

First Regular Session
Seventy-third General Assembly
STATE OF COLORADO

INTRODUCED

LLS NO. 21-0186.01 Yelana Love x2295

HOUSE BILL 21-1184

HOUSE SPONSORSHIP

Lontine and Will,

SENATE SPONSORSHIP

Winter,

House Committees
Health & Insurance

Senate Committees

A BILL FOR AN ACT

101 CONCERNING PHYSICIAN ASSISTANTS, AND, IN CONNECTION
102 THEREWITH, ESTABLISHING REQUIREMENTS FOR HEALTH
103 BENEFIT PLANS CONCERNING PHYSICIAN ASSISTANTS, CHANGING
104 THE RELATIONSHIP BETWEEN A PHYSICIAN AND A PHYSICIAN
105 ASSISTANT FROM SUPERVISION TO COLLABORATION, AND
106 ESTABLISHING COLLABORATION REQUIREMENTS.

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov>.)

The bill establishes requirements for health benefit plans related

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters or bold & italic numbers indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

to health-care services provided by physician assistants and reimbursement for such services.

The bill also modifies the relationship between a physician assistant and a physician by removing the supervision requirement and replacing it with a requirement that a physician assistant collaborate with a physician. Formal collaboration with a physician is required only for a physician assistant with fewer than 5,760 hours of practice experience or who is beginning practice in a new specialty.

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1.** In Colorado Revised Statutes, **add** 10-16-121.8 as
3 follows:

4 **10-16-121.8. Required provisions in health benefit plans**
5 **related to physician assistants.** (1) ON AND AFTER JANUARY 1, 2022, A
6 CARRIER THAT OFFERS A HEALTH BENEFIT PLAN ISSUED OR RENEWED IN
7 THIS STATE SHALL COMPLY WITH THE REQUIREMENTS OF THIS SECTION.

8 (2) A CARRIER THAT OFFERS A HEALTH BENEFIT PLAN SHALL
9 REIMBURSE A PHYSICIAN ASSISTANT FOR HEALTH-CARE SERVICES
10 PROVIDED BY THE PHYSICIAN ASSISTANT IF THE HEALTH-CARE SERVICES
11 ARE WITHIN THE PHYSICIAN ASSISTANT'S SCOPE OF PRACTICE AND THE
12 CARRIER WOULD REIMBURSE A PHYSICIAN FOR ORDERING OR PERFORMING
13 THE SAME HEALTH-CARE SERVICES.

14 (3) THE CARRIER SHALL AUTHORIZE A PHYSICIAN ASSISTANT TO
15 BILL AND RECEIVE DIRECT PAYMENT FOR MEDICALLY NECESSARY
16 HEALTH-CARE SERVICES THE PHYSICIAN ASSISTANT DELIVERS.

17 (4) A CARRIER SHALL IDENTIFY A PHYSICIAN ASSISTANT AS THE
18 RENDERING PROFESSIONAL IN A COVERED PERSON'S BILLING AND CLAIMS
19 PROCESS WHEN THE PHYSICIAN ASSISTANT PROVIDES HEALTH-CARE
20 SERVICES TO THE COVERED PERSON.

21 (5) A CARRIER OR A THIRD-PARTY PAYER SHALL NOT IMPOSE A

1 PRACTICE, EDUCATION, OR COLLABORATION REQUIREMENT THAT IS
2 INCONSISTENT WITH OR MORE RESTRICTIVE THAN THE REQUIREMENTS
3 IMPOSED ON A PHYSICIAN ASSISTANT IN ARTICLE 240 OF TITLE 12 OR RULES
4 PROMULGATED IN ACCORDANCE WITH ARTICLE 240 OF TITLE 12.

5 (6) NOTWITHSTANDING ANY OTHER LAW, A CARRIER SHALL
6 CONSIDER A PHYSICIAN ASSISTANT TO BE A PRIMARY CARE PROVIDER
7 WHEN THE PHYSICIAN ASSISTANT IS PRACTICING IN A MEDICAL SPECIALTY
8 FOR WHICH A PHYSICIAN IS REQUIRED TO BE A PRIMARY CARE PROVIDER.

