# Second Regular Session Seventy-third General Assembly STATE OF COLORADO

## **ENGROSSED**

This Version Includes All Amendments Adopted on Second Reading in the House of Introduction

LLS NO. 22-0110.01 Yelana Love x2295

**HOUSE BILL 22-1095** 

## **HOUSE SPONSORSHIP**

Lontine and Will,

#### SENATE SPONSORSHIP

Winter and Simpson,

#### **House Committees**

#### **Senate Committees**

Health & Insurance

	A BILL FOR AN ACT
101	CONCERNING AN EXPANSION OF A PHYSICIAN ASSISTANT'S ABILITY TO
102	PRACTICE, AND, IN CONNECTION THEREWITH, CHANGING THE
103	RELATIONSHIP BETWEEN A PHYSICIAN ASSISTANT AND A
104	PHYSICIAN OR PODIATRIST FROM SUPERVISION TO
105	COLLABORATION FOR PHYSICIAN ASSISTANTS WITH LESS
106	EXPERIENCE OR WHO ARE WORKING IN A NEW SPECIALTY,
107	ESTABLISHING THE COLLABORATION REQUIREMENTS, AND
108	REQUIRING PHYSICIAN ASSISTANTS WITH MORE EXPERIENCE TO
109	CONSULT WITH THE PHYSICIAN ASSISTANT'S HEALTH-CARE
110	TEAM.

# **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 <a href="http://leg.colorado.gov">http://leg.colorado.gov</a>.)

The bill modifies the relationship between a physician assistant and a physician or podiatrist by removing the requirement that a physician assistant be supervised by a physician or podiatrist. Instead:

- A physician assistant who has completed fewer than 3,000 hours of post-graduate clinical practice experience or who is beginning practice in a new specialty must enter into a collaborative plan with a physician; and
- A physician assistant who has completed fewer than 3,000 hours of post-graduate clinical practice must enter into a collaborative plan with a podiatrist before practicing podiatry.

A physician assistant who has completed 3,000 or more practice hours or, for a physician assistant practicing a new specialty, has completed 2,000 practice hours in the new specialty and at least 3,000 total practice hours, is no longer required to maintain a collaborative plan and is instead required to consult with and refer to appropriate members of the physician assistant's health-care team based on a patient's condition; the physician assistant's education, experience, and competencies; and the standard of care. The bill specifies the requirements of the collaborative plan.

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

2 SECTION 1. In Colorado Revised Statutes, 12-240-107, amend

3 (6) as follows:

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12-240-107. Practice of medicine defined - exemptions from licensing requirements - unauthorized practice by physician

6 assistants and anesthesiologist assistants - penalties - definitions -

rules - repeal. (6) (a) A person licensed under the laws of this state to

8 practice medicine may delegate to a physician assistant licensed by the

board pursuant to section 12-240-113 the authority to MAY perform acts

that constitute the practice of medicine and acts that physicians are

authorized by law to perform to the extent and in the manner authorized

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by rules promulgated by the board, including the authority to prescribe PRESCRIBING AND DISPENSING medication, including controlled substances. and dispense only the drugs designated by the board. The acts must be consistent with sound medical practice. Each prescription for a controlled substance, as defined in section 18-18-102 (5), issued by a physician assistant licensed by the board shall be imprinted with the name of the physician assistant's supervising physician. For all other ALL prescriptions issued by a physician assistant MUST INCLUDE THE PHYSICIAN ASSISTANT'S NAME, the name and address of the health facility, and, if the health facility is a multispeciality organization, the name and address of the speciality clinic within the health facility where the physician assistant is practicing. must be imprinted on the prescription. Nothing in this subsection (6) limits the ability of otherwise licensed health personnel to perform delegated acts. The dispensing of prescription medication by a physician assistant is subject to section 12-280-120 (6).

(b) (I) If the authority to perform an act is delegated pursuant to subsection (6)(a) of this section, the physician assistant to whom the act is delegated shall not perform the act except under the personal and responsible direction and supervision of a person licensed under the laws of this state to practice medicine A PHYSICIAN ASSISTANT WHO HAS COMPLETED FEWER THAN FIVE THOUSAND HOURS OF POST-GRADUATE CLINICAL PRACTICE EXPERIENCE OR WHO IS BEGINNING TO PRACTICE IN A NEW SPECIALTY MUST ENTER INTO A COLLABORATIVE PLAN WITH A LICENSED PHYSICIAN AS SPECIFIED IN SECTION 12-240-114.5.

