to either a physical, mental, or laboratory examination or any combination of such examinations to be performed by a physician or osteopath designated by the board. The expense of such examination shall be borne by the physician or osteopath who is so examined.
- c. Every physician licensed to practice medicine or osteopathy in the State of Alabama who accepts the privilege of practicing medicine or osteopathy in the State of Alabama by actually practicing or by the making and filing of an annual registration to practice medicine shall be deemed to have given his or her consent to submit to a mental, physical, or laboratory examination or to any combination of such examinations and to waive all objections to the admissibility of the examining physician's testimony or examination reports on the ground that they constitute privileged doctor-patient communications.

d. Upon receipt of credible information that a physician or osteopath in this state has been evaluated or has received inpatient or outpatient treatment for any physical, psychiatric, or psychological illness or for chemical dependency, drug addiction, or alcohol abuse the board may order that the physician execute and deliver to the board an authorization and release form directed to each and every facility or treatment provider authorizing and directing the release to the board of any reports of evaluation, mental or physical, or examination, including psychiatric, psychological, and neuropsychiatric examinations, hospital and treatment provider medical records, reports of laboratory tests for the presence of alcohol or drugs, rehabilitation records or mental competency evaluations. Any and all expenses incurred in the furnishing of the reports, records, or documents which are the subject of an order issued by the board shall be borne by the physician or osteopath who is the subject of the order.

e. Failure or refusal by the physician or osteopath to comply with an order of the board directing the execution and delivery to the board of an authorization and release form as provided in paragraph d. above shall constitute grounds for the summary suspension of the physician's or osteopath's license to practice medicine by the Medical Licensure Commission, which suspension shall continue in effect until such time as the physician or osteopath complies with the order of the board or the order is withdrawn by the board or the order is terminated by the Medical Licensure Commission after a hearing. The provisions of this subsection supersede any provisions of subsection (d) of Section 41-22-19 of the Alabama Administrative Procedure Act that are in conflict.

f. All reports, records, and documents released to the board under the provisions of paragraph d. above are hereby declared to be privileged and confidential and shall not be public records nor available for court subpoena or for discovery proceedings but may be used by the board in the course of its investigations and may be introduced as evidence in administrative hearings conducted by the board or by the Medical Licensure Commission.

Nothing contained herein shall apply to records made in the regular course of business of an individual; documents or records otherwise available from original sources are not to be construed as immune from discovery or use in any civil proceedings merely because they were presented or considered during the proceedings of the State Board of Medical Examiners or the Medical Licensure Commission.

g. A physician or osteopath whose license to practice medicine has been suspended by the Medical Licensure Commission under the authority of paragraph e. above may obtain judicial review in accordance with Sections 41-22-20 and 34-24-367.

(20)a. Being unable to practice medicine or osteopathy with reasonable skill and safety to patients by reason of a demonstrated lack of basic medical knowledge or clinical competency.

b. When the issue is whether or not a physician or osteopath has demonstrated a lack of basic medical knowledge or clinical competency then, upon a showing of probable cause to the board that the physician or osteopath is not presently capable of practicing medicine or osteopathy with reasonable skill and safety to patients, the board may order and direct that the physician or osteopath in question submit to a test of medical knowledge as designated by the board or to an evaluation of clinical competency by such means as directed by the board or to any combination of such examinations or evaluations, to be performed by or under the direction of a testing, evaluation, or examination facility or provider approved by the board. The expense of such examinations and evaluations shall be borne by the physician or osteopath who is examined or evaluated.

c. Failure or refusal by a physician or osteopath to comply with an order of the board issued pursuant to paragraph b. above shall constitute grounds for the summary suspension of the physician's or osteopath's license to practice medicine by the Medical Licensure Commission, which suspension shall continue in effect until such time as the physician or osteopath complies with the order of the board or the order is withdrawn by the board or the order is terminated by the Medical Licensure Commission after a hearing. The provisions of this subsection supersede any provisions of subsection (d) of Section 41-22-19 of the Alabama Administrative Procedure Act that are in conflict.

d. A physician or osteopath whose license to practice medicine has been summarily suspended by the Medical Licensure Commission under the authority of paragraph c. above may obtain judicial review in accordance with Sections 41-22-20 and 34-24-367.

e. In the event that an examination or evaluation ordered by the board under the authority of paragraph b. above demonstrates that the physician or osteopath lacks basic medical knowledge or clinical training sufficient to engage in the practice of medicine with reasonable skill and safety to patients, then the board may order that a restriction be placed upon the certificate of qualification and license to practice medicine of the physician or osteopath which restriction may require:

1. The medical practice of the physician or osteopath in question be limited or restricted in a manner consistent with the findings of the examination or evaluation.
2. That the physician or osteopath successfully complete a course or courses of remedial education or clinical training as directed by the board.
3. That the physician or osteopath successfully pass or complete an examination of basic medical knowledge or clinical competency as designated by the board.
4. Any combination of the foregoing.

The expense of any of the examinations, evaluations, and educational or training courses which are the subject of a restriction imposed by the board on the certificate of qualification and license to practice medicine shall be borne by the physician or osteopath in question. A physician or osteopath whose certificate of qualification and license to practice medicine has been restricted by the board under the authority of this section may request a hearing before the Medical Licensure Commission of Alabama. At such hearing it shall be the burden of the board to demonstrate to the reasonable satisfaction of the commission that the restriction or restrictions are consistent with the findings of the examination or evaluation ordered by the board. All hearings before the Medical Licensure Commission shall be conducted on an expedited basis and any restricting or restrictions shall not be stayed by the commission during the pendency of the hearing. The Medical Licensure Commission may consider, in any hearing resulting from a decision of the board to impose a restriction or restrictions on the certificate of qualification and license to practice medicine of the physician or osteopath in question, the results of all examinations or evaluations of basic medical knowledge or clinical competency upon which the board relied and such other evidence as the commission deems relevant to the issues presented. In rendering a decision, the Medical Licensure Commission is authorized to affirm the restriction or restrictions, modify the restriction or restrictions, or order the removal of the restriction or restrictions imposed by the board.

f. A physician or osteopath adversely affected by a decision of the Medical Licensure Commission resulting from a hearing under the preceding paragraph e. may obtain judicial review in accordance with Sections 41-22-20 and 34-24-367.

g. The Medical Licensure Commission may, within its discretion, revoke or suspend the license to practice medicine of a physician or osteopath who fails to abide by or violates a restriction imposed by the board on the certificate of qualification and license to practice medicine of the physician or osteopath in question, or may impose administrative fines or other penalties as authorized by Section 34-24-361 and Section 34-24-381.

(21) Excessive prescribing, dispensing, furnishing, or supplying of a Schedule II controlled substance. A physician or osteopath violates this subdivision if he or she prescribes, orders, dispenses, administers, supplies, or otherwise distributes any Schedule II amphetamine or Schedule II amphetamine like anorectic drug or Schedule II sympathomimetic amine drug or compound thereof, or any salt, compound, isomer, derivative, or preparation of the foregoing which are chemically equivalent thereto, or other nonnarcotic Schedule II stimulant drug, which drugs or compounds are classified under Schedule II of the Alabama Uniform Controlled Substances Act, Section 20-2-24, to any person except for the therapeutic treatment of:

a. Narcolepsy.

b. Hyperkinesis.

c. Brain dysfunction of sufficiently specific diagnosis, or etiology which clearly indicates the need for these substances in treatment or control.

d. Epilepsy.

e. Differential psychiatric evaluation of clinically significant depression; provided however, that such treatment shall not extend beyond a period of 30 days unless the patient is referred to a licensed practitioner specializing in the treatment of depression.

f.1. Clinically significant depression shown to be refractory to other therapeutic modalities; provided however, that such treatment shall not extend beyond a period of 30 days unless the patient is referred to a licensed practitioner specializing in the treatment of depression; or for the clinical investigation of the effects of such drugs or compounds in which case an investigative protocol must be submitted to and reviewed and approved by the State Board of Medical Examiners before the investigation has begun.

2. A physician prescribing, ordering, or otherwise distributing the controlled substances listed above in the manner permitted by this subdivision shall maintain a complete record which must include documentation of the diagnosis and reason for prescribing, the name, dose, strength, and quantity of the drug, and the date prescribed or distributed. The records required under this subparagraph shall be made available for inspection by the certifying board or its authorized representative upon request. Those Schedule II stimulant drugs enumerated above shall not be dispensed or prescribed for the treatment or control of exogenous obesity.

(22) Failure to maintain for a patient a medical record which meets the minimum standards stated in the rules and regulations promulgated by the commission.

(23) Failure to comply with any rule of the Board of Medical Examiners or Medical Licensure Commission.

(Acts 1981, No. 81-218, p. 273, §19; Acts 1983, 4th Ex. Sess., No. 83-890, p. 121, §3; Acts 1987, No. 87-389, p. 555, §1; Act 2002-140, p. 359, §3; Act 2007-402, p. 807, §1.)

Section 34-24-360.1 Authority to Implement Section 34-24-360.

The certifying boards under the Alabama Uniform Controlled Substances Act, the State Board of Medical Examiners and the Medical Licensure Commission are each authorized to promulgate such rules and regulations as may be required to implement the provisions of Section 34-24-360.

(Acts 1983, 4th Ex. Sess., No. 83-890, p. 121, §4.)

Section 34-24-360.2 Prescribing or Recommending Off-Label Medical Treatments.

(a) For the purposes of this section, the following terms have the following meanings:

(1) BOARD. The Alabama Board of Medical Examiners, as provided in Division 1 of Article 3.

(2) COMMISSION. The Medical Licensure Commission of Alabama, as provided in this article.

(3) LICENSE. The same meaning as defined in Section 41-9A-1.(4) OFF-LABEL MEDICAL TREATMENT. The use of a drug, biological product, or device approved by the United States Food and Drug Administration (FDA) in any manner other than the use approved by the FDA.

(5) PHYSICIAN. An individual licensed to practice medicine in this state.

(b) Neither the board nor the commission may revoke, suspend, fail to renew, or take action against a physician's license based solely on his or her recommended or prescribed off-label medical treatment, unless the physician's recommended or prescribed off-label medical treatment presents a threat of significant harm to his or her patients or to the general public.

(c) This section shall not apply to the prescribing, administration, or dispensing of any controlled substances, as defined in Section 20-2-2.

(Act 2024-414, §1.)

Section 34-24-361 Investigations; Reporting Offenses; Proceedings and Actions; Privileged Information.

(a)(1) The State Board of Medical Examiners on its own motion may investigate any evidence which appears to show that a physician or osteopath holding a certificate of qualification to practice medicine or osteopathy in the State of Alabama is or may be guilty of any of the acts, offenses, or conditions set out in Section 34-24-360. As part of its investigation, the board may require a criminal history background check of the physician or osteopath. In such event, the physician or osteopath shall submit a complete set of fingerprints to the State Board of Medical Examiners, or any channeler approved by the board. The board, or its channeler, shall submit the fingerprints provided by the physician or osteopath to the Alabama State Bureau of Investigation

(SBI). The fingerprints shall be forwarded by the SBI to the Federal Bureau of Investigation (FBI) for a national criminal history record check. Costs associated with conducting a criminal history background check shall be borne by the physician or osteopath and are payable directly to the board or its designee. The State Board of Medical Examiners shall keep information received pursuant to this section confidential, except that such information received and relied upon in an investigation by the board may be disclosed to the physician or osteopath.

(2) The board may, within its discretion and for cause, order and direct that a physician or osteopath successfully complete a course or courses of continuing medical education on subjects related to the findings of the investigation of the board. The course or courses of continuing medical education ordered by the board may not exceed 50 credit hours of instruction within the calendar year in which the order is entered. Failure or refusal to comply with the order or directive of the board entered pursuant to this subdivision shall constitute grounds, after notice and a hearing, for the suspension of the license to practice medicine of the physician or osteopath in question by the Medical Licensure Commission which shall continue in effect until such time the physician or osteopath has complied with the order or directive or the board has rescinded or withdrawn the order or directive.

(b) Any physician or osteopath holding a certificate of qualification to practice medicine or osteopathy in the State of Alabama shall and is hereby required to, and any other person may, report to the board or the commission any information such physician, osteopath, or other person may have which appears to show that any physician or osteopath holding a certificate of qualification to practice medicine or osteopathy in the State of Alabama may be guilty of any of the acts, offenses, or conditions set out in Section 34-24-360, and any physician, osteopath, or other person who in good faith makes such a report to the board or to the commission shall not be liable to any person for any statement or opinion made in such report.