9 **SECTION 2.** In Colorado Revised Statutes, 12-240-107, **amend**
10 (6) as follows:

11 **12-240-107. Practice of medicine defined - exemptions from**
12 **licensing requirements - unauthorized practice by physician**
13 **assistants and anesthesiologist assistants - penalties - definitions -**
14 **rules - repeal.** (6) (a) ~~A person licensed under the laws of this state to~~
15 ~~practice medicine may delegate to a physician assistant licensed by the~~
16 ~~board pursuant to section 12-240-113 the authority to~~ MAY perform acts
17 that constitute the practice of medicine and acts that physicians are
18 authorized by law to perform to the extent and in the manner authorized
19 by rules promulgated by the board, including ~~the authority to prescribe~~
20 PRESCRIBING AND DISPENSING medication, including controlled
21 substances. ~~and dispense only the drugs designated by the board.~~ The acts
22 must be consistent with sound medical practice. ~~Each prescription for a~~
23 ~~controlled substance, as defined in section 18-18-102 (5), issued by a~~
24 ~~physician assistant licensed by the board shall be imprinted with the name~~
25 ~~of the physician assistant's supervising physician.~~ For all other ALL
26 prescriptions issued by a physician assistant MUST INCLUDE THE
27 PHYSICIAN ASSISTANT'S NAME, the name and address of the health facility

1 and, if the health facility is a multispecialty organization, the name and
2 address of the speciality clinic within the health facility where the
3 physician assistant is practicing. ~~must be imprinted on the prescription.~~
4 ~~Nothing in this subsection (6) limits the ability of otherwise licensed~~
5 ~~health personnel to perform delegated acts.~~ The dispensing of prescription
6 medication by a physician assistant is subject to section 12-280-120 (6).

7 (b) (I) (A) ~~If the authority to perform an act is delegated pursuant~~
8 ~~to subsection (6)(a) of this section, the physician assistant to whom the act~~
9 ~~is delegated shall not perform the act except under the personal and~~
10 ~~responsible direction and supervision of a person licensed under the laws~~
11 ~~of this state to practice medicine~~ A PHYSICIAN ASSISTANT WITH FEWER
12 THAN FIVE THOUSAND SEVEN HUNDRED SIXTY HOURS OF PRACTICE
13 EXPERIENCE OR WHO IS BEGINNING PRACTICE IN A NEW SPECIALTY MUST
14 ENGAGE IN FORMAL COLLABORATION WITH A PHYSICIAN AS SPECIFIED IN
15 SECTION 12-240-114.5. A PHYSICIAN ASSISTANT WITH FIVE THOUSAND
16 SEVEN HUNDRED SIXTY OR MORE HOURS OF PRACTICE EXPERIENCE MUST
17 ENGAGE IN INFORMAL COLLABORATION PURSUANT TO SECTION
18 12-240-114.5 (3.5).

19 (B) A licensed physician may ~~be responsible for the direction and~~
20 ~~supervision of~~ ENTER INTO A PRACTICE AGREEMENT AND COLLABORATIVE
21 PLAN WITH up to eight physician assistants at any one time. AN EMPLOYER
22 SHALL NOT REQUIRE a licensed physician ~~shall not be made responsible~~
23 ~~for the direction and supervision of more than four physician assistants~~
24 ~~unless the licensed physician agrees to assume the responsibility~~ TO
25 ENTER INTO A PRACTICE AGREEMENT AND COLLABORATIVE PLAN AS A
26 CONDITION OF THE PHYSICIAN'S EMPLOYMENT. A licensed physician has
27 sole discretion to ~~assume or refuse such responsibility, and an employer~~

1 ~~shall not require a licensed physician to assume such responsibility as a~~
2 ~~condition of employment~~ DETERMINE WHETHER TO ENTER INTO A
3 PRACTICE AGREEMENT AND COLLABORATIVE PLAN WITH MORE THAN FOUR
4 PHYSICIAN ASSISTANTS. The board, by rule, may define what constitutes
5 appropriate ~~direction and supervision of~~ COLLABORATION WITH a
6 physician assistant; except that the board shall not promulgate a rule that
7 is inconsistent with section 12-240-114.5.

