

APA1

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control _____ Department or Agency: Board of Home Medical Equipment Services Providers

Rule Number and Title: Appendix I, Fees

_____ New X Amend _____ Repeal _____ Adopt by Reference

Would the absence of the proposed rule significantly Harm or endanger the public health, welfare, or safety? Yes

Is there a reasonable relationship between the state's Police power and the protection of the public health, Safety, or welfare? Yes

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

Does the proposed rule have the effect of directly or Indirectly increasing the costs of any goods or services Involved and, if so, to what degree? No

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

Are all facets of the rulemaking process designed solely For the purpose of, and so they have, as their primary Effect, the protection of the public? Yes

Does the proposed rule have an economic impact? No

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

Certification of Authorized Official

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

Signature of certifying officer Brandy L. Isenhour
Brandy L. Isenhour, Operations Manager 215-3474

Date: September 17, 2014

(DATE FILED)
(STAMP)

APA2

Alabama Board of Home Medical Equipment Services Providers

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Home Medical Equipment Services Providers

RULE NO. & TITLE:

Appendix I, Fees

INTENDED ACTION:

To amend Rules and Regulations.

SUBSTANCE OF PROPOSED ACTION:

The Alabama Board of Home Medical Equipment Services Providers proposes to adopt an Administrative Code or Rules and Regulations under which to operate.

TIME, PLACE, MANNER OF PRESENTING VIEWS:

Written comments, views, or arguments will be received by the Alabama Board of Home Medical Equipment Services Providers until 4:30 p.m. on November 6, 2014. Comments should be directed to Paula McCaleb, Executive Director, at P.O. Box 240636, Montgomery, AL 36124-0636, or via fax at 334-215-3457.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

November 6, 2014

CONTACT PERSON AT AGENCY:

Brandy L. Isenhour
334/215-3474



Brandy L. Isenhour, Operations Manager
(Signature of officer authorized to promulgate and adopt rules or his or her deputy)

Appendix I. Fees

\$250 License/Renewal Fee (per location)

\$500 Initial Inspection Fee (per location)

\$250 Re-Inspection Fee

\$275 Site Inspection Fee upon Change of Physical Location

\$150 Late Renewal Fee

\$1,000 Processing Fee per Out of State Corporate Branch or Location Providing Services on Behalf of the Licensed Location

HISTORY:

**Author: Alabama Board of Home Medical Equipment
Statutory Authority: § 34-14C-4, Code of Alabama (1975)**