(c) If in the opinion of the board it appears that such information provided to it under this section may be true, the board may request a formal interview with the physician or osteopath.

(d) If the physician or osteopath invited to a formal interview before the board refuses to appear for such interview, the commission shall have grounds to suspend or revoke the certificate of qualification of such physician or osteopath.

(e) Any proceeding for suspension or revocation of a license to practice medicine or osteopathy in the State of Alabama shall be conducted in accord with the following procedures:

(1) A written administrative complaint signed by any member of the State Board of Medical Examiners, any duly licensed physician or osteopath, the executive officers of the commission, or any other person shall be filed with the Medical Licensure Commission.

(2) The executive officer of the commission shall set a date for the hearing of the administrative complaint, shall notify the physician or osteopath against whom the administrative complaint was filed of the time and place of the hearing, and shall forward to such physician or osteopath a copy of the administrative complaint filed against him or her.

(3) The notice shall be served upon the physician or osteopath against whom the complaint was filed at least 20 days prior to the hearing date.

(4) The notice may be served by any sheriff of the State of Alabama or by any person designated by the executive officer of the commission, and if served by a person designated by the executive officer, the return of service shall be sworn to by that person before some officer authorized to administer oaths.

(5) If the physician or osteopath against whom a complaint has been filed is out of the state, or evades service, or cannot be served in person, then the service shall be made by mailing a copy of the complaint and of the notice to that 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.

(6) The investigation shall be held with as little publicity as practicable, consistent with a fair and impartial hearing.

(7) At the hearing, the physician or osteopath against whom the complaint has been filed shall have the right to be represented by counsel and shall have the right to call any witnesses germane to the issues under consideration.

(8) The administrative complaint may be amended without leave of the commission at any time more than 45 days before the first setting of the case for hearing. Thereafter, the commission may permit the administrative complaint to be amended but no amendments shall be permitted that are not germane to the acts, offenses, or conditions originally charged or that materially alters the nature of any act, offense, or condition charged; provided, however, that amendments to conform to the evidence may be allowed in conformance with Rule 15(b), Alabama Rules of Civil Procedure.

(9) The commission shall have the right to determine all questions as to the sufficiency of the complaint, as to procedure, and as to the admissibility and weight of evidence.

(10) If a person whose qualifications are under consideration absents himself or herself, or does not appear after having been given the required notice, the hearing may proceed in his or her absence.

(f) The commission shall, temporarily, suspend the license of a physician or osteopath without a hearing simultaneously with the institution of proceedings for a hearing provided under this section on the request of the State Board of Medical Examiners if the board finds that evidence in its possession indicates that the physician's or osteopath's continuation in practice may constitute an immediate danger to his or her patients or to the public. The commission may meet by telephone conference call to act upon any such request.

(g) A physician or osteopath may surrender his or her certificate of qualification or request in writing to the State Board of Medical Examiners that a restriction be placed upon his or her certificate of qualification to practice medicine or osteopathy. The board may accept a surrender or grant such a request for restriction and shall have the authority, if it deems appropriate, to attach such restrictions to the certificate of qualification of the physician or osteopath to practice medicine or osteopathy within the State of Alabama. Removal of a voluntary restriction on a certificate of qualification shall be done only with the approval of the State Board of Medical Examiners. If the board accepts the surrender of a certificate of qualification, it shall notify the commission and the commission shall withdraw the physician's or osteopath's license to practice medicine or osteopathy in the State of Alabama. If the board attaches restrictions to a physician's or osteopath's certificate of qualification, it shall notify the commission of the restrictions and the commission shall also place the restrictions on the physician's or osteopath's license to practice medicine or osteopathy in the State of Alabama. If the board denies a request by an applicant for reinstatement of his or her certificate of qualification or for removal of a voluntary restriction, the applicant shall have the right of appeal to the commission which has the authority to either affirm the board's action or order the board to modify its action as the commission deems appropriate. Applications requesting reinstatement of a certificate of qualification filed with the Board of Medical Examiners within 24 months of the effective date of the applicant's voluntary surrender of the certificate of qualification may be dismissed by the board as prematurely filed. An application as described above which is filed with the board more than 24 months following the effective date of the voluntary surrender may be granted or may be set for a hearing before the board. The hearing shall be conducted as a contested case under the Alabama Administrative Procedure Act. The Board of Medical Examiners shall be without jurisdiction to reinstate the certificate of qualification of a physician or osteopath whose certificate of qualification was voluntarily surrendered while under investigation or during the pendency of the administrative hearing if the application for reinstatement of the certificate of qualification is received by the board more than five years after the effective date of the surrender of the certificate of qualification. In the event the Medical Licensure Commission is without jurisdiction to reinstate a license to practice medicine or osteopathy or the Board of Medical Examiners is without jurisdiction to reinstate the certificate of qualification, any existing, corresponding certificate of qualification of any licensee over whom the commission or board has lost the aforementioned jurisdiction, shall become null and void.

(h) Subsequent to the holding of a hearing and the taking of evidence by the commission as provided for in this section, the commission shall request and consider but not be bound by a recommendation from the State Board of Medical Examiners. After receipt of the board's recommendation, if the commission finds that a physician or osteopath is guilty of any of the acts, offenses, or conditions enumerated in Section 34-24-360, the commission may take any of the following actions or any combinations of the following actions:

(1) Enter a judgment and impose a penalty.

(2) Suspend imposition of judgment and penalty.

- (3) Order that the respondent physician or osteopath pay to the board such costs, fees, and expenses as the commission shall deem appropriate.
- (4) Impose judgment and penalty, but suspend enforcement thereof by placing the physician or osteopath on probation, which probation shall be revocable if the commission finds the conditions of the probation order are not followed by the physician or osteopath.
- (5) As a condition of probation the commission may require the physician or osteopath to submit to care, counseling, or treatment by physicians designated by the commission. The expense of such care, counseling, or treatment shall be borne by the physician or osteopath on probation.
- (6) If a license to practice medicine or osteopathy is suspended, revoked, or a licensee placed on probation, the commission may order, as a condition for lifting the suspension or reinstating the license, or as a condition of probation, that the licensee, at his or her own expense, be evaluated or tested for mental or physical impairment, drug or alcohol impairment, medical competence, sexual misconduct or addiction, or behavioral problems. The results of such evaluation or testing may be considered by the commission in making any further or additional orders or rulings with regard to such physician's or osteopath's license.
- (7) The commission may at any time modify the conditions of the probation and may include among them any reasonable condition for the purpose of the protection of the public or for the purpose of the rehabilitation of the probationer or both.
- (8) If a license to practice medicine or osteopathy in the State of Alabama is suspended, the holder of the license shall not practice during the term of suspension.
- (9) Applications for reinstatement of a license to practice medicine or osteopathy which have been revoked or suspended by the commission and applications for modification or termination of probation or removal or modification of restrictions concerning a license to practice medicine or osteopathy filed with the commission within 24 months from the effective date of the commission's order may, within the discretion of the commission, be dismissed by the commission as prematurely filed, subject to the right of the applicant to refile the application at a later date. An application as described above which is filed with the commission more than 24 months following the effective date of the commission's order may be granted, or may be set for a hearing before the commission, and such hearing shall be conducted as a contested case under the Alabama Administrative Procedure Act. The Medical Licensure Commission shall be without jurisdiction to reinstate the license to practice medicine or osteopathy of a physician or osteopath whose license was revoked by the commission or voluntarily surrendered while under investigation or during the pendency of an administrative hearing if the application for reinstatement is received more than five years after the effective date of the revocation or surrender of the license.
- (i) Complaints submitted for hearing before the Medical Licensure Commission under this section or before the State Board of Medical Examiners or testimony with respect thereto shall be absolutely privileged and no lawsuit predicated thereon may be instituted. Members of the State Board of Medical Examiners, the Medical Licensure Commission, any agent, employee, consultant, or attorney of the board or the commission, the members of any committee of physicians impaneled by the board or the commission, any person making any report or rendering any opinion or supplying any evidence or information or offering any testimony to the board or to the commission in connection with an investigation or hearing conducted by the board or the commission as authorized in this article shall be immune from suit for any conduct in the course of their official duties with respect to such investigations or hearings.
- (Acts 1981, No. 81-218, p. 273, §20; Acts 1986, No. 86-442, p. 807, §1; Act 2002-140, p. 359, §3; Act 2005-297, 1st Sp. Sess., p. 556, §1; Act 2007-402, p. 807, §1; Act 2008-397, p. 771, §1; Act 2021-100, §1.)*

Section 34-24-361.1 Hearings Closed; Confidentiality of Certain Records.

All hearings conducted by the commission shall be closed. The record in such hearings, including witness testimony, exhibits, and pleadings, shall be confidential, shall not be public record, and shall not be available for court subpoena or for discovery proceedings. All administrative complaints, orders to show cause, notices of hearings, and statements of charges, and all amendments thereto, and all orders of the commission which are dispositive of the issues raised thereby, shall be public record. Nothing contained herein shall apply to records made in the regular course of business of an individual; documents or records otherwise available from original sources are not to be construed as immune from discovery or use in any civil proceedings merely because they were presented or considered during the proceedings of the State Board of Medical Examiners or the Medical Licensure Commission.

(Act 2002-140, p. 359, §4.)

Section 34-24-362 Unlawful to Practice When License Suspended or Revoked; Reissue of License.

Whenever a license to practice medicine or osteopathy in the State of Alabama has been suspended or revoked, it shall be unlawful for the person whose license has been so suspended or revoked to practice his or her profession in this state, but the commission may issue in behalf of such person, either with or without reexamination, a new license whenever it deems such course safe and just. Prior to such decision to reissue a license, the commission shall request and consider but not be bound by the recommendation of the State Board of Medical Examiners.

(Acts 1981, No. 81-218, p. 273, §21.)

Section 34-24-363 Witnesses - How Subpoenaed and Sworn; Failure to Comply.

(a) To any such hearing witnesses may be subpoenaed by the commission on its own motion, or on the demand of either side by subpoena signed by the chairman of the commission, or by the executive officer of the commission, and such subpoenas may be served by any sheriff of the State of Alabama, or by the executive officer of the commission or by any person designated by the executive officer; and, if served by anyone other than a sheriff, the return of service shall be sworn to by the person before some officer authorized to administer oaths. Witnesses may be sworn by the chairman or by the person discharging the duties of the chairman. Similar subpoenas may be issued directing the production of books, papers, or documents at the hearing.

(b) In conducting its investigations, the State Board of Medical Examiners shall have the authority to subpoena witnesses and command the production at any of its meetings of such books, documents, records, and papers as it deems pertinent to any matter under investigation. The board, by order of its chairman or executive director, may require any person to produce within this state, at such reasonable time and place as it may designate, any books, documents, records, or papers kept in any office or place without or within this state, or certified copies thereof, whenever the production thereof is reasonably required and pertinent to any matter under investigation before the board, in order that an examination thereof may be made by the board, or by any person employed by the board.

(c) In case of failure or refusal on the part of any person to comply with any subpoena, or on the refusal of any witness to testify or answer as to any matter regarding which he or she may lawfully be interrogated, any circuit court in this state, or any judge thereof, on application of the board or its executive director, may issue an attachment for such person and compel him or her to comply with such order, or to attend before the board and produce such documents and give his or her testimony upon such matters as may be lawfully required, and the court or judge shall have the power to punish for contempt as in cases of disobedience of a like order or subpoena issued by or from such court, or a refusal to testify therein.

(Acts 1981, No. 81-218, p. 273, §22.)

Section 34-24-364 Witnesses - Per Diem and Travel Expense.

Any witness attending any such hearing or investigation shall immediately upon his or her 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 his or her transportation to and from the place of the hearing; not to exceed the mileage rate allowed to Alabama state employees for in-state travel.

(Acts 1981, No. 81-218, p. 273, §23.)

Section 34-24-365 Witnesses - Depositions.

The commission, board or, with the consent of the commission, any party to any proceeding before the commission, may cause depositions of witnesses residing within or without the state to be taken in the manner prescribed by law for depositions in civil actions in circuit courts, such depositions to be taken on a commission to be issued by the executive officer of the commission or by the executive director of the board and made returnable to either the commission or the board.

(Acts 1981, No. 81-218, p. 273, §24.)

Section 34-24-366 Vote Necessary for Suspension or Revocation; Hearing Panels.