8 (II) For purposes of this subsection (6), ~~"personal and responsible~~
9 ~~direction and supervision"~~ means that the direction and supervision of a
10 ~~physician assistant is personally rendered by a licensed physician~~
11 ~~practicing in the state of Colorado and is not rendered through~~
12 ~~intermediaries.~~ The extent of ~~direction and supervision~~ FORMAL
13 COLLABORATION BETWEEN A PHYSICIAN ASSISTANT AND A PHYSICIAN shall
14 be determined by rules promulgated by the board and as otherwise
15 provided in this subsection (6)(b) AND SECTION 12-240-114.5; except that,
16 when a physician assistant is performing a ~~delegated~~ medical function in
17 an acute care hospital, the board shall allow ~~supervision and direction~~
18 FORMAL COLLABORATION to be performed without the physical presence
19 of the physician during the time the ~~delegated~~ medical functions are being
20 ~~implemented~~ PERFORMED if:

21 (A) The medical functions are performed where the ~~supervising~~
22 COLLABORATING physician regularly practices or in a designated health
23 manpower shortage area;

24 (B) The ~~licensed supervising~~ COLLABORATING physician reviews
25 the quality of medical services rendered by the physician assistant by
26 reviewing the medical records to assure compliance with the ~~physicians'~~
27 PHYSICIAN'S directions; and

1 (C) The performance of the ~~delegated~~ medical function BY THE
2 PHYSICIAN ASSISTANT otherwise complies with the board's rules and any
3 restrictions and protocols of the ~~licensed supervising~~ COLLABORATING
4 physician and hospital.

5 (c) Pursuant to section 12-240-135 (7), the board may apply for
6 an injunction to enjoin any person from performing ~~delegated~~ medical
7 acts that are in violation of this section or of any rules promulgated by the
8 board.

9 (d) This subsection (6) ~~shall~~ DOES not apply to any person who
10 performs ~~delegated~~ medical tasks within the scope of the exemption
11 contained in subsection (3)(l) of this section.

12 (e) AS USED IN THIS SUBSECTION (6), "PRACTICE AGREEMENT",
13 "COLLABORATIVE PLAN", "COLLABORATING PHYSICIAN",
14 "COLLABORATION", AND "NEW SPECIALTY" HAVE THE SAME MEANINGS AS
15 SET FORTH IN SECTION 12-240-114.5 (1).

16 **SECTION 3.** In Colorado Revised Statutes, 12-240-114.5,
17 **amend** (1), (2), (3)(a), (3)(c), (4), and (5); and **add** (3.5) and (6) as
18 follows:

19 **12-240-114.5. Physician assistants - collaboration**
20 **requirements - responsibility for damages resulting from negligence**
21 **- affidavits of practice experience - definitions.** (1) As used in this
22 section, unless the context otherwise requires:

23 (a) ~~"Performance evaluation" means a document that includes~~
24 ~~domains of competency relevant to the practice of a physician assistant,~~
25 ~~uses more than one modality of assessment to evaluate the domains, and~~
26 ~~includes consideration of the physician assistant's education, training,~~
27 ~~experience, competency, and knowledge of the specialty in which the~~

1 ~~physician assistant is engaged~~ "COLLABORATING PHYSICIAN" MEANS A
2 PHYSICIAN LICENSED PURSUANT TO THIS ARTICLE 240 WHO ENTERS INTO
3 A PRACTICE AGREEMENT AND COLLABORATIVE PLAN WITH A PHYSICIAN
4 ASSISTANT.

5 (b) ~~"Practice agreement" means a written agreement between a~~
6 ~~physician assistant and a supervising physician that defines the~~
7 ~~communication and decision-making process by which the physician~~
8 ~~assistant and the supervising physician provide care to patients~~

9 "COLLABORATION" MEANS THE PROCESS BY WHICH PHYSICIAN ASSISTANTS
10 AND PHYSICIANS JOINTLY CONTRIBUTE TO THE HEALTH CARE AND
11 MEDICAL TREATMENT OF PATIENTS, WITH EACH COLLABORATOR
12 PERFORMING THE MEDICAL SERVICES THE COLLABORATOR IS LICENSED OR
13 OTHERWISE AUTHORIZED TO PERFORM. COLLABORATION MAY BE FORMAL
14 OR INFORMAL. FORMAL COLLABORATION REQUIREMENTS FOR PHYSICIAN
15 ASSISTANTS WHO HAVE PRACTICED LESS THAN FIVE THOUSAND SEVEN
16 HUNDRED SIXTY HOURS OR WHO ARE ENTERING A NEW SPECIALTY ARE SET
17 FORTH IN SUBSECTIONS (2), (3), AND (4) OF THIS SECTION.