(II) A licensed physician may be responsible for the direction and supervision of ENTER INTO A COLLABORATIVE PLAN WITH up to eight physician assistants at any one time. AN EMPLOYER SHALL NOT REQUIRE

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a licensed physician shall not be made responsible for the direction and supervision of more than four physician assistants unless the licensed physician agrees to assume the responsibility TO ENTER INTO A COLLABORATIVE PLAN AT ANY TIME AS A CONDITION OF THE PHYSICIAN'S EMPLOYMENT. A licensed physician has sole discretion to assume or refuse such responsibility, and an employer shall not require a licensed physician to assume such responsibility as a condition of employment. The board, by rule, may define what constitutes appropriate direction and supervision of a physician assistant; except that the board shall not promulgate a rule that is inconsistent with section 12-240-114.5 DETERMINE WHETHER TO ENTER INTO A COLLABORATIVE PLAN WITH MORE THAN FOUR PHYSICIAN ASSISTANTS.

(II) For purposes of this subsection (6), "personal and responsible direction and supervision" means that the direction and supervision of a physician assistant is personally rendered by a licensed physician practicing in the state of Colorado and is not rendered through intermediaries. The extent of direction and supervision shall be determined by rules promulgated by the board and as otherwise provided in this subsection (6)(b); except that, when a physician assistant is performing a delegated medical function in an acute care hospital, the board shall allow supervision and direction to be performed without the physical presence of the physician during the time the delegated medical functions are being implemented if:

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

(B) The licensed supervising physician reviews the quality of

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1	medical services rendered by the physician assistant by reviewing the
2	medical records to assure compliance with the physicians' directions; and
3	(C) The performance of the delegated medical function otherwise
4	complies with the board's rules and any restrictions and protocols of the
5	licensed supervising physician and hospital.
6	(c) Pursuant to section 12-240-135 (7), the board may apply for
7	an injunction to enjoin any person from performing delegated medical
8	acts that are in violation of this section or of any rules promulgated by the
9	board.
10	(d) This subsection (6) shall DOES not apply to any person who
11	performs delegated medical tasks within the scope of the exemption
12	contained in subsection (3)(1) of this section.
13	(e) As used in this subsection (6), "collaborative plan" and
14	"NEW SPECIALTY" HAVE THE SAME MEANINGS AS SET FORTH IN SECTION
15	12-240-114.5 (1).
16	SECTION 2. In Colorado Revised Statutes, amend 12-240-114.5
17	as follows:
18	12-240-114.5. Physician assistants - supervisory requirements
19	- liability - definitions - rules. (1) As used in this section, unless the
20	context otherwise requires:
21	(a) "Performance evaluation" means a document that includes
22	domains of competency relevant to the practice of a physician assistant,
23	uses more than one modality of assessment to evaluate the domains, and
24	includes consideration of the physician assistant's education, training,
25	experience, competency, and knowledge of the specialty in which the
26	physician assistant is engaged "COLLABORATING PHYSICIAN" MEANS A
27	PHYSICIAN LICENSED PURSUANT TO THIS ARTICLE 240 WHO ENTERS INTO

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(b) "Practice agreement" means a written agreement between a
physician assistant and a supervising physician that defines the
communication and decision-making process by which the physician
assistant and the supervising physician provide care to patients.
"COLLABORATION" MEANS THE INTERACTION AND RELATIONSHIP THAT A
PHYSICIAN ASSISTANT HAS WITH AT LEAST ONE COLLABORATING
PHYSICIAN IN WHICH:

- 9 (I) THE PHYSICIAN ASSISTANT AND THE COLLABORATING
  10 PHYSICIAN ARE COGNIZANT OF THE PHYSICIAN ASSISTANT'S
  11 QUALIFICATIONS AND LIMITATIONS IN CARING FOR PATIENTS;
- 12 (II) THE PHYSICIAN ASSISTANT CONSULTS WITH THE
  13 COLLABORATING PHYSICIAN REGARDING PATIENT CARE AS APPROPRIATE;
  14 AND
  - (III) THE COLLABORATING PHYSICIAN GIVES DIRECTION AND GUIDANCE TO THE PHYSICIAN ASSISTANT AS APPROPRIATE.
  - (c) "Supervisory "Collaborative plan" means a Written document that allows a supervising physician to follow the ongoing professional development of a physician assistant's clinical practice, promotes a collaborative relationship between a physician assistant and his or her supervising physicians, and allows a supervising physician to address any deficiencies that have been identified in the physician assistant's clinical competencies, during the initial performance period IS SIGNED BY A PHYSICIAN ASSISTANT AND A COLLABORATING PHYSICIAN AND THAT IS A PLAN FOR HOW THE PHYSICIAN ASSISTANT AND THE COLLABORATION PHYSICIAN WILL SATISFY THE COLLABORATION REQUIREMENTS OF SUBSECTION (2) OF THIS SECTION.