The commission shall not order the suspension or revocation of a license unless at least five members of the commission are present and a majority of those present vote for such suspension or revocation. However, the commission may appoint hearing panels consisting of no fewer than three commission members. The public member of the commission may be, but shall not be required to be, a member of each such hearing panel. Such hearing panels are authorized to conduct hearings in contested cases in the same manner as the full commission is authorized to conduct hearings. At the conclusion of each hearing conducted by a hearing panel, such hearing panel shall prepare an order which shall be presented to the full commission for ratification and, if ratified by the commission, such order shall be the order of the commission. It shall not be necessary for the members of the commission not on the hearing panel to review the record of the hearing.

(Acts 1981, No. 81-218, p. 273, §25, Act 2002-140, p. 359, §3.)

Section 34-24-367 Judicial Review; Immediate Effect of Suspension or Revocation of License; Venue.

Judicial review of the orders and decisions of the Medical Licensure Commission shall be governed by the provisions of Section 41-22-20 (the Alabama Administrative Procedure Act); provided however, that the following procedures shall take precedence over the provisions of Section 41-22-20(c) relating to the issuance of a stay of any order of the licensure commission suspending or revoking a license to practice medicine. The suspension or revocation of a license to practice medicine shall be given immediate effect, it being the expressly stated legislative purpose and intent that the imposition of the penalty of suspension or revocation of a license to practice medicine shall create a presumption that the continuation in practice of the physician constitutes an immediate danger to the public health, safety, and welfare. No stay or supersedeas shall be granted pending judicial review of a decision by the licensure commission to suspend or revoke a license to practice medicine unless a reviewing court, upon proof by the party seeking judicial review, finds in writing that the action of the licensure commission was taken without statutory authority, was arbitrary or capricious, or constituted a gross abuse of discretion. An order of the licensure commission temporarily suspending a license to practice medicine under the authority of Section 34-24-361(f) shall not be stayed pending judicial review permitted under Section 41-22-20 of any preliminary, procedural, or intermediate ruling or decision of the licensure commission unless the reviewing court, upon proof by the party seeking judicial review, finds in writing that the action of the licensure commission was taken without statutory authority, was arbitrary or capricious, constituted a gross abuse of discretion, or was made in violation of the requirements of Section 41-22-19(d). Notwithstanding any other provision of law to the contrary, any action commenced for the purpose of seeking judicial review of the administrative decisions of the Medical Licensure Commission, including writ of mandamus, or judicial review pursuant to the Alabama Administrative Procedure Act, Chapter 22 of Title 41, must be filed, commenced, and maintained in the Alabama Court of Civil Appeals.

(Acts 1981, No. 81-218, p. 273, §26; Acts 1982, No. 82-493, p. 817, §1; Acts 1983, 2nd Ex. Sess., No. 83-131, p. 137, §1; Acts 1988, No. 88-86, p. 110, §1; Act 2008-397, p. 771, §1.)

Division 4 Administrative Fines, Reprimands, and Restrictions

Section 34-24-380 Penalties for Violation of Section 20-2-54, Rules, or Regulations.

(a) In addition to any other penalty authorized under Section 20-2-54, the State Board of Medical Examiners, acting in its capacity as a certifying board, may in its discretion assess administrative fines not to exceed ten thousand dollars (\$10,000) for each violation of any of the provisions of Section 20-2-54, or any rule or regulation duly promulgated by the board.

(b) In addition to the administrative fine authorized in subsection (a), the board may require a physician or osteopath found to be in violation of Section 20-2-54, to pay the costs, fees, and expenses of the board incurred in connection with any proceedings before the board, including, but not limited to, the actual costs of independent medical review and expert testimony, reasonable and necessary attorney fees and expenses, deposition costs, travel expenses for board staff, charges incurred for obtaining documentary evidence, and such other categories of expenses as may be prescribed in rules published by the board. Payment of any costs, fees, or expenses ordered by the board shall be made and enforced in the same manner as an administrative fine.

(c) Notwithstanding any other provision of law to the contrary, any action commenced for the purpose of seeking judicial review of an order or decision of the State Board of Medical Examiners suspending or revoking a registration as authorized under Section 20-2-54 must be filed, commenced, and maintained in the Alabama Court of Civil Appeals.

(Acts 1986, No. 86-451, p. 817, §1; Act 2002-140, p. 359, §3; Act 2007-402, p. 807, §1; Act 2008-397, p. 771, §1; Act 2010-713, p. 1761, §1.)

Section 34-24-381 Penalties for Violation of Section 34-24-360, Rules, or Regulations.

(a) In addition to any other penalty authorized by Section 34-24-361 (h) the Medical Licensure Commission may in its discretion assess administrative fines not to exceed ten thousand dollars (\$10,000) for each violation of any of the provisions of Section 34-24-360 or any rule or regulation duly promulgated by the commission. The Medical Licensure Commission may also in its discretion issue public or private reprimands, public or private censures, and may impose involuntary restrictions upon the certificate of qualification and/or license to practice medicine of any physician or osteopath for each violation of any of the provisions of Section 34-24-360.

(b) In addition to the administrative fine authorized in subsection (a), the commission, upon application of the Board of Medical Examiners, may require a physician or osteopath found to be in violation of Section 34-24-360 to pay the costs, fees, and expenses of the board incurred in connection with any proceedings before the commission, including, but not limited to, the actual costs of independent medical review and expert testimony, reasonable and necessary attorney fees and expenses, deposition costs, travel expenses for board staff, charges incurred for obtaining documentary evidence, and such other categories of expenses as may be prescribed in regulations published by the board and the commission. Payment of any costs, fees, or expenses ordered by the commission shall be made and enforced in the same manner as an administrative fine.

(Acts 1986, No. 86-451, p. 817, §2; Act 2002-140, p. 359, §3; Act 2007-402, p. 807, §1; Act 2010-713, p. 1761, §1.)

Section 34-24-382 Disposition of Fines; Contracts.

All administrative fines assessed by the State Board of Medical Examiners and the Medical Licensure Commission shall be paid to the board and may be expended for the general operation of the board and commission. The board is authorized to expend a portion of its funds for the development, administration, and presentation of programs of continuing medical education for physicians licensed to practice medicine in this state. The board is authorized to enter into contracts for the purchase of programs, services, and materials without regard to the competitive bid laws for expenditures made in connection with the development, administration, and presentation of continuing medical education programs.

(Acts 1986, No. 86-451, p. 817, §3; Act 2002-140, p. 359, §3.)

Section 34-24-383 Payment of Administrative Fines Prerequisite to Renewal of Annual Certificate; Refunds.

The Medical Licensure Commission shall not renew the annual certificate of registration as set forth in Section 34-24-337 of any physician against whom an administrative fine has been assessed by the Board of Medical Examiners or the Medical Licensure Commission until such fine is paid in full. However, if an order of the Medical Licensure Commission or the Board of Medical Examiners allows for the payment of a fine or costs in installments and if the licensee is current with the installment payment, then the physician shall be permitted to renew his or her license. In the event that the fine is subsequently reduced or set aside on judicial review as provided in the Alabama Administrative Procedure Act the physician shall be entitled to a prompt refund of the amount of the fine but shall not be entitled to interest thereon.

(Acts 1986, No. 86-451, p. 817, §4; Act 2014-402, p. 1483, §1.)

Section 34-24-384 Rules and Regulations; Reimbursement by Physician.

The Board of Medical Examiners and the Medical Licensure Commission are each authorized to promulgate rules and regulations necessary for the implementation of the provisions of this division. The Board of Medical Examiners is specifically authorized to establish criteria for determining any amounts to be expended on behalf of an impaired physician for education, rehabilitation, and treatment and may require that any physician on whose behalf such funds are expended repay or reimburse the Alabama Physicians Education Fund in accordance with rules established by the board. Reimbursement shall be required on any funds expended for the treatment of alcohol and/or drug related problems in accordance with a schedule agreeable to the board or commission.

(Acts 1986, No. 86-451, p. 817, §5.)

Article 9 Rehabilitation of Physicians and Osteopaths

Section 34-24-400 Identification, Treatment, Etc., of Impaired Physicians; Alabama Physician Wellness Committee; Funding.

It shall be the duty and obligation of the State Board of Medical Examiners to promote the early identification, intervention, treatment, and rehabilitation of physicians and osteopaths licensed to practice medicine in the State of Alabama who may be impaired by reason of illness, inebriation, excessive use of drugs, narcotics, alcohol, chemicals, or other substances or as a result of any physical or mental condition. For the purposes of this article the term “impaired” shall mean the inability of a physician or osteopath to practice medicine with reasonable skill and safety to patients by reason of illness, inebriation, excessive use of drugs, narcotics, alcohol, chemicals, or other substances or as a result of any physical or mental condition. In order to carry out this obligation the State Board of Medical Examiners is hereby empowered to contract with any nonprofit corporation or medical professional association for the purpose of creating, supporting, and maintaining a committee of physicians to be designated the Alabama Physician Wellness Committee. The committee shall consist of not less than three nor more than 15 physicians or osteopaths licensed to practice medicine in the State of Alabama and selected in a manner prescribed by the board. The Board of Medical Examiners is authorized to expend such funds as are available to it as the board shall deem necessary to adequately provide for the operational expenses of the Alabama Physician Wellness Committee, including but not limited to the actual cost of travel, office overhead and personnel expense, and compensation for the members of the committee and its staff. The funds provided by the board under this section for the purposes stated herein shall not be subject to any provision of law requiring competitive bidding.

(Acts 1988, No. 88-536, p. 819, §1; Act 2006-219, p. 376, §1.)

Section 34-24-401 Authority of Board to Contract for Physician Wellness Committee to Undertake Certain Functions.

The Board of Medical Examiners shall have the authority to enter into an agreement with a nonprofit corporation or medical professional association for the Alabama Physician Wellness Committee to undertake those functions and responsibilities specified in the agreement. Such functions and responsibilities may include any or all of the following:

- (1) Contracting with providers of treatment programs;
- (2) Receiving and evaluating reports of suspected impairment from any source;
- (3) Intervening in cases of verified impairment;
- (4) Referring impaired physicians to treatment programs;
- (5) Monitoring the treatment and rehabilitation of impaired physicians;
- (6) Providing post-treatment monitoring and support of rehabilitated impaired physicians; and
- (7) Performing such other activities as agreed upon by the Board of Medical Examiners and the Alabama Physician Wellness Committee.

(Acts 1988, No. 88-536, p. 819, §1; Act 2006-219, p. 376, §1.)

Section 34-24-402 Reporting and Disclosure by Physician Wellness Committee.

The Alabama Physician Wellness Committee shall develop procedures in consultation with the Board of Medical Examiners for:

- (1) Periodic reporting of statistical information regarding impaired physician program activity;
- (2) Periodic disclosure and joint review of such information as the Board of Medical Examiners may deem appropriate regarding reports received, contracts or investigations made, and the disposition of each report, provided however, that the committee shall not disclose any personally identifiable information except as provided in Section 34-24-405.

(Acts 1988, No. 88-536, p. 819, §1; Act 2006-219, p. 376, §1.)

Section 34-24-403 Liability for Actions Within Scope of Committee Functions.

Any physician or osteopath licensed to practice medicine in the State of Alabama who shall be duly appointed to serve as a member of the Alabama Physician Wellness Committee and any auxiliary personnel, consultants, attorneys, or other volunteers or employees of the committee taking any action authorized by this chapter, engaging in the performance of any functions or duties on behalf of the committee, or participating in any administrative or judicial proceeding resulting therefrom, shall, in the performance and operation thereof, be immune from any liability, civil or criminal, that might otherwise be incurred or imposed. Any nonprofit corporation or medical professional association or state or county medical association that contracts with or receives funds from the State Board of Medical Examiners for the creation, support, and operation of the Alabama Physician Wellness Committee shall, in so doing, be immune from any liability, civil or criminal, that might otherwise be incurred or imposed.

(Acts 1988, No. 88-536, p. 819, §1; Act 98-303, p. 497, §1; Act 2006-219, p. 376, §1.)

Section 34-24-404 Confidentiality of Information, Records, and Proceedings.

All information, interviews, reports, statements, memoranda, or other documents furnished to or produced by the Alabama Physician Wellness Committee and any findings, conclusions, recommendations, or reports resulting from the investigations, interventions, treatment, or rehabilitation, or other proceedings of such committee are declared to be privileged and confidential. All records and proceedings of such committee shall be confidential and shall be used by such committee and the members thereof only in the exercise of the proper function of the committee and shall not be public records nor available for court subpoena or for discovery proceedings. Nothing contained herein shall apply to records made in the regular course of business of a physician, osteopath, hospital, or other health care provider, and information, documents, or records otherwise available from original sources are not to be construed as immune from discovery or use in any civil proceedings merely because they were presented or considered during the proceedings of the Alabama Physician Wellness Committee.