18 (c) ~~"Supervisory~~ "COLLABORATIVE plan" means a document that
19 allows a ~~supervising~~ COLLABORATING physician to follow the ongoing
20 professional development of a physician assistant's clinical practice,
21 promotes a collaborative relationship between a physician assistant and
22 ~~his or her supervising physicians~~ THE PHYSICIAN ASSISTANT'S
23 COLLABORATING PHYSICIAN, and allows a ~~supervising~~ COLLABORATING
24 physician to address any deficiencies that have been identified in the
25 physician assistant's clinical competencies. ~~during the initial performance~~
26 ~~period.~~

27 (d) "NEW SPECIALTY" MEANS A PRACTICE AREA THAT FOCUSES ON

1 A DIFFERENT SET OF DISEASES, CONDITIONS, OR PATIENT POPULATIONS
2 THAN A PHYSICIAN ASSISTANT'S PREVIOUS AREA OF PRACTICE.

3 (e) "PERFORMANCE EVALUATION" MEANS A DOCUMENT THAT
4 INCLUDES DOMAINS OF COMPETENCY RELEVANT TO THE PRACTICE OF A
5 PHYSICIAN ASSISTANT, USES MORE THAN ONE MODALITY OF ASSESSMENT
6 TO EVALUATE THE DOMAINS, AND INCLUDES CONSIDERATION OF THE
7 PHYSICIAN ASSISTANT'S EDUCATION, TRAINING, EXPERIENCE,
8 COMPETENCY, AND KNOWLEDGE OF THE SPECIALTY IN WHICH THE
9 PHYSICIAN ASSISTANT IS ENGAGED.

10 (f) "PRACTICE AGREEMENT" MEANS A WRITTEN AGREEMENT
11 BETWEEN A PHYSICIAN ASSISTANT AND A COLLABORATING PHYSICIAN
12 THAT SATISFIES THE REQUIREMENTS OF SUBSECTION (3)(a) OF THIS
13 SECTION.

14 (2) A physician assistant licensed pursuant to this article 240 who
15 has practiced for ~~less than three years~~ FEWER THAN FIVE THOUSAND SEVEN
16 HUNDRED SIXTY HOURS is subject to the following ~~supervisory~~
17 COLLABORATION requirements:

18 (a) The physician assistant's first one hundred sixty working hours
19 shall be ~~supervised by a supervising~~ COMPLETED IN COLLABORATION WITH
20 A physician who works at the same location as the physician assistant.
21 The physician assistant's primary ~~supervising~~ COLLABORATING physician
22 shall provide at least forty hours of ~~supervision~~ COLLABORATION, and the
23 remaining hours may be provided by a secondary ~~supervising~~
24 COLLABORATING physician who is designated by the primary ~~supervising~~
25 COLLABORATING physician.

26 (b) After the physician assistant completes one hundred sixty
27 working hours, a ~~supervising~~ COLLABORATING physician ~~must~~ SHALL

1 remain available to the physician assistant via a telecommunication
2 device at all times when the physician assistant is working.

3 (c) Not more than thirty days after the physician assistant
4 completes one hundred sixty working hours, the primary ~~supervising~~
5 COLLABORATING physician shall complete an initial performance
6 ~~assessment~~ EVALUATION and DEVELOP a ~~supervisory~~ COLLABORATIVE
7 plan for the physician assistant.