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1	(a) "New Specially" Means a new practice area that is a
2	SUBSTANTIVE CHANGE, AS DETERMINED BY THE BOARD BY RULE, FROM A
3	PHYSICIAN ASSISTANT'S PREVIOUS SCOPE OF PRACTICE OR PRACTICE AREA.
4	(e) "PERFORMANCE EVALUATION" MEANS A DOCUMENT USED AND
5	COMPLETED BY A PHYSICIAN ASSISTANT AND A COLLABORATING
6	PHYSICIAN TO EVALUATE THE PHYSICIAN ASSISTANT'S PRACTICE, WHICH
7	DOCUMENT IS KEPT ON FILE AT THE PHYSICIAN ASSISTANT'S PRACTICE
8	LOCATION AND PROVIDED TO THE BOARD UPON REQUEST.
9	(2) A physician assistant licensed pursuant to this article 240 who
10	has practiced for less than three years is subject to the following
11	supervisory requirements FEWER THAN FIVE THOUSAND HOURS SHALL
12	ENTER INTO A COLLABORATIVE PLAN WITH A COLLABORATING PHYSICIAN.
13	THE COLLABORATIVE PLAN MUST:
14	(a) The physician assistant's first one hundred sixty working hours
15	shall be supervised by a supervising physician who works at the same
16	location as the physician assistant. The physician assistant's primary
17	supervising physician shall provide at least forty hours of supervision, and
18	the remaining hours may be provided by a secondary supervising
19	physician who is designated by the primary supervising physician. BE
20	DEVELOPED AT THE PRACTICE LEVEL;
21	(b) After the physician assistant completes one hundred sixty
22	working hours, a supervising physician must remain available to the
23	physician assistant via a telecommunication device at all times when the
24	physician assistant is working. DESCRIBE HOW COLLABORATION WILL
25	OCCUR BETWEEN THE PHYSICIAN ASSISTANT AND THE COLLABORATING
26	PHYSICIAN;
27	(c) Not more than thirty days after the physician assistant

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1 completes one hundred sixty working hours, the primary supervising 2 physician shall complete an initial performance assessment and a 3 supervisory plan for the physician assistant. DESCRIBE METHODS FOR 4 EVALUATING THE PHYSICIAN ASSISTANT'S COMPETENCY, KNOWLEDGE, 5 AND SKILLS, INCLUDING THE METHOD AND FREQUENCY OF PERFORMANCE 6 **EVALUATIONS**; AND 7 (d) BEMADE AVAILABLE AT THE PHYSICIAN ASSISTANT'S PRACTICE 8 SITE. 9 (3) (a) The supervision of A physician assistant licensed pursuant 10 to this article 240 who has practiced in this state for three years or more 11 is determined by a practice agreement that shall be created by the 12 physician assistant and his or her primary supervising physician not later 13 than thirty days after the physician assistant begins practicing under the 14 supervision of the primary supervising physician. A practice agreement 15 must include: AT LEAST FIVE THOUSAND HOURS SHALL CONSULT WITH AND 16 REFER TO, THROUGH ONGOING COORDINATION AND COMMUNICATION, 17 PHYSICIANS AND MEMBERS OF THE HEALTH-CARE TEAM BASED ON A 18 PATIENT'S CONDITION; THE PHYSICIAN ASSISTANT'S EDUCATION, 19 EXPERIENCE, AND COMPETENCIES; AND THE STANDARD OF CARE. 20 (I) A process by which a physician assistant and a supervising 21 physician communicate and make decisions concerning patients' medical 22 treatment, which process utilizes the knowledge and skills of the 23 physician assistant and the supervising physician based on their respective 24 education, training, and experience; 25 (II) A protocol for designating an alternative physician for 26 consultation when the supervising physician is unavailable for

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consultation;

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(III) The signatures of the physician assistant and supervising physician; and

(IV) A termination provision that allows the physician assistant or the supervising physician to terminate the practice agreement after providing written notice of his or her intent to do so at least thirty days before the date of termination. If a practice agreement is terminated, the physician assistant and the physician assistant's primary supervising physician shall create a new practice agreement within forty-five days after the date the previous practice agreement was terminated.