(Acts 1988, No. 88-536, p. 819, §1; Act 2006-219, p. 376, §1.)

Section 34-24-405 Annual Report.

(a) It shall be the duty of the Alabama Physician Wellness Committee to render an annual report to the State Board of Medical Examiners concerning the operations and proceedings of the committee for the preceding year.

(b) The committee shall report to the State Board of Medical Examiners any physician or osteopath who in the opinion of the committee is unable to practice medicine or osteopathy with reasonable skill and safety to patients by reason of illness, inebriation, excessive use of drugs, narcotics, alcohol, chemicals, or other substances or as a result of any physical or mental condition when it appears that such physician or osteopath is currently in need of intervention, treatment, or rehabilitation, and such physician or osteopath has failed or refused to participate in programs of treatment or rehabilitation recommended by the committee. In any report to the State Board of Medical Examiners made pursuant to the requirements of this subsection, the committee or its authorized designee may forward to the board any and all reports, evaluations, treatment records, medical records, documents, or information relevant to the physician or osteopath upon whom the report is made, unless specifically prohibited by federal law or regulation, notwithstanding any law or regulation of this state declaring that such evaluations, information, treatment records, medical records, documents, or reports are confidential or privileged. All such information, evaluations, documents, reports, treatment records, or medical records received by the board in a report submitted pursuant to this subsection shall be privileged and confidential and shall not be public records nor available for court subpoena or for discovery proceedings but may be used by the board in the course of its investigations and may be introduced as evidence in administrative hearings conducted by the board or by the Medical Licensure Commission.

(c) A report to the Alabama Physician Wellness Committee shall be deemed to be a report to the State Board of Medical Examiners for the purposes of any mandated reporting of physician impairment otherwise provided for by the statutes of this state.

(Acts 1988, No. 88-536, p. 819, §1; Act 2002-140, p. 359, §3; Act 2006-219, p. 376, §1.)

Section 34-24-406 Evaluation of Physician Who Is Believed to Be Impaired; Report of Findings.

If the Board of Medical Examiners has reasonable cause to believe that a physician is impaired, the board may cause an evaluation of such physician to be conducted by the Alabama Physician Wellness Committee for the purpose of determining if there is an impairment. The Alabama Physician Wellness Committee shall report the findings of its evaluation to the Board of Medical Examiners.

(Acts 1988, No. 88-536, p. 819, §1; Act 2006-219, p. 376, §1.)

Article 10A Interstate Medical Licensure Compact

Section 34-24-520 Purpose.

In order to strengthen access to health care, and in recognition of the advances in the delivery of health care, the member states of the Interstate Medical Licensure Compact have allied in common purpose to develop a comprehensive process that complements the existing licensing and regulatory authority of state medical boards, provides a streamlined process that allows physicians to become licensed in multiple states, thereby enhancing the portability of a medical license and promoting the safety of patients. The compact creates another pathway for licensure and does not otherwise change a state's existing medical practice act. The compact also adopts the prevailing standard for licensure and affirms that the practice of medicine occurs where the patient is located at the time of the physician-patient encounter, and therefore, requires the physician to be under the jurisdiction of the state medical board where the patient is located. State medical boards that participate in the compact retain the jurisdiction to impose an adverse action against a license to practice medicine in that state issued to a physician through the procedures in the compact.

(Act 2015-197, §1.)

Section 34-24-521 Definitions.

In this compact, the following terms have the following meanings:

- (a) **BYLAWS.** Those bylaws established by the interstate commission pursuant to Section 34-24-530 for its governance, or for directing and controlling its actions and conduct.
- (b) **COMMISSIONER.** The voting representative appointed by each member board pursuant to Section 34-24-530.
- (c) **CONVICTION.** A finding by a court that an individual is guilty of a criminal offense through adjudication, or entry of a plea of guilty or no contest to the charge by the offender. Evidence of an entry of a conviction of a criminal offense by the court shall be considered final for purposes of disciplinary action by a member board.
- (d) **EXPEDITED LICENSE.** A full and unrestricted medical license granted by a member state to an eligible physician through the process set forth in the compact.
- (e) **INTERSTATE COMMISSION.** The interstate commission created pursuant to Section 34-24-530.
- (f) **LICENSE.** Authorization by a state for a physician to engage in the practice of medicine, which would be unlawful without the authorization.
- (g) **MEDICAL PRACTICE ACT.** Laws and regulations governing the practice of allopathic and osteopathic medicine within a member state.
- (h) **MEMBER BOARD.** A state agency in a member state that acts in the sovereign interests of the state by protecting the public through licensure, regulation, and education of physicians as directed by the state government.
- (i) **MEMBER STATE.** A state that has enacted the compact.
- (j) **PRACTICE OF MEDICINE.** The clinical prevention, diagnosis, or treatment of human disease, injury, or condition requiring a physician to obtain and maintain a license in compliance with the medical practice act of a member state.

(k) **PHYSICIAN.** Any person who:

(1) Is a graduate of a medical school accredited by the Liaison Committee on Medical Education, the Commission on Osteopathic College Accreditation, or a medical school listed in the International Medical Education Directory or its equivalent;

(2) Passed each component of the United States Medical Licensing Examination (USMLE) or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA) within three attempts, or any of its predecessor examinations accepted by a state medical board as an equivalent examination for licensure purposes;

(3) Successfully completed graduate medical education approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association;

(4) Holds specialty certification or a time-unlimited specialty certificate recognized by the American Board of Medical Specialties or the American Osteopathic Association's Bureau of Osteopathic Specialists;

(5) Possesses a full and unrestricted license to engage in the practice of medicine issued by a member board;

(6) Has never been convicted, received adjudication, deferred adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction;

(7) Has never held a license authorizing the practice of medicine subjected to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to nonpayment of fees related to a license;

(8) Has never had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration; and

(9) Is not under active investigation by a licensing agency or law enforcement authority in any state, federal, or foreign jurisdiction.

(l) **OFFENSE.** A felony, gross misdemeanor, or crime of moral turpitude.

(m) **RULE.** A written statement by the interstate commission promulgated pursuant to Section 34-24-531 of the compact that is of general applicability, implements, interprets, or prescribes a policy or provision of the compact, or an organizational, procedural, or practice requirement of the interstate commission, and has the force and effect of statutory law in a member state, and includes the amendment, repeal, or suspension of an existing rule.

(n) **STATE.** Any state, commonwealth, district, or territory of the United States.

(o) **STATE OF PRINCIPAL LICENSE.** A member state where a physician holds a license to practice medicine and which has been designated as such by the physician for purposes of registration and participation in the compact.

(Act 2015-197, §2.)

Section 34-24-522 Eligibility.

(a) A physician must meet the eligibility requirements as defined in subdivision (k) of Section 34-24-521 to receive an expedited license under the terms and provisions of the compact.

(b) A physician who does not meet the requirements of subdivision (k) of Section 34-24-521 may obtain a license to practice medicine in a member state if the individual complies with all laws and requirements, other than the compact, relating to the issuance of a license to practice medicine in that state.

(Act 2015-197, §3.)

Section 34-24-523 Designation of State of Principal License.

(a) A physician shall designate a member state as the state of principal license for purposes of registration for expedited licensure through the compact if the physician possesses a full and unrestricted license to practice medicine in that state, and the state is:

(1) The state of primary residence for the physician; or

(2) The state where at least 25 percent of the practice of medicine occurs; or

(3) The location of the physician's employer; or

(4) If no state qualifies under subdivision (1), subdivision (2), or subdivision (3), the state designated as state of residence for purpose of federal income tax.

(b) A physician may redesignate a member state as state of principal license at any time, as long as the state meets the requirements in subsection (a).

(c) The interstate commission is authorized to develop rules to facilitate redesignation of another member state as the state of principal license.

(Act 2015-197, §4.)

Section 34-24-524 Application and Issuance of Expedited Licensure.

(a) A physician seeking licensure through the compact shall file an application for an expedited license with the member board of the state selected by the physician as the state of principal license.

(b) Upon receipt of an application for an expedited license, the member board within the state selected as the state of principal license shall evaluate whether the physician is eligible for expedited licensure and issue a letter of qualification, verifying or denying the physician's eligibility, to the interstate commission.

(1) Static qualifications, which include verification of medical education, graduate medical education, results of any medical or licensing examination, and other qualifications as determined by the interstate commission through rule, shall not be subject to additional primary source verification where already primary source verified by the state of principal license. (2) The member board within the state selected as the state of principal license, in the course of verifying eligibility, shall perform a criminal background check of an applicant, including the use of the results of fingerprint or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation, with the exception of federal employees who have suitability determination in accordance with U.S. C.F.R. §731.202.

(3) Appeal on the determination of eligibility shall be made to the member state where the application was filed and shall be subject to the law of that state.

(c) Upon verification in subsection (b), physicians eligible for an expedited license shall complete the registration process established by the interstate commission to receive a license in a member state selected pursuant to subsection (a), including the payment of any applicable fees.

(d) After receiving verification of eligibility under subsection (b) and any fees under subsection (c), a member board shall issue an expedited license to the physician. This license shall authorize the physician to practice medicine in the issuing state consistent with the medical practice act and all applicable laws and regulations of the issuing member board and member state.

(e) An expedited license shall be valid for a period consistent with the licensure period in the member state and in the same manner as required for other physicians holding a full and unrestricted license within the member state.

(f) An expedited license obtained through the compact shall be terminated if a physician fails to maintain a license in the state of principal licensure for a nondisciplinary reason, without redesignation of a new state of principal licensure.

(g) The interstate commission is authorized to develop rules regarding the application process, including payment of any applicable fees, and the issuance of an expedited license.

(Act 2015-197, §5.)

Section 34-24-525 Fees for Expedited Licensure.

(a) A member state issuing an expedited license authorizing the practice of medicine in that state may impose a fee for a license issued or renewed through the compact.

(b) The interstate commission is authorized to develop rules regarding fees for expedited licenses.

(Act 2015-197, §6.)

Section 34-24-526 Renewal and Continued Participation.

(a) A physician seeking to renew an expedited license granted in a member state shall complete a renewal process with the interstate commission if the physician:

(1) Maintains a full and unrestricted license in a state of principal license;

(2) Has not been convicted, received adjudication, deferred adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction;

(3) Has not had a license authorizing the practice of medicine subject to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to nonpayment of fees related to a license; and

(4) Has not had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration.

(b) Physicians shall comply with all continuing professional development or continuing medical education requirements for renewal of a license issued by a member state.

(c) The interstate commission shall collect any renewal fees charged for the renewal of a license and distribute the fees to the applicable member board.

(d) Upon receipt of any renewal fees collected in subsection (c), a member board shall renew the physician's license.

(e) Physician information collected by the interstate commission during the renewal process will be distributed to all member boards.

(f) The interstate commission is authorized to develop rules to address renewal of licenses obtained through the compact.

(Act 2015-197, §7.)

Section 34-24-527 Coordinated Information System.

- (a) The interstate commission shall establish a database of all physicians licensed, or who have applied for licensure, under Section 34-24-524.
 - (b) Notwithstanding any other provision of law, member boards shall report to the interstate commission any public action or complaints against a licensed physician who has applied or received an expedited license through the compact.
 - (c) Member boards shall report disciplinary or investigatory information determined as necessary and proper by rule of the interstate commission.
 - (d) Member boards may report any nonpublic complaint, disciplinary, or investigatory information not required by subsection (c) to the interstate commission.
 - (e) Member boards shall share complaint or disciplinary information about a physician upon request of another member board.
 - (f) All information provided to the interstate commission or distributed by member boards shall be confidential, filed under seal, and used only for investigatory or disciplinary matters.
 - (g) The interstate commission is authorized to develop rules for mandated or discretionary sharing of information by member boards.
- (Act 2015-197, §8.)*

Section 34-24-528 Joint Investigations.

- (a) Licensure and disciplinary records of physicians are deemed investigative.
 - (b) In addition to the authority granted to a member board by its respective medical practice act or other applicable state law, a member board may participate with other member boards in joint investigations of physicians licensed by the member boards.
 - (c) A subpoena issued by a member state shall be enforceable in other member states.
 - (d) Member boards may share any investigative, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under the compact.
 - (e) Any member state may investigate actual or alleged violations of the statutes authorizing the practice of medicine in any other member state in which a physician holds a license to practice medicine.
- (Act 2015-197, §9.)*

Section 34-24-529 Disciplinary Actions.