8 (3) (a) ~~The supervision of~~ FORMAL COLLABORATION WITH a
9 physician assistant licensed pursuant to this article 240 who has practiced
10 ~~in this state for three years or more~~ FOR FEWER THAN FIVE THOUSAND
11 SEVEN HUNDRED SIXTY HOURS is determined by a practice agreement that
12 ~~shall be created by~~ the physician assistant and ~~his or her~~ THE PHYSICIAN
13 ASSISTANT'S primary ~~supervising~~ COLLABORATING physician CREATE not
14 later than thirty days after the physician assistant begins practicing ~~under~~
15 ~~the supervision of~~ WITH the primary ~~supervising~~ COLLABORATING
16 physician. A practice agreement must include:

17 (I) A process by which a physician assistant and a ~~supervising~~
18 COLLABORATING physician communicate and make decisions concerning
19 patients' medical treatment, which process utilizes the knowledge and
20 skills of the physician assistant and the ~~supervising~~ COLLABORATING
21 physician based on their respective education, training, and experience;

22 (II) A protocol for designating an alternative physician for
23 consultation when the ~~supervising~~ COLLABORATING physician is
24 unavailable for consultation;

25 (III) The signatures of the physician assistant and ~~supervising~~
26 PRIMARY COLLABORATING physician; and

27 (IV) A termination provision that allows the physician assistant

1 or the ~~supervising~~ PRIMARY COLLABORATING physician to terminate the
2 practice agreement after providing written notice of ~~his or her~~ THE
3 PHYSICIAN ASSISTANT'S OR THE PRIMARY COLLABORATING PHYSICIAN'S
4 intent to do so at least thirty days before the date of termination. If a
5 practice agreement is terminated AND THE PHYSICIAN ASSISTANT IS STILL
6 REQUIRED TO ENGAGE IN FORMAL COLLABORATION, the physician assistant
7 and the physician assistant's NEW primary ~~supervising~~ COLLABORATING
8 physician shall create a new practice agreement within forty-five days
9 after the date the previous practice agreement was terminated.

10 (c) If the terms or conditions of a practice agreement change, THE
11 PHYSICIAN ASSISTANT AND THE PHYSICIAN ASSISTANT'S PRIMARY
12 COLLABORATING PHYSICIAN SHALL CREATE AN UPDATED PRACTICE
13 AGREEMENT, AND both the physician assistant and the ~~supervising~~
14 PRIMARY COLLABORATING physician shall sign and date the updated
15 practice agreement.

16 (3.5) A PHYSICIAN ASSISTANT WHO HAS COMPLETED FIVE
17 THOUSAND SEVEN HUNDRED SIXTY HOURS OF PRACTICE AND IS NOT
18 SUBJECT TO THE REQUIREMENTS OF SUBSECTION (4) OF THIS SECTION IS NO
19 LONGER SUBJECT TO THE FORMAL COLLABORATION REQUIREMENTS OF
20 SUBSECTIONS (2) AND (3) OF THIS SECTION; HOWEVER, THE PHYSICIAN
21 ASSISTANT SHALL CONTINUE TO ENGAGE IN INFORMAL COLLABORATION
22 VIA CONSULTATION WITH OR REFERRAL TO OTHER MEMBERS OF THE
23 PHYSICIAN ASSISTANT'S HEALTH-CARE TEAM AS APPROPRIATE.

24 (4) A physician assistant licensed pursuant to this article 240 who
25 ~~has practiced for at least twelve months and who is making a substantive~~
26 ~~change in his or her scope of practice or practice area~~ IS STARTING
27 PRACTICE IN A NEW SPECIALTY is subject to the following ~~supervisory~~

1 FORMAL COLLABORATION requirements:

2 (a) ~~The physician assistant's first eighty working hours shall be~~
3 ~~supervised by a supervising physician who works at the same location as~~
4 ~~the physician assistant. The physician assistant's primary supervising~~
5 ~~physician shall provide at least twenty hours of supervision, and the~~
6 ~~remaining hours may be provided by a secondary supervising physician~~
7 ~~who is designated by the primary supervising physician~~ WITHIN THIRTY
8 DAYS AFTER STARTING PRACTICE IN A NEW SPECIALTY, A PHYSICIAN
9 ASSISTANT SHALL ENTER INTO A COLLABORATIVE PLAN AND PRACTICE
10 AGREEMENT WITH A COLLABORATING PHYSICIAN WHO PRACTICES IN THE
11 NEW SPECIALTY.