- (b) In addition to the components described in subsection (3)(a) of this section, a practice agreement may impose conditions concerning specific duties, procedures, or drugs The Requirements for Consultation and Referral under subsection (3)(a) of this section shall be determined at the practice level and may include decisions made by the employer, group, hospital, facility, or Physician and Relevant Credentialing and Privileging Requirements. A collaborative plan is not required under this subsection (3); however, an employer may require further collaboration.
- (c) If the terms or conditions of a practice agreement change, both the physician assistant and the supervising physician shall sign and date the updated practice agreement.
- (4) (a) A physician assistant licensed pursuant to this article 240 who has practiced for at least twelve months and who is making a substantive change in his or her scope of practice or practice area is subject to the following supervisory requirements IS STARTING TO PRACTICE IN A NEW SPECIALTY SHALL ENTER INTO A COLLABORATIVE

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- 2 (I) WITH A COLLABORATING PHYSICIAN WHO PRACTICES IN THE 3 NEW SPECIALTY; AND
  - (II) THAT IS DEVELOPED IN ACCORDANCE WITH AND MEETS THE REQUIREMENTS OF SUBSECTION (2) OF THIS SECTION.
  - (a) The physician assistant's first eighty working hours shall be supervised by a supervising physician who works at the same location as the physician assistant. The physician assistant's primary supervising physician shall provide at least twenty hours of supervision, and the remaining hours may be provided by a secondary supervising physician who is designated by the primary supervising physician.
  - (b) After the physician assistant completes eighty working hours, a supervising physician shall remain available to the physician assistant via a telecommunication device at all times when the physician assistant is working After the Physician assistant has completed three thousand hours of practice in a new speciality and a total of five thousand practice hours, the physician assistant is no longer required by this subsection (4) to maintain a collaborative plan with a collaborating physician and shall practice in accordance with subsection (3) of this section.
  - (c) After the physician assistant has worked for six months, and again after the physician assistant has worked for twelve months, the primary supervising physician shall complete a performance assessment and discuss the performance assessment with the physician assistant AFTER THE COMPLETION OF THREE THOUSAND HOURS IN A NEW SPECIALITY, IF THE PHYSICIAN ASSISTANT HAS NOT COMPLETED A TOTAL OF FIVE THOUSAND PRACTICE HOURS, THE PHYSICIAN ASSISTANT SHALL

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CONTINUE TO PRACTICE PURSUANT TO A COLLABORATIVE PLAN IN ACCORDANCE WITH SUBSECTION (4)(a) OF THIS SECTION UNTIL THE PHYSICIAN ASSISTANT HAS PRACTICED FOR FIVE THOUSAND HOURS.

- (5) (a) A physician assistant licensed pursuant to this article 240 who has practiced for at least three years FIVE THOUSAND HOURS may be liable for damages resulting from negligence in providing care to a patient. except that a physician assistant is not liable for any damages that occur as a result of the physician assistant following a direct order from a supervising physician.
- (b) A physician assistant who, has been practicing for at least three years AS OF THE EFFECTIVE DATE OF THIS SUBSECTION (5)(b), AS AMENDED, HAS PRACTICED AS A PHYSICIAN ASSISTANT FOR FIVE THOUSAND HOURS OR MORE OR WHO, ON OR AFTER THE EFFECTIVE DATE OF THIS SUBSECTION (5)(b), AS AMENDED, REACHES FIVE THOUSAND HOURS OF PRACTICE AS A PHYSICIAN ASSISTANT shall comply with the financial responsibility requirements specified in section 13-64-301 (1) and rules adopted by the board pursuant to that section.
- (c) A physician assistant's supervising COLLABORATING physician may be liable for damages resulting from the physician assistant's negligence in providing care to a patient if the physician assistant has not practiced for at least three years FIVE THOUSAND HOURS as described in subsection (5)(a) of this section.
- (6) A PHYSICIAN ASSISTANT SHALL PROVIDE THE BOARD WITH A SIGNED AFFIDAVIT OUTLINING PRACTICE EXPERIENCE FOR THE PURPOSES OF MEETING THE REQUIREMENTS DESCRIBED IN SUBSECTIONS (2), (3), AND (4) OF THIS SECTION, AS APPLICABLE, IF THE PHYSICIAN ASSISTANT:
  - (a) HELD AN UNENCUMBERED LICENSE IN ANOTHER STATE OR