(a) Any disciplinary action taken by any member board against a physician licensed through the compact shall be deemed unprofessional conduct which may be subject to discipline by other member boards, in addition to any violation of the medical practice act or regulations in that state.

(b) If a license granted to a physician by the member board in the state of principal license is revoked, surrendered, or relinquished in lieu of discipline, or suspended, then all licenses issued to the physician by member boards shall automatically be placed, without further action necessary by any member board, on the same status. If the member board in the state of principal license subsequently reinstates the physician's license, a license issued to the physician by any other member board shall remain encumbered until that respective member board takes action to reinstate the license in a manner consistent with the medical practice act of that state.

(c) If disciplinary action is taken against a physician by a member board not in the state of principal license, any other member board may deem the action conclusive as to matter of law and fact decided, and:

(1) Impose the same or lesser sanction or sanctions against the physician so long as such sanction or sanctions are consistent with the medical practice act of that state; or

(2) Pursue separate disciplinary action against the physician under its respective medical practice act, regardless of the action taken in other member states.

(d) If a license granted to a physician by a member board is revoked, surrendered, or relinquished in lieu of discipline, or suspended, then any license or licenses issued to the physician by any other member board or boards shall be suspended, automatically and immediately without further action necessary by the other member board or boards, for 90 days upon entry of the order by the disciplining board, to permit the member board or boards to investigate the basis for the action under the medical practice act of that state. A member board may terminate the automatic suspension of the license it issued prior to the completion of the 90-day suspension period in a manner consistent with the medical practice act of that state.

(Act 2015-197, §10.)

Section 34-24-530 Interstate Medical Licensure Compact Commission.

(a) The member states hereby create the Interstate Medical Licensure Compact Commission.

(b) The purpose of the interstate commission is the administration of the Interstate Medical Licensure Compact, which is a discretionary state function.

(c) The interstate commission shall be a body corporate and joint agency of the member states and shall have all the responsibilities, powers, and duties set forth in the compact, and such additional powers as may be conferred upon it by a subsequent concurrent action of the respective legislatures of the member states in accordance with the terms of the compact.

(d) The interstate commission shall consist of two voting representatives appointed by each member state who shall serve as commissioners. In states where allopathic and osteopathic physicians are regulated by separate member boards, or if the licensing and disciplinary authority is split between multiple member boards within a member state, the member state shall appoint one representative from each member board. A commissioner shall be:

(1) An allopathic or osteopathic physician appointed to a member board;

(2) An executive director, executive secretary, or similar executive of a member board; or

- (3) A member of the public appointed to a member board.
- (e) The interstate commission shall meet at least once each calendar year. A portion of this meeting shall be a business meeting to address such matters as may properly come before the commission, including the election of officers. The chairperson may call additional meetings and shall call for a meeting upon the request of a majority of the member states.
- (f) The bylaws may provide for meetings of the interstate commission to be conducted by telecommunication or electronic communication.
- (g) Each commissioner participating at a meeting of the interstate commission is entitled to one vote. A majority of commissioners shall constitute a quorum for the transaction of business, unless a larger quorum is required by the bylaws of the interstate commission. A commissioner shall not delegate a vote to another commissioner. In the absence of its commissioner, a member state may delegate voting authority for a specified meeting to another person from that state who shall meet the requirements of subsection (d).
- (h) The interstate commission shall provide public notice of all meetings and all meetings shall be open to the public. The interstate commission may close a meeting, in full or in portion, where it determines by a two-thirds vote of the commissioners present that an open meeting would be likely to:
- (1) Relate solely to the internal personnel practices and procedures of the interstate commission;
 - (2) Discuss matters specifically exempted from disclosure by federal statute;
 - (3) Discuss trade secrets, commercial, or financial information that is privileged or confidential;
 - (4) Involve accusing a person of a crime, or formally censuring a person;
 - (5) Discuss information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;
 - (6) Discuss investigative records compiled for law enforcement purposes; or
 - (7) Specifically relate to the participation in a civil action or other legal proceeding.
- (i) The interstate commission shall keep minutes which shall fully describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, including record of any roll call votes.
- (j) The interstate commission shall make its information and official records, to the extent not otherwise designated in the compact or by its rules, available to the public for inspection.
- (k) The interstate commission shall establish an executive committee, which shall include officers, members, and others as determined by the bylaws. The executive committee shall have the power to act on behalf of the interstate commission, with the exception of rulemaking, during periods when the interstate commission is not in session. When acting on behalf of the interstate commission, the executive committee shall oversee the administration of the compact including enforcement and compliance with the provisions of the compact, its bylaws and rules, and other such duties as necessary.
- (l) The interstate commission may establish other committees for governance and administration of the compact.
- (Act 2015-197, §11.)*

Section 34-24-531 Powers and Duties of the Interstate Commission.

The interstate commission shall have the duty and power to do all of the following:

- (a) Oversee and maintain the administration of the compact.
 - (b) Promulgate rules which shall be binding to the extent and in the manner provided for in the compact.
 - (c) Issue, upon the request of a member state or member board, advisory opinions concerning the meaning or interpretation of the compact, its bylaws, rules, and actions.
 - (d) Enforce compliance with compact provisions, the rules promulgated by the interstate commission, and the bylaws, using all necessary and proper means, including, but not limited to, the use of judicial process.
 - (e) Establish and appoint committees including, but not limited to, an executive committee as required by Section 34-24-530, which shall have the power to act on behalf of the interstate commission in carrying out its powers and duties.
 - (f) Pay, or provide for the payment of the expenses related to the establishment, organization, and ongoing activities of the interstate commission.
 - (g) Establish and maintain one or more offices.
 - (h) Borrow, accept, hire, or contract for services of personnel.
 - (i) Purchase and maintain insurance and bonds.
 - (j) Employ an executive director who shall have such powers to employ, select, or appoint employees, agents, or consultants, and determine their qualifications, define their duties, and fix their compensation.
 - (k) Establish personnel policies and programs relating to conflicts of interest, rates of compensation, and qualifications of personnel.
 - (l) Accept donations and grants of money, equipment, supplies, materials, and services, and receive, utilize, and dispose of it in a manner consistent with the conflict of interest policies established by the interstate commission.
 - (m) Lease, purchase, accept contributions or donations of, or otherwise own, hold, improve, or use, any property, real, personal, or mixed.
 - (n) Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property, real, personal, or mixed.
 - (o) Establish a budget and make expenditures.
 - (p) Adopt a seal and bylaws governing the management and operation of the interstate commission.
 - (q) Report annually to the legislatures and governors of the member states concerning the activities of the interstate commission during the preceding year. Such reports shall also include reports of financial audits and any recommendations that may have been adopted by the interstate commission.
 - (r) Coordinate education, training, and public awareness regarding the compact, its implementation, and its operation.
 - (s) Maintain records in accordance with the bylaws.
 - (t) Seek and obtain trademarks, copyrights, and patents.
 - (u) Perform such functions as may be necessary or appropriate to achieve the purposes of the compact.
- (Act 2015-197, §12.)*

Section 34-24-532 Finance Powers.

- (a) The interstate commission may levy on and collect an annual assessment from each member state to cover the cost of the operations and activities of the interstate commission and its staff. The total assessment must be sufficient to cover the annual budget approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated upon a formula to be determined by the interstate commission, which shall promulgate a rule binding upon all member states.
 - (b) The interstate commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same.
 - (c) The interstate commission shall not pledge the credit of any of the member states, except by, and with the authority of, the member state.
 - (d) The interstate commission shall be subject to a yearly financial audit conducted by a certified or licensed public accountant and the report of the audit shall be included in the annual report of the interstate commission.
- (Act 2015-197, §13.)*

Section 34-24-533 Organization and Operation of the Interstate Commission.

- (a) The interstate commission, by a majority of commissioners present and voting, shall adopt bylaws to govern its conduct as may be necessary or appropriate to carry out the purposes of the compact within 12 months of the first interstate commission meeting.
- (b) The interstate commission shall elect or appoint annually from among its commissioners a chairperson, a vice chairperson, and a treasurer, each of whom shall have such authority and duties as may be specified in the bylaws. The chairperson, or in the chairperson's absence or disability, the vice chairperson, shall preside at all meetings of the interstate commission.
- (c) Officers selected in subsection (b) shall serve without remuneration from the interstate commission.
- (d) The officers and employees of the interstate commission shall be immune from suit and liability, either personally or in their official capacity, for a claim for damage to or loss of property or personal injury or other civil liability caused or arising out of, or relating to, an actual or alleged act, error, or omission that occurred, or that such person had a reasonable basis for believing occurred, within the scope of interstate commission employment, duties, or responsibilities; provided that this subsection expressly incorporates Section 36-1-12, and neither expands nor limits the protections under that statute.
- (1) The liability of the executive director and employees of the interstate commission or representatives of the interstate commission, acting within the scope of such person's employment or duties for acts, errors, or omissions occurring within such person's state, may not exceed the limits of liability set forth under the constitution and laws of that state for state officials, employees, and agents. The interstate commission is considered to be an instrumentality of the states for the purposes of any such action. This subdivision expressly incorporates Section 36-1-12, and neither expands nor limits the protections under that statute.

(2) The interstate commission shall defend the executive director, its employees, and subject to the approval of the attorney general or other appropriate legal counsel of the member state represented by an interstate commission representative, shall defend such interstate commission representative in any civil action seeking to impose liability arising out of an actual or alleged act, error, or omission that occurred within the scope of interstate commission employment, duties, or responsibilities, or that the defendant had a reasonable basis for believing occurred within the scope of interstate commission employment, duties, or responsibilities, provided that this subdivision expressly incorporates Section 36-1-12, and neither expands nor limits the protections under that statute.

(3) To the extent not covered by the state involved, member state, or the interstate commission, the representatives or employees of the interstate commission shall be held harmless in the amount of a settlement or judgment, including attorney's fees and costs, obtained against such persons arising out of an actual or alleged act, error, or omission that occurred within the scope of interstate commission employment, duties, or responsibilities, or that such persons had a reasonable basis for believing occurred within the scope of interstate commission employment, duties, or responsibilities, provided that this subdivision expressly incorporates Section 36-1-12, and neither expands nor limits the protections under that statute.

(Act 2015-197, §14.)

Section 34-24-534 Rulemaking Functions of the Interstate Commission.

(a) The interstate commission shall promulgate reasonable rules in order to effectively and efficiently achieve the purposes of the compact. Notwithstanding the foregoing, in the event the interstate commission exercises its rulemaking authority in a manner that is beyond the scope of the purposes of the compact, or the powers granted hereunder, then such an action by the interstate commission shall be invalid and have no force or effect.

(b) Rules deemed appropriate for the operations of the interstate commission shall be made pursuant to a rulemaking process that substantially conforms to the Model State Administrative Procedure Act of 2010, and subsequent amendments thereto.

(c) Not later than 30 days after a rule is promulgated, any person may file a petition for judicial review of the rule in the United States District Court for the District of Columbia or the federal district where the interstate commission has its principal offices, provided that the filing of such a petition shall not stay or otherwise prevent the rule from becoming effective unless the court finds that the petitioner has a substantial likelihood of success. The court shall give deference to the actions of the interstate commission consistent with applicable law and shall not find the rule to be unlawful if the rule represents a reasonable exercise of the authority granted to the interstate commission.

(Act 2015-197, §15.)

Section 34-24-535 Oversight of Interstate Compact.

(a) The executive, legislative, and judicial branches of state government in each member state shall enforce the compact and shall take all actions necessary and appropriate to effectuate the purposes and intent of the compact. The provisions of the compact and the rules promulgated hereunder shall have standing as statutory law but shall not override existing state authority to regulate the practice of medicine.

(b) All courts shall take judicial notice of the compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of the compact which may affect the powers, responsibilities, or actions of the interstate commission.

(c) The interstate commission shall be entitled to receive all service of process in any such proceeding, and shall have standing to intervene in the proceeding for all purposes. Failure to provide service of process to the interstate commission shall render a judgment or order void as to the interstate commission, the compact, or promulgated rules.

(Act 2015-197, §16.)

Section 34-24-536 Enforcement of Interstate Compact.

(a) The interstate commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of the compact.