12 (b) ~~After the physician assistant completes eighty working hours,~~
13 ~~a supervising physician shall remain available to the physician assistant~~
14 ~~via a telecommunication device at all times when the physician assistant~~
15 ~~is working~~ THE PHYSICIAN ASSISTANT'S FIRST EIGHTY WORKING HOURS IN
16 A NEW SPECIALTY SHALL BE IN COLLABORATION WITH A PHYSICIAN WHO
17 WORKS AT THE SAME LOCATION AS THE PHYSICIAN ASSISTANT. THE
18 PHYSICIAN ASSISTANT'S PRIMARY COLLABORATING PHYSICIAN SHALL
19 PROVIDE AT LEAST TWENTY HOURS OF COLLABORATION, AND THE
20 REMAINING HOURS MAY BE PROVIDED BY A SECONDARY COLLABORATING
21 PHYSICIAN WHO IS DESIGNATED BY THE PRIMARY COLLABORATING
22 PHYSICIAN.

23 (c) After the physician assistant ~~has worked for six months, and~~
24 ~~again after the physician assistant has worked for twelve months, the~~
25 ~~primary supervising physician shall complete a performance assessment~~
26 ~~and discuss the performance assessment with the physician assistant~~
27 COMPLETES EIGHTY WORKING HOURS IN A NEW SPECIALTY, A

1 COLLABORATING PHYSICIAN SHALL REMAIN AVAILABLE TO THE PHYSICIAN
2 ASSISTANT VIA A TELECOMMUNICATION DEVICE AT ALL TIMES WHEN THE
3 PHYSICIAN ASSISTANT IS WORKING.

4 (d) AFTER THE PHYSICIAN ASSISTANT HAS WORKED FOR NINE
5 HUNDRED SIXTY HOURS IN A NEW SPECIALTY, AGAIN AFTER THE PHYSICIAN
6 ASSISTANT HAS WORKED FOR ONE THOUSAND NINE HUNDRED TWENTY
7 HOURS IN THE NEW SPECIALTY, AND AGAIN AFTER THE PHYSICIAN
8 ASSISTANT HAS WORKED FOR THREE THOUSAND EIGHT HUNDRED FORTY
9 HOURS IN THE NEW SPECIALTY, THE PRIMARY COLLABORATING PHYSICIAN
10 SHALL COMPLETE A PERFORMANCE EVALUATION AND DISCUSS THE
11 PERFORMANCE EVALUATION WITH THE PHYSICIAN ASSISTANT.

12 (e) AFTER THE COMPLETION OF THREE THOUSAND EIGHT HUNDRED
13 FORTY HOURS IN A NEW SPECIALTY, IF A PHYSICIAN ASSISTANT HAS NOT
14 COMPLETED FIVE THOUSAND SEVEN HUNDRED SIXTY TOTAL HOURS OF
15 CLINICAL PRACTICE, THE PHYSICIAN ASSISTANT SHALL CONTINUE TO
16 COLLABORATE WITH A PHYSICIAN AS REQUIRED IN SUBSECTIONS (2) AND
17 (3) OF THIS SECTION UNTIL THE PHYSICIAN ASSISTANT HAS PRACTICED FOR
18 A TOTAL OF FIVE THOUSAND SEVEN HUNDRED SIXTY HOURS. ONCE THE
19 PHYSICIAN ASSISTANT HAS COMPLETED FIVE THOUSAND SEVEN HUNDRED
20 SIXTY HOURS OF CLINICAL PRACTICE, THE PHYSICIAN ASSISTANT IS NO
21 LONGER SUBJECT TO THE FORMAL COLLABORATION REQUIREMENTS OF
22 THIS SECTION; HOWEVER, THE PHYSICIAN ASSISTANT SHALL CONTINUE TO
23 ENGAGE IN INFORMAL COLLABORATION VIA CONSULTATION WITH OR
24 REFERRAL TO OTHER MEMBERS OF THE PHYSICIAN ASSISTANT'S
25 HEALTH-CARE TEAM AS APPROPRIATE.