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1	TERRITORY OF THE UNITED STATES' JURISDICTION BEFORE BECOMING
2	LICENSED IN THIS STATE PURSUANT TO SECTION 12-240-113; OR
3	(b) Was initially licensed in this state prior to the
4	EFFECTIVE DATE OF THIS SUBSECTION (6).
5	SECTION 3. In Colorado Revised Statutes, 12-240-119, amend
6	(2)(c) as follows:
7	12-240-119. Reentry license. (2) (c) If, based on the assessment
8	and, IF PRESCRIBED, after completion of an educational program, if
9	prescribed, the board determines that the applicant is competent and
10	qualified to practice medicine without supervision, or practice as a
11	physician assistant, or PRACTICE as an anesthesiologist assistant with
12	supervision, as specified in this article 240, the board may convert the
13	reentry license to a full license to practice medicine, practice as a
14	physician assistant, or practice as an anesthesiologist assistant, as
15	applicable, under this article 240.
16	SECTION 4. In Colorado Revised Statutes, 12-240-122, amend
17	(1) as follows:
18	12-240-122. Prescriptions - requirement to advise patients.
19	(1) A physician OR PHYSICIAN ASSISTANT licensed under this article 240
20	or a physician assistant licensed by the board who has been delegated the
21	authority to prescribe medication, may advise the physician's or the
22	physician assistant's patients of their option to have the symptom or
23	purpose for which a prescription is being issued included on the
24	prescription order.
25	SECTION 5. In Colorado Revised Statutes, 12-240-128, amend
26	(7)(c) as follows:
27	12-240-128. Physician training licenses. (7) A physician

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1	training licensee may practice medicine as defined by this article 240 with
2	the following restrictions:
3	(c) A physician training licensee shall not: have the authority to:
4	(I) Delegate the rendering of medical services to a person who is
5	not licensed to practice medicine pursuant to section 12-240-107 (3)(1);
6	OR
7	(II) and shall not have the authority to supervise ENTER INTO A
8	COLLABORATIVE PLAN WITH physician assistants as provided by section
9	<del>12-240-107 (6)</del> DESCRIBED IN SECTIONS 12-240-107 (6) AND
10	12-240-114.5.
11	SECTION 6. In Colorado Revised Statutes, 12-280-103, amend
12	(39)(c)(II)(B) as follows:
13	12-280-103. <b>Definitions - rules.</b> As used in this article 280, unless
14	the context otherwise requires or the term is otherwise defined in another
15	part of this article 280:
16	(39) "Practice of pharmacy" means:
17	(c) The provision of a therapeutic interchange selection or a
18	therapeutically equivalent selection to a patient if, during the patient's stay
19	at a nursing care facility or a long-term acute care hospital licensed under
20	part 1 of article 3 of title 25, the selection has been approved for the
21	patient:
22	(II) By one of the following health-care providers:
23	(B) A physician assistant licensed under section 12-240-113; if the
24	physician assistant is under the supervision of a licensed physician; or
25	SECTION 7. In Colorado Revised Statutes, 12-280-502, amend
26	(1)(b)(II) as follows:
7	12-280-502 Therangutic interchange and therangutically

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1	equivalent selections for nursing care facility or long-term acute care
2	hospital patients - rules. (1) A pharmacy used by a nursing care facility
3	or a long-term acute care hospital licensed under part 1 of article 3 of title
4	25 may make a therapeutic interchange or a therapeutically equivalent
5	selection for a patient if, during the patient's stay at the facility, the
6	selection has been approved for the patient:
7	(b) By one of the following health-care providers:
8	(II) A physician assistant licensed under section 12-240-113; if the
9	physician assistant is under the supervision of a licensed physician; or
10	SECTION 8. In Colorado Revised Statutes, amend 12-290-117
11	as follows:
12	12-290-117. Use of physician assistants - collaboration
13	requirements - affidavits of practice experience - rules - definitions.
14	(1) A person licensed under the laws of this state to practice podiatry may
15	delegate to a physician assistant licensed by the Colorado medical board
16	pursuant to section 12-240-113 the authority to A PHYSICIAN ASSISTANT
17	MAY perform acts that constitute the practice of podiatry to the extent and
18	in the manner authorized by rules promulgated by the Colorado podiatry
19	board. The acts shall be consistent with sound practices of podiatry. Each
20	prescription for a controlled substance, as defined in section 18-18-102
21	(5), issued by a physician assistant must have the name of the physician
22	assistant's supervising podiatrist printed on the prescription. For all other
23	ALL prescriptions issued by a physician assistant MUST INCLUDE THE
24	PHYSICIAN ASSISTANT'S NAME, the name and address of the health facility
25	and, if the health facility is a multispeciality organization, the name and
26	address of the speciality clinic within the health facility where the
27	physician assistant is practicing. must be imprinted on the prescription.

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Nothing in this section limits the ability of otherwise licensed health personnel to perform delegated acts. The dispensing of prescription medication by a physician assistant is subject to section 12-280-120 (6).

- (2) If the authority to perform an act is delegated pursuant to subsection (1) of this section, the act shall not be performed except under the personal and responsible direction and supervision of a person licensed under the laws of this state to practice podiatry, and the person shall not be responsible for the direction and supervision of more than four physician assistants at any one time without specific approval of the Colorado podiatry board. The board may define appropriate direction and supervision pursuant to rules PRIOR TO PRACTICING PODIATRY, A PHYSICIAN ASSISTANT WHO HAS COMPLETED FEWER THAN FIVE THOUSAND HOURS OF POST-GRADUATE CLINICAL PRACTICE EXPERIENCE MUST ENTER INTO A COLLABORATIVE PLAN WITH A LICENSED PODIATRIST.
- (3) The provisions of sections 12-240-107 (6) and 12-240-113 governing physician assistants under the "Colorado Medical Practice Act" shall apply to physician assistants under this section A person licensed to practice podiatry under this article 290 may enter into a collaborative plan with up to eight physician assistants at any one time. An employer shall not require a person licensed under the laws of this state to practice podiatry to enter into a collaborative plan at any time as a condition of the person's employment.
- (4) PRIOR TO PRACTICING PODIATRY, A PHYSICIAN ASSISTANT WHO HAS PRACTICED FOR FEWER THAN FIVE THOUSAND HOURS SHALL ENTER INTO A COLLABORATIVE PLAN WITH A COLLABORATING PODIATRIST. THE COLLABORATIVE PLAN MUST:

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1	(a) BE DEVELOPED AT THE PRACTICE LEVEL;
2	(b) DESCRIBE HOW COLLABORATION WILL OCCUR BETWEEN THE
3	PHYSICIAN ASSISTANT AND THE COLLABORATING PODIATRIST;
4	(c) Describe methods for evaluating the physician
5	ASSISTANT'S COMPETENCY, KNOWLEDGE, AND SKILLS, INCLUDING THE
6	METHOD AND FREQUENCY OF PERFORMANCE EVALUATIONS; AND
7	(d) BE MADE AVAILABLE AT THE PHYSICIAN ASSISTANT'S PRACTICE
8	SITE.
9	(5)(a) A PHYSICIAN ASSISTANT WHO HAS PRACTICED IN THIS STATE
10	FOR AT LEAST FIVE THOUSAND HOURS SHALL CONSULT WITH AND REFER
11	TO, THROUGH ONGOING COORDINATION AND COMMUNICATION,
12	PODIATRISTS AND MEMBERS OF THE HEALTH-CARE TEAM BASED ON A
13	PATIENT'S CONDITION; THE PHYSICIAN ASSISTANT'S EDUCATION,
14	EXPERIENCE, AND COMPETENCIES; AND THE STANDARD OF CARE.
15	(b) The requirements for consultation and referral under
16	SUBSECTION (5)(a) OF THIS SECTION SHALL BE DETERMINED AT THE
17	PRACTICE LEVEL AND MAY INCLUDE DECISIONS MADE BY THE EMPLOYER,
18	GROUP, HOSPITAL, FACILITY, OR PODIATRIST AND RELEVANT
19	CREDENTIALING AND PRIVILEGING REQUIREMENTS. A COLLABORATIVE
20	PLAN IS NOT REQUIRED UNDER THIS SUBSECTION (5); HOWEVER, AN
21	EMPLOYER MAY REQUIRE FURTHER COLLABORATION.
22	(6) A PHYSICIAN ASSISTANT SHALL PROVIDE THE BOARD WITH A
23	SIGNED AFFIDAVIT OUTLINING PRACTICE EXPERIENCE FOR THE PURPOSES
24	OF MEETING THE REQUIREMENTS DESCRIBED IN SUBSECTIONS $(4)$ AND $(5)$
25	OF THIS SECTION, AS APPLICABLE, IF THE PHYSICIAN ASSISTANT:
26	(a) HELD AN UNENCUMBERED LICENSE IN ANOTHER STATE OR
27	TERRITORY OF THE LINITED