(b) The interstate commission, by majority vote of the commissioners, may initiate legal action in the United States District Court for the District of Columbia, or, at the discretion of the interstate commission, in the federal district where the interstate commission has its principal offices, to enforce compliance with the provisions of the compact, and its promulgated rules and bylaws, against a member state in default. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party, which is expressly limited to the interstate commission or a member state, shall be awarded all costs of such litigation including reasonable attorney's fees, but this provision does not apply to third parties or private citizens.

(c) The remedies herein shall not be the exclusive remedies of the interstate commission. The interstate commission may avail itself of any other remedies available under state law or the regulation of a profession.

(Act 2015-197, §17.)

Section 34-24-537 Default Procedures.

(a) The grounds for default include, but are not limited to, failure of a member state to perform such obligations or responsibilities imposed upon it by the compact, or the rules and bylaws of the interstate commission promulgated under the compact.

(b) If the interstate commission determines that a member state has defaulted in the performance of its obligations or responsibilities under the compact, or the bylaws or promulgated rules, the interstate commission shall:

(1) Provide written notice to the defaulting state and other member states, of the nature of the default, the means of curing the default, and any action taken by the interstate commission. The interstate commission shall specify the conditions by which the defaulting state must cure its default; and

(2) Provide remedial training and specific technical assistance regarding the default.

(c) If the defaulting state fails to cure the default, the defaulting state shall be terminated from the compact upon an affirmative vote of a majority of the commissioners and all rights, privileges, and benefits conferred by the compact shall terminate on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of the default.

(d) Termination of membership in the compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to terminate shall be given by the interstate commission to the governor, the majority and minority leaders of the defaulting state's legislature, and each of the member states.

(e) The interstate commission shall establish rules and procedures to address licenses and physicians that are materially impacted by the termination of a member state, or the withdrawal of a member state.

(f) The member state which has been terminated is responsible for all dues, obligations, and liabilities incurred through the effective date of termination including obligations, the performance of which extends beyond the effective date of termination.

(g) The interstate commission shall not bear any costs relating to any state that has been found to be in default or which has been terminated from the compact, unless otherwise mutually agreed upon in writing between the interstate commission and the defaulting state.

(h) The defaulting state may appeal the action of the interstate commission by petitioning the United States District Court for the District of Columbia or the federal district where the interstate commission has its principal offices. The prevailing party shall be awarded all costs of such litigation including reasonable attorney's fees.

(Act 2015-197, §18.)

Section 34-24-538 Dispute Resolution.

(a) The interstate commission, upon the request of a member state, shall attempt to resolve disputes which are subject to the compact and which may arise among member states or member boards.

(b) The interstate commission shall promulgate rules providing for both mediation and binding dispute resolution as appropriate.

(Act 2015-197, §19.)

Section 34-24-539 Member States, Effective Date, and Amendment.

- (a) Any state is eligible to become a member state of the compact.
 - (b) The compact shall become effective and binding upon legislative enactment of the compact into law by no less than seven states. Thereafter, it shall become effective and binding on a state upon enactment of the compact into law by that state.
 - (c) The governors of nonmember states, or their designees, shall be invited to participate in the activities of the interstate commission on a nonvoting basis prior to adoption of the compact by all states.
 - (d) The interstate commission may propose amendments to the compact for enactment by the member states. No amendment shall become effective and binding upon the interstate commission and the member states unless and until it is enacted into law by unanimous consent of the member states.
- (Act 2015-197, §20.)*

Section 34-24-540 Withdrawal.

- (a) Once effective, the compact shall continue in force and remain binding upon each and every member state; provided that a member state may withdraw from the compact by specifically repealing the statute which enacted the compact into law.
 - (b) Withdrawal from the compact shall be by the enactment of a statute repealing the same, but shall not take effect until one year after the effective date of such statute and until written notice of the withdrawal has been given by the withdrawing state to the governor of each other member state.
 - (c) The withdrawing state shall immediately notify the chairperson of the interstate commission in writing upon the introduction of legislation repealing the compact in the withdrawing state.
 - (d) The interstate commission shall notify the other member states of the withdrawing state's intent to withdraw within 60 days of its receipt of notice provided under subsection (c).
 - (e) The withdrawing state is responsible for all dues, obligations, and liabilities incurred through the effective date of withdrawal, including obligations, the performance of which extend beyond the effective date of withdrawal.
 - (f) Reinstatement following withdrawal of a member state shall occur upon the withdrawing state reenacting the compact or upon such later date as determined by the interstate commission.
 - (g) The interstate commission is authorized to develop rules to address the impact of the withdrawal of a member state on licenses granted in other member states to physicians who designated the withdrawing member state as the state of principal license.
- (Act 2015-197, §21.)*

Section 34-24-541 Dissolution.

- (a) The compact shall dissolve effective upon the date of the withdrawal or default of the member state which reduces the membership in the compact to one member state.
 - (b) Upon the dissolution of the compact, the compact becomes null and void and shall be of no further force or effect, and the business and affairs of the interstate commission shall be concluded and surplus funds shall be distributed in accordance with the bylaws.
- (Act 2015-197, §22.)*

Section 34-24-542 Severability and Construction.

(a) The provisions of the compact shall be severable, and if any phrase, clause, sentence, or provision is deemed unenforceable, the remaining provisions of the compact shall be enforceable.

(b) The provisions of the compact shall be liberally construed to effectuate its purposes.

(c) Nothing in the compact shall be construed to prohibit the applicability of other interstate compacts to which the states are members.

(Act 2015-197, §23.)

Section 34-24-543 Binding Effect of Compact and Other Laws.

(a) Nothing herein prevents the enforcement of any other law of a member state that is not inconsistent with the compact.

(b) All laws in a member state in conflict with the compact are superseded to the extent of the conflict.

(c) All lawful actions of the interstate commission, including all rules and bylaws promulgated by the commission, are binding upon the member states.

(d) All agreements between the interstate commission and the member states are binding in accordance with their terms.

(e) In the event any provision of the compact exceeds the constitutional limits imposed on the legislature of any member state, such provision shall be ineffective to the extent of the conflict with the constitutional provision in question in that member state.

(Act 2015-197, §24.)

Article 11 Alabama Pain Management Act

Section 34-24-600 Short Title.

This article shall be known as and may be cited as the Alabama Pain Management Act.

(Act 2013-257, p. 673, §1.)

Section 34-24-601 Legislative Findings.

The Legislature finds that the diversion, abuse, and misuse of prescription medications classified as controlled substances under the Alabama Uniform Controlled Substances Act constitute a serious threat to the health, safety, and welfare of the citizens of the State of Alabama. The Legislature further finds that the registration of all physicians providing pain management services, as defined in this article, will assist the Alabama Board of Medical Examiners in preventing the diversion, abuse, and misuse of controlled substances by regulating these registrants. The Legislature further finds that it is in the best interests of the public safety to give the Board of Medical Examiners the authority it needs to suspend the registration of these physicians providing pain management services when the public health, safety, or welfare requires immediate action.

(Act 2013-257, p. 673, §1.)

Section 34-24-602 Authority and Intent.

(a) Authority. The Alabama Board of Medical Examiners shall have the jurisdiction and authority necessary to carry out the provisions and intent of this article.

(b) Intent. The article is intended to require physicians to register under the provisions of this article, and to provide the Alabama Board of Medical Examiners the following powers and duties with respect to all registrants of the Board of Medical Examiners, in addition to its existing authority as a certifying board pursuant to the Alabama Uniform Controlled Substances Act:

(1) To adopt, amend, and repeal such rules and regulations in accordance with the Alabama Pain Management Act for the proper administration and enforcement of this article.

(2) To establish rules regarding the registration of all physicians providing pain management services.

(3) To set reasonable registration and renewal fees.

(4) To renew registrations and set renewal and expiration dates and other deadlines.

(5) To initiate investigations for the purposes of discovering violations of this article.

(6) To administer oaths, subpoena witnesses and documents, including medical records, and take testimony in all matters relating to the board's duties.

(7) To conduct investigative interviews.

(8) To regulate physicians providing pain management services.

(9) To revoke, suspend, reprimand, place on probation, issue terms and conditions, limit practice, fine, require additional training, or otherwise sanction physicians providing pain management services.

(10) To immediately suspend registrations from physicians providing pain management services when they pose an immediate danger to the public health.

(c) In order to prevent abuse, misuse, and conversion of controlled substances, and further administer this article, the board may contract with the Alabama Physician Wellness Committee, or any other nonprofit professional organization or nonprofit society that in its discretion it deems appropriate.

(Act 2013-257, p. 673, §1.)

Section 34-24-603 Definitions.

Unless otherwise indicated from the context, the terms set out below, as used in this article shall have the following meanings:

(1) APPLICANT. A person who has submitted or that is in the process of submitting a registration under this article.

(2) BOARD. The Alabama Board of Medical Examiners.

(3) CONTROLLED SUBSTANCE. A drug, substance, or immediate precursor identified, defined, or listed in Sections 20-2-20 to 20-2-32, inclusive.

(4) HOSPITAL. A health care institution licensed by the Alabama Department of Public Health and has the same definition as provided in Chapter 420-5-7 of the Alabama Administrative Code. The term shall include any outpatient facility or clinic that is separated from the hospital that is owned, operated, or controlled by the hospital.

(5) PAIN MANAGEMENT SERVICES. Those medical services that involve the prescription of controlled substances in order to treat chronic nonmalignant pain by a physician who treats pain.

(6) PHYSICIAN. A doctor of medicine or an osteopathic physician.

(7) REGISTRANT. Any physician issued a registration by the board in its capacity as a certifying board pursuant to this article.

(Act 2013-257, p. 673, §1.)

Section 34-24-604 Annual Registration.

(a) Beginning January 1, 2014, and continuing each year thereafter:

(1) All physicians providing pain management services shall obtain a pain management registration from the board.

(2) All physicians who otherwise meet the criteria established by the board shall obtain a pain management registration from the board.

(b) To register, a physician applicant shall submit the following to the board:

(1) A completed application on a form prescribed by the board.

(2) Proof of a current drug enforcement administration registration.

(3) Proof of an Alabama controlled substances certificate.

(4) Proof of a current registration with the Alabama Prescription Drug Monitoring Program.

(5) A list of all registrants who own, co-own, operate, or provide pain management services in the practice location.

(6) The disclosure of any controlled substances certificate or registration denial, restriction, or discipline imposed on the registrant, or any disciplinary act against the license of the registrant.

(7) Payment of the initial registration fee as set forth in this section and in the rules of the Alabama Board of Medical Examiners.

(8) A certification listing the current name of the physician who will serve as the medical director.

(9) Any other information requested by the board related to the qualifications to, or the provision of, providing pain management services.

(c) The applicant shall provide the board with a physical address for each location where he or she provides pain management services and a list of all physicians who work at the practice location, including the name of the physician who will serve as the medical director. For purposes of this subsection, if a practice location is a hospital, the physician applicant is not required to provide the names of physicians at the hospital other than the medical director.

(d) Exemptions. The provisions of this article shall not apply to any of the following:

(1) A hospice program licensed by the Alabama Department of Public Health, or any physicians while performing work for that program.

(2) A facility maintained or operated by the United States or any of its departments, offices, or agencies, or any physicians while performing work for that facility.

(e) The board shall provide individual, entity, and any categorical exemptions as, in its discretion, it deems appropriate.

(f) Any physician who is not included in subdivisions (1) and (2) of subsection (d) may petition the board for an exemption from the requirements of this section for working at a particular entity. The board shall have the sole discretion in determining whether the requested exemption shall be granted or denied.

(g) Fees.

(1) An initial registration fee is provided in an amount set by the board in its rules not to exceed three hundred dollars (\$300).

(2) RENEWAL FEE. A renewal fee is provided in an amount set by the board in its rules not to exceed three hundred dollars (\$300).

(3) There shall be no initial registration fee or renewal fee for additional practice locations.

(h) Miscellaneous.

(1) If an applicant does not complete the initial application process within 90 days of his or her first submission to the board, then the application shall be closed, the application fee shall not be refunded, and the applicant shall be required to reapply for registration.

(2) An application which is submitted to the board may be withdrawn at any time prior to the granting or denial of registration; provided, however, that the application fee shall not be refunded.

(i) Renewal.

(1) A registration by a physician under this article shall expire on December 31 of each year.

(2) A registrant may renew a current registration prior to its expiration date by submitting the following to the board:

a. A renewal application form prescribed by the board.

b. The required renewal fee.

c. A certification that each location at which the applicant provides pain management service has a medical director.

d. If the practice location is not a hospital, an attestation that the practice location is not owned wholly or partly by a person who has been convicted of or pled nolo contendere to any of the following:

1. A felony.

2. An offense that constitutes a misdemeanor, the facts of which relate to the distribution or illegal prescription of any controlled substance.

e. Any applicant who has been convicted of a crime described in paragraph d. may request an interview before the board, after which the board may approve or deny the registration.

f. Any other information requested by the board.

(Act 2013-257, p. 673, §1; Act 2014-349, p. 1295, §1; Act 2015-189, §1.)

Section 34-24-605 Ownership and Operation.

(a) All registrants must provide pain management services at a location that is owned and operated by one of the following:

(1) One or more physicians licensed to practice medicine in Alabama.

(2) A business entity registered with the Secretary of State.

(3) A governmental entity or body, or political subdivision, or any combination thereof, including state universities and schools.

(b) In order to be registered, a physician shall certify that each practice location is under the direction of a medical director who shall be a physician who possesses a current, unrestricted license to practice medicine or osteopathy in Alabama.

(c) Every registrant providing pain management services is required to obtain access to the Alabama Prescription Drug Monitoring Program (PDMP) maintained by the Alabama Department of Public Health.

(Act 2013-257, p. 673, §1.)

Section 34-24-606 Training Requirements.

Each physician serving as the medical director at a practice location shall meet at least one of the following requirements:

(1) Successful completion of a residency program in physical medicine and rehabilitation, anesthesiology, addiction medicine, neurology, neurosurgery, family practice, preventive medicine, internal medicine, surgery, orthopedics, or psychiatry approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association Bureau of Osteopathic Specialists.

(2) Board certification in physical medicine and rehabilitation, anesthesiology, addiction medicine, neurology, neurosurgery, family practice, preventive medicine, internal medicine, surgery, orthopedics, or psychiatry approved by the American Board of Medical Specialties or the American Osteopathic Association Bureau of Osteopathic Specialists.

(3) Specialty certification in pain management, pain medicine, hospice and palliative medicine, geriatric medicine, rheumatology, hematology, medical oncology, gynecologic oncology, infectious disease, pediatric hematology-oncology, or pediatric rheumatology recognized by the American Board of Medical Specialties or the American Osteopathic Association Bureau of Osteopathic Specialists.

(4) Board certification by the American Board of Pain Medicine.

(5) Board certification by the American Board of Interventional Pain Physicians.

(6) At least one of the following:

a. Completion of 40 in-person, live participatory AMA PRA Category 1 Credit or AOA Category 1-A credits in the area of pain management completed within three years of implementation of this article or prior to serving as a medical director for the practice location, whichever of them is most recent.

b. Completion of a board approved course of medical education in the area of prescribing controlled substances completed within three years of implementation of this article or prior to serving as medical director for the practice location, whichever of them is most recent, and completion of 40 in-person, live participatory AMA PRA Category 1 Credit or AOA Category 1-A credits in the area of pain management within three years of commencement of service as medical director.

(Act 2013-257, p. 673, §1.)

Section 34-24-607 Inspections.

(a) Physicians registered under this article shall make all records, notes, and files of the registrant open to inspection. In carrying out the intent of this article, the board shall have all of the power and authority that it currently possesses in its current capacity under Sections 34-24-363 to 34-24-365, inclusive. However, all of that authority and power therein may be applied to this article for purposes of this pain management registration.

(b) If the board finds that danger to the public health, safety, or welfare requires emergency suspension of a registration and states in writing its reason for that finding, it may proceed without hearing or upon any abbreviated hearing that it finds practicable to suspend the registration under this article. The suspension shall become effective immediately, unless otherwise stated therein. The suspension may be effective for a period of not longer than 120 days and shall not be renewable. The board shall not suspend the same registration for the same or a substantially similar emergency within one calendar year from its first suspension unless the board clearly establishes that it could not reasonably be foreseen during the initial 120-day period that such emergency would continue or would likely reoccur during the next nine months. When such summary suspension is ordered, a formal suspension or revocation proceeding under Section 34-24-361 or Section 20-2-53, shall also be promptly instituted and acted upon.

(Act 2013-257, p. 673, §1.)

Section 34-24-608 Investigations.

(a) The board or its agents, on its own motion or in response to a written complaint, may investigate known or suspected violations of this article and may issue subpoenas.

(b) In addition to the powers granted under this article, the board or its agents are further authorized to conduct any investigations pursuant to its authority in Section 34-24-361, including, but not limited to, the conducting of formal interviews with a physician, the filing of a written administrative complaint and the request for the temporary emergency suspension of the license of a physician by the Medical Licensure Commission of Alabama.

(Act 2013-257, p. 673, §1.)

Section 34-24-609 Disciplinary Action and Sanctions.

(a) A violation of this article or a rule adopted under this article is grounds for disciplinary action and sanctions against a registrant as provided in this section.

(b) A violation of this article may be enforced in the same manner as any other violation of Sections 20-2-50 to 20-2-58, inclusive.

(c) Any violation of this article or a rule adopted under this article shall be prosecuted against and in the name of the registrant or registrants participating in the alleged violation.

(d) In addition to the requirements, sanctions, and punishment provided by Sections 20-2-50 to 20-2-58, inclusive, the board may impose the following sanctions:

(1) The failure to register shall be punishable by a fine up to ten thousand dollars (\$10,000) per violation, or the revocation of the registration, or both.

(2) A violation of any other requirements under this article by a physician, including a medical director, shall be punishable by a fine up to one thousand dollars (\$1,000) per violation, or the revocation of the registration, or both.

(3) If a practice location has two or more physicians that violate this article within one year, the board shall report the violations to the appropriate licensing agency that regulates the practice location.

(Act 2013-257, p. 673, §1.)

Section 34-24-610 Construction of Article.

Nothing in this article shall be construed to limit the ability of the Board of Medical Examiners to exercise authority existing prior to the passage of this article.

(Act 2013-257, p. 673, §2.)

Article 12 Telehealth Medical Services

Section 34-24-700 Legislative Intent.

It is the intent of the Legislature to expand access to safe, effective health care services for the residents of this state through the use of various electronic devices and technologies. The Legislature finds and declares the following:

- (1) Telehealth has proven to be a viable tool to supplement traditional, in-person services and provides additional ways for individuals to access medical care.
 - (2) Allowing physicians to utilize telehealth medical services and other electronic devices to provide care will positively impact residents of this state.
 - (3) Telehealth should be promoted as sound public policy and should be available to every Alabama resident, irrespective of their race, identity, age, income, socioeconomic class, or geographic location.
- (Act 2022-302, §1.)*

Section 34-24-701 Definitions.

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

- (1) ASYNCHRONOUS. The electronic exchange of health care documents, images, and information that does not occur in real time, including, but not limited to, the collection and transmission of medical records, clinical data, or laboratory results.
- (2) BOARD OF MEDICAL EXAMINERS. The Alabama Board of Medical Examiners established pursuant to Section 34-24-53.
- (3) CONTROLLED SUBSTANCE. The same meaning as defined in Section 20-2-2. This term includes an immediate precursor, as defined in Section 20-2-2.
- (4) DIGITAL HEALTH. The delivery of health care services, patient education communications, or public health information via software applications, consumer devices, or other digital media.
- (5) DISTANT SITE. The physical location of a physician at the time in which telehealth medical services are provided.
- (6) HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA). The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, §264, 110 Stat. 1936.
- (7) LEGEND DRUG. Any drug, medicine, chemical, or poison bearing on the label the words “Caution, federal law prohibits dispensing without prescription” or other similar wording indicating that the drug, medicine, chemical, or poison may be sold or dispensed only upon the prescription of a licensed medical practitioner.
- (8) MEDICAL LICENSURE COMMISSION. The Alabama Medical Licensure Commission established pursuant to Section 34-24-310.
- (9) MEDICAL SUPPLIES. Non-drug medical items, including durable medical equipment, which may be sold or dispensed only upon the prescription of a licensed medical practitioner.

- (10) **ORIGINATING SITE.** The physical location of a patient at the time in which telehealth medical services are provided.
- (11) **PHYSICIAN.** Either a doctor of medicine who is licensed to practice medicine or a doctor of osteopathy who is licensed to practice osteopathy in a state, commonwealth, district, or territory of the United States.
- (12) **PRESCRIBER.** Any person who possesses an active Alabama controlled substance certificate or a Qualified Alabama Controlled Substances Registration Certificate issued by the Board of Medical Examiners.
- (13) **SYNCHRONOUS.** The real-time exchange of medical information or provision of care between a patient and a physician via audio/visual technologies, audio only technologies, or other means.
- (14) **TELEHEALTH.** The use of electronic and telecommunications technologies, including devices used for digital health, asynchronous and synchronous communications, or other methods, to support a range of medical care and public health services.
- (15) **TELEHEALTH MEDICAL SERVICES.** Digital health, telehealth, telemedicine, and the applicable technologies and devices used in the delivery of telehealth. The term does not include incidental communications between a patient and a physician.
- (16) **TELEMEDICINE.** A form of telehealth referring to the provision of medical services by a physician at a distant site to a patient at an originating site via asynchronous or synchronous communications, or other devices that may adequately facilitate and support the appropriate delivery of care. The term includes digital health, but does not include incidental communications between a patient and a physician.
- (Act 2022-302, §1.)*

Section 34-24-702 License Requirements.

- (a) Physicians who engage in the provision of telehealth medical services to any individual in this state must possess a full and active license to practice medicine or osteopathy issued by the Medical Licensure Commission.
- (b) Notwithstanding subsection (a), a physician who engages in the provision of telehealth medical services to any individual in this state is not required to possess a license issued by the Medical Licensure Commission, if either of the following apply:
- (1) The services are provided on an irregular or infrequent basis. The term “irregular or infrequent” refers to telehealth medical services occurring less than 10 days in a calendar year or involving fewer than 10 patients in a calendar year.
- (2) The services are provided in consultation, as further provided by Section 34-24-74, with a physician licensed to practice medicine or osteopathy in this state.
- (c) A violation of this article shall constitute the unauthorized practice of medicine.
- (d) Nothing in this article shall be interpreted to limit or restrict the Board of Medical Examiners’ or Medical Licensure Commission’s authority to regulate, revoke, suspend, sanction, or otherwise discipline any physician licensed to practice in this state who violates the provisions of this article, the provisions relating to the regulation of manufacture and distribution of controlled substances, as provided by Sections 20-2-50 through 20-2-58, or the administrative rules of the Board of Medical Examiners or the Medical Licensure Commission while engaging in the practice of medicine within this or any other state.
- (e) Nothing in this article shall be construed to apply to or to restrict the provision of health-related services via telehealth by a health care provider other than a physician, provided that those health-related services are within the scope of practice of the health care professional licensed in Alabama.
- (Act 2022-302, §1.)*

Section 34-24-703 Duties of Physicians Providing Telehealth Medical Services or Practicing Telemedicine; Location of Service; Physician-Patient Relationship.

(a) A physician providing telehealth medical services shall owe to the patient the same duty to exercise reasonable care, diligence, and skill as would be applicable if the service or procedure were provided in person. Telehealth medical services shall be governed by the Medical Liability Act of 1987, codified in Sections 6-5-540 through 6-5-552, and shall be subject to the exclusive jurisdiction and venue of the circuit courts of the State of Alabama, regardless of the citizenship of the parties.

(b) A physician practicing telemedicine shall do all of the following, if the action would otherwise be required in the provision of the same service if delivered in-person:

(1) Establish a diagnosis through the use of acceptable medical practices, which may include, but not be limited to, taking a patient history, a mental status examination, a physical examination, disclosure and evaluation of underlying conditions, and any diagnostic and laboratory testing.

(2) Disclose any diagnosis and the evidence for the diagnosis, and discuss the risks and benefits of treatment options.

(3) Provide a visit summary to the patient and, if needed, inform the patient of the availability of, or how to obtain, appropriate follow-up and emergency care.

(c) The provision of telehealth medical services is deemed to occur at the patient's originating site within this state. A licensed physician providing telehealth medical services may do so at any distant site.

(d) Telehealth medical services may only be provided following the patient's initiation of a physician-patient relationship, or pursuant to a referral made by a patient's licensed physician with whom the patient has an established physician-patient relationship, in the usual course of treatment of the patient's existing health condition. The physician-patient relationship may be formed without a prior in-person examination.

(e) Prior to providing any telehealth medical service, the physician, to the extent possible, shall do all of the following:

(1) Verify the identity of the patient.

(2) Require the patient to identify his or her physical location, including the city and state.

(3) Disclose to the patient the identity and credentials of the physician and any other applicable personnel.

(4) Obtain the patient's consent for the use of telehealth as an acceptable mode of delivering health care services, including, but not limited to, consent for the mode of communication used and its limitations. Acknowledgment of consent shall be documented in the patient's medical record.

(f)(1) If a physician or practice group provides telehealth medical services more than four times in a 12-month period to the same patient for the same medical condition without resolution, the physician shall do either of the following:

a. See the patient in person within a reasonable amount of time, which shall not exceed 12 months.

b. Appropriately refer the patient to a physician who can provide the in-person care within a reasonable amount of time, which shall not exceed 12 months.

(2)a. For the purposes of this section, for a woman, each pregnancy is considered a separate or new condition.

b. For the purposes of this subsection, the term “practice group” means, at a minimum, a group of providers who have access to the same medical records.

c. The Board of Medical Examiners, by rule or otherwise, may provide for exemptions to the requirement contained in subdivision (1) that are no more restrictive than the provisions of this article.

(3) The provision of telehealth medical services that includes video communication to a patient at an originating site with the in-person assistance of a person licensed by the Board of Medical Examiners or by the Board of Nursing pursuant to Chapter 21 of Title 34, shall constitute an in-person visit for the purposes of this subsection.

(4) This section does not apply to the provision of telehealth medical services provided by a physician in active consultation with another physician who is providing in-person care to a patient.

(5) This section shall not apply to the provision of mental health services as defined in Section 22-50-1.

(Act 2022-302, §1.)

Section 34-24-704 Issuance of Prescriptions.

(a) A prescriber may prescribe a legend drug, medical supplies, or a controlled substance to a patient as a result of a telehealth medical service if the prescriber is authorized to prescribe the drug, supplies, or substance under applicable state and federal laws. To be valid, a prescription must be issued for a legitimate medical purpose by a prescriber acting in the usual course of his or her professional practice.

(b)(1) A prescription for a controlled substance may only be issued as a result of telehealth medical services if each of the following apply:

a. The telehealth visit includes synchronous audio or audio-visual communication using HIPAA compliant equipment with the prescriber responsible for the prescription.

b. The prescriber has had at least one in-person encounter with the patient within the preceding 12 months.

c. The prescriber has established a legitimate medical purpose for issuing the prescription within the preceding 12 months.

(2) This subsection shall not apply in an in-patient setting.

(c) A physician shall be exempt from the requirements of subsection (b) and may issue a prescription for a controlled substance to a patient if the prescription is for the treatment of a patient’s medical emergency, as further defined by rule by the Board of Medical Examiners and the Medical Licensure Commission.

(Act 2022-302, §1.)

Section 34-24-705 Compliance with Federal and State Laws; Recordkeeping.

(a) A physician who provides a telehealth medical service shall comply with all federal and state laws, rules, and regulations applicable to the provision of telehealth medical services, including the Health Insurance Portability and Accountability Act (HIPAA), and shall use devices and technologies in compliance with these laws, rules, and regulations. A physician who provides telehealth medical services shall also take reasonable precautions to protect the privacy and security of all verbal, visual, written, and other communications involved in the delivery of telehealth medical services.

(b) A physician who provides a telehealth medical service shall maintain complete and accurate medical records in accordance with rules of the Board of Medical Examiners and the Medical Licensure Commission, must have access to the patient's medical records, and must be able to produce the records upon demand by the patient, the board, or the commission.

(c) Rules adopted by the Board of Medical Examiners and the Medical Licensure Commission shall set standards for the creation, retention, and distribution of medical records pursuant to the delivery of telehealth medical services.

(Act 2022-302, §1.)

Section 34-24-706 Rulemaking Authority.

(a) The Board of Medical Examiners and the Medical Licensure Commission may adopt rules regulating the provision of telehealth medical services by physicians in this state, even if the rules displace competition.

(b) Rules adopted by the Board of Medical Examiners and the Medical Licensure Commission shall promote quality care, prevent fraud, waste, and abuse, and ensure that physicians provide adequate supervision of health professionals who aid in providing telehealth medical services.

(c) Other than as set forth in this article, the authority of the Board of Medical Examiners and the Medical Licensure Commission to regulate physicians providing telehealth medical services shall be the same as the authority of the board and the commission to regulate physicians providing services in person.

(Act 2022-302, §1.)

Section 34-24-707 Application and Construction of Article.

(a) This article, and the rules adopted by the Board of Medical Examiners and the Medical Licensure Commission, shall apply only to the provision of telehealth medical services by physicians to individuals located in this state.

(b) The Board of Medical Examiners, the Medical Licensure Commission, and its officers, agents, representatives, employees, and directors thereof, shall be considered to be acting pursuant to clearly expressed state policy as established in this article and under the active supervision of the state. The boards, agencies, and individuals in this section shall not be subject to state or federal antitrust laws while acting in the manner provided in this section.

(Act 2022-302, §1.)

Appendix II: Board Members



ALABAMA STATE BOARD OF MEDICAL EXAMINERS

P.O. BOX 946
MONTGOMERY, ALABAMA 36101-0946
848 WASHINGTON AVE.
MONTGOMERY, ALABAMA 36104

WILLIAM M. PERKINS, EXECUTIVE DIRECTOR

TELEPHONE: (334) 242-4116
E MAIL: bme@albme.gov

Alabama State Board of Medical Examiners Current Members as of April 13, 2026

	Member Name	Term Expiration	City (Residence location)
1.	William E. Admire, Jr., D.O.	April 2027	Mobile
2.	Aruna T. Arora, M.D.	April 2028	Huntsville
3.	Carrie Atcheson, M.D.	April 2029	Hoover
4.	Gregory W. Ayers, M.D.	April 2027	Vestavia
5.	Tonya E. Bradley, M.D.	April 2029	Eclectic
6.	Hernando D. Carter, M.D.	April 2028	Birmingham
7.	Nina S. Ford Johnson, M.D.	April 2027	Mobile
8.	Adam C. Harrison, D.O.	April 2028	Cullman
9.	Marquisha D. Moore Jarmon, M.D.	April 2028	Hoover
10.	Beverly F. Jordan, M.D.	April 2027	Enterprise
11.	Mark H. LeQuire, M.D.	April 2027	Montgomery
12.	Charles M. A. Rogers, IV, M.D.	April 2027	Mobile
13.	William J. Schneider, M.D.	April 2027	Huntsville
14.	William J. Suggs, M.D.	April 2029	Decatur
15.	David R. Thrasher, M.D.	April 2027	Montgomery
16.	Jane A. Weida, M.D.	April 2029	Tuscaloosa

William M. Perkins, Executive Director
Alabama State Board of Medical Examiners

Appendix III: Commission Members



Jorge A. Alsip, M.D.
Chairman/Executive Officer

*Post Office Box 887
Montgomery, Alabama 36101*

Rebecca Robbins
Director of Operations

**STATE of ALABAMA
MEDICAL LICENSURE COMMISSION**

*Phone: (334)242-4153
Email: mlc@almlc.gov*

**Alabama Medical Licensure Commission
August 14, 2026
Current Members
Audit Period October 1, 2023 – September 30, 2025**

Member Name	Term Expiration	City of Residence
1. Kenneth W. Aldridge, M.D.	April 2031	Tuscaloosa
2. Jorge A. Alsip, M.D.	April 2031	Daphne
3. Eli L. Brown, M.D.	April 2028	Hoover
4. Craig H. Christopher, M.D.	April 2027	Irondale
5. H. Joseph Falgout, M.D.	April 2029	Tuscaloosa
6. Nina P. Nelson-Garrett, M.D.	May 2030	Montgomery
7. James R. Seale, Esq.	September 2030	Montgomery
8. Pamela, D. Varner, M.D.	May 2030	Mountain Brook

William M. Perkins, Executive Director
Alabama State Board of Medical Examiners

Appendix IV: Board's Response



ALABAMA STATE BOARD OF MEDICAL EXAMINERS

WILLIAM M. PERKINS, EXECUTIVE DIRECTOR

P.O. BOX 946
MONTGOMERY, ALABAMA 36101-0946
848 WASHINGTON AVE.
MONTGOMERY, ALABAMA 36104

TELEPHONE: (334) 242-4116
E MAIL: bme@albme.gov

August 24, 2026

Ms. Dixie B. Thomas
Director of Operational Audits
Examiners of Public Accounts
P.O. Box 302251
Montgomery, AL 36130-2251

Dear Ms. Thomas:

Thank you for the work of your team during our recent Sunset Review. As you can see, the Board of Medical Examiners and Medical Licensure Commission have worked diligently to rectify the issues from our previous examinations. We are pleased that your tests and review have reflected all previous significant issues and findings have been resolved. Below, please find our responses to the few Matters of Concern from Questionnaires that were identified in our recent audit:

Matters of Concern from Questionnaires

Matter of Concern 2026-001:

Three of the fourteen (21%) physician and anesthesiologist assistant licensees responding to our survey expressed concerns related [to] perceived exclusions to the anesthesiologist assistant profession by certified registered nurse assistants.

Board's Response:

The Board is aware of professional friction that exists between anesthesiologist assistants (AAs) and certified registered nurse anesthetists (CRNAs) in this state. Both of these subsets of healthcare professionals serve important, yet distinct roles in providing anesthesia care in Alabama. The Board only regulates AAs, who must work under the direct, continuing, and close supervision of an anesthesiologist who is immediately available. CRNAs are regulated by the Board of Nursing and work under the direction of or in coordination with a physician, dentist, or podiatrist. Despite CRNAs outnumbering AAs more than 50:1 and different models of practice, the Board has observed that some CRNAs do perceive AAs to be a threat to their practice opportunities. However, the Board recognizes the ongoing healthcare provider shortage that is

currently plaguing our state and nation and believes that there is ample need for the services provided by both AAs and CRNAs.

Prior Matter of Concern 2024-004:

Unresolved. Two of the five (40%) physician licensees responding to our survey expressing concerns about reimbursements.

Board's Response:

Insurance reimbursement rates are completely outside of the purview of the Board and Commission. The Medical Association of the State of Alabama does host a Third-Party Task Force to address issues related to reimbursements from insurance companies and other third-party payors; several of the Board's members participate on this taskforce and have been made aware of this concern. Should the Legislature desire to develop some legislative solution to address the significant concern, the Board would be glad to offer its assistance and support.

Prior Matter of Concern 2024-005:

Unresolved. Twenty-eight complainants responded to our survey and indicated the following:

- Six of the twenty-eight (21%) complainants responding to our survey indicated it took more than 30 days for the Board to contact them after filing a complaint.
- Ten out of twenty-eight (36%) complainants responding to our survey indicated the Board did not communicate the results of their complaint.
- Twenty-one out of twenty-eight (75%) complainants responding to our survey indicated they do not believe the Board did everything it could to resolve their complaint.

Testing of a sample of complaint files indicated that the Board's system for handling complaints was adequate and no issues were noted.

Board's Response:

The Board disputes the assertions raised by these survey respondents and appreciates the Examiners acknowledging that their testing of our complaint-handling procedures did not reveal issues with any of these areas. The Board has a very detailed and thorough complaint-handling process wherein complainants are immediately sent a communication acknowledging receipt of their complaint and, oftentimes a Board investigator makes personal contact with the complainant in a matter of days. Additionally, correspondence is sent to all complainants immediately upon resolution that informs the complainant of the final disposition of the Board.

While we are disappointed to hear that several of the respondents were not satisfied with the results of their complaint, I am sure you have seen from your experience that this is not an uncommon response for almost all regulatory Boards. The reality is that many complainants are only satisfied with the most extreme punishment or some result that is beyond the power delegated to the Board. However, the Board must serve as fair arbiters of justice in its mission to protect the public. The Board and Commission pride themselves in being able to resolve many complaints through the use of creative, non-punitive methods which serve to educate the licensee and curb undesirable conduct, rather than relying heavily on the use of fines or ending careers, unless absolutely necessary.

Ms. Thomas
Page 3
August 24, 2026

Thank you for the opportunity to respond to these issues. The Board of Medical Examiners and Medical Licensure Commission appreciate the important role of your office and that of the Sunset Committee. As always, I am available to answer any questions or provide any additional information you may need.

Sincerely,

A handwritten signature in black ink, appearing to read "William M. Perkins". The signature is fluid and cursive, with a large, prominent "P" at the end.

William M. Perkins
Executive Director