26 (5) (a) A physician assistant licensed pursuant to this article 240
27 who has practiced for at least ~~three years~~ FIVE THOUSAND SEVEN

1 HUNDRED SIXTY HOURS may be ~~liable~~ RESPONSIBLE for damages resulting
2 from negligence in providing care to a patient. ~~except that a physician~~
3 ~~assistant is not liable for any damages that occur as a result of the~~
4 ~~physician assistant following a direct order from a supervising physician.~~

5 (b) A physician assistant who has been practicing for at least ~~three~~
6 ~~years~~ FIVE THOUSAND SEVEN HUNDRED SIXTY HOURS shall comply with
7 the financial responsibility requirements specified in section 13-64-301
8 (1) and rules adopted by the board pursuant to that section.

9 (c) A physician assistant's ~~supervising~~ COLLABORATING physician
10 may be ~~liable~~ RESPONSIBLE for damages resulting from the physician
11 assistant's negligence in providing care to a patient if the physician
12 assistant has not practiced for at least ~~three years~~ FIVE THOUSAND SEVEN
13 HUNDRED SIXTY HOURS as described in subsection (5)(a) of this section.

14 (6) A PHYSICIAN ASSISTANT MAY PROVIDE THE BOARD WITH A
15 SIGNED AFFIDAVIT OUTLINING PRACTICE EXPERIENCE FOR THE PURPOSES
16 OF MEETING THE REQUIREMENTS DESCRIBED IN SUBSECTIONS (2), (3), AND
17 (4) OF THIS SECTION, AS APPLICABLE, IF THE PHYSICIAN ASSISTANT:

18 (a) HELD A VALID AND UNENCUMBERED LICENSE IN ANOTHER
19 STATE OR TERRITORY OF THE UNITED STATES' JURISDICTION BEFORE
20 BECOMING LICENSED IN THIS STATE PURSUANT TO SECTION 12-240-113; OR

21 (b) WAS INITIALLY GRANTED LICENSURE IN THIS STATE PRIOR TO
22 THE EFFECTIVE DATE OF THIS SUBSECTION (6).

23 **SECTION 4.** In Colorado Revised Statutes, 12-240-119, **amend**
24 (2)(c) as follows:

25 **12-240-119. Reentry license.** (2) (c) If, based on the assessment
26 and after completion of an educational program, if prescribed, the board
27 determines that the applicant is competent and qualified to practice

1 medicine without supervision, ~~or practice as a physician assistant WITH A~~
2 COLLABORATING PHYSICIAN, ~~or PRACTICE as an anesthesiologist assistant~~
3 with supervision, as specified in this article 240, the board may convert
4 the reentry license to a full license to practice medicine, practice as a
5 physician assistant, or practice as an anesthesiologist assistant, as
6 applicable, under this article 240.

7 **SECTION 5.** In Colorado Revised Statutes, 12-240-122, **amend**
8 (1) as follows:

9 **12-240-122. Prescriptions - requirement to advise patients.**

10 (1) A physician OR PHYSICIAN ASSISTANT licensed under this article 240
11 ~~or a physician assistant licensed by the board who has been delegated the~~
12 ~~authority to prescribe medication,~~ may advise the physician's or the
13 physician assistant's patients of their option to have the symptom or
14 purpose for which a prescription is being issued included on the
15 prescription order.

16 **SECTION 6.** In Colorado Revised Statutes, 12-240-128, **amend**
17 (7)(c) as follows:

18 **12-240-128. Physician training licenses.** (7) A physician
19 training licensee may practice medicine as defined by this article 240 with
20 the following restrictions:

21 (c) A physician training licensee ~~shall~~ DOES not have the authority
22 to:

23 (I) Delegate the rendering of medical services to a person who is
24 not licensed to practice medicine pursuant to section 12-240-107 (3)(l);
25 OR

26 (II) ~~and shall not have the authority to supervise~~ FORMALLY
27 COLLABORATE WITH physician assistants as ~~provided by section~~

1 ~~12-240-107~~(6) DESCRIBED IN SECTIONS 12-240-107 AND 12-240-114.5.

2 **SECTION 7.** In Colorado Revised Statutes, 12-280-103, **amend**
3 (39)(c)(II)(B) as follows:

4 **12-280-103. Definitions - rules.** As used in this article 280, unless
5 the context otherwise requires or the term is otherwise defined in another
6 part of this article 280:

7 (39) "Practice of pharmacy" means:

8 (c) The provision of a therapeutic interchange selection or a
9 therapeutically equivalent selection to a patient if, during the patient's stay
10 at a nursing care facility or a long-term acute care hospital licensed under
11 part 1 of article 3 of title 25, the selection has been approved for the
12 patient:

13 (II) By one of the following health-care providers:

14 (B) A physician assistant licensed under section 12-240-113, if the
15 physician assistant is ~~under the supervision of~~ COLLABORATING WITH a
16 licensed physician; or

17 **SECTION 8.** In Colorado Revised Statutes, 12-280-502, **amend**
18 (1)(b)(II) as follows:

19 **12-280-502. Therapeutic interchange and therapeutically**
20 **equivalent selections for nursing care facility or long-term acute care**
21 **hospital patients - rules.** (1) A pharmacy used by a nursing care facility
22 or a long-term acute care hospital licensed under part 1 of article 3 of title
23 25 may make a therapeutic interchange or a therapeutically equivalent
24 selection for a patient if, during the patient's stay at the facility, the
25 selection has been approved for the patient:

26 (b) By one of the following health-care providers:

27 (II) A physician assistant licensed under section 12-240-113, if the

1 physician assistant is ~~under the supervision of~~ COLLABORATING WITH a
2 licensed physician; or

3 **SECTION 9.** In Colorado Revised Statutes, 15-18.7-103, **amend**
4 (1)(i) as follows:

5 **15-18.7-103. Medical orders for scope of treatment forms -**
6 **form contents.** (1) A medical orders for scope of treatment form shall
7 include the following information concerning the adult whose medical
8 treatment is the subject of the medical orders for scope of treatment form:

9 (i) The signature of the adult's physician, advanced practice
10 REGISTERED nurse, or, if ~~under the supervision or authority of~~
11 COLLABORATING WITH the physician, physician assistant.

12 **SECTION 10.** In Colorado Revised Statutes, 15-18.7-104,
13 **amend** (5) as follows:

14 **15-18.7-104. Duty to comply with medical orders for scope of**
15 **treatment form - immunity - effect on criminal charges against**
16 **another person - transferability.** (5) An adult's physician, advanced
17 practice REGISTERED nurse, or, if ~~under the supervision of~~
18 COLLABORATING WITH the physician, physician assistant may provide an
19 oral confirmation to a health-care provider who shall annotate on the
20 medical orders for scope of treatment form the time and date of the oral
21 confirmation and the name and license number of the physician, advanced
22 practice REGISTERED nurse, or physician assistant. The physician,
23 advanced practice REGISTERED nurse, or physician assistant shall
24 countersign the annotation of the oral confirmation on the medical orders
25 for scope of treatment form within a time period that satisfies any
26 applicable state law or within thirty days, whichever period is less, after
27 providing the oral confirmation. The signature of the physician, advanced

1 practice REGISTERED nurse, or physician assistant may be provided by
2 photocopy, fax, or electronic means. A medical orders for scope of
3 treatment form with annotated oral confirmation, and a photocopy, fax,
4 or other electronic reproduction thereof, shall be given the same force and
5 effect as the original form signed by the physician, advanced practice
6 REGISTERED nurse, or physician assistant.

7 **SECTION 11.** In Colorado Revised Statutes, 23-21-803, **amend**
8 (6) as follows:

9 **23-21-803. Definitions.** As used in this part 8, unless the context
10 otherwise requires:

11 (6) "Physician assistant" means a person licensed as a physician
12 assistant by the Colorado medical board in accordance with section
13 12-240-113 who is authorized, in accordance with section 12-240-107
14 (6), to perform acts constituting the practice of medicine, including
15 prescribing controlled substances, and who is ~~under the supervision of~~
16 COLLABORATING WITH a physician trained in MAT.

17 **SECTION 12. Act subject to petition - effective date.** This act
18 takes effect at 12:01 a.m. on the day following the expiration of the
19 ninety-day period after final adjournment of the general assembly; except
20 that, if a referendum petition is filed pursuant to section 1 (3) of article V
21 of the state constitution against this act or an item, section, or part of this
22 act within such period, then the act, item, section, or part will not take
23 effect unless approved by the people at the general election to be held in
24 November 2022 and, in such case, will take effect on the date of the
25 official declaration of the vote thereon by the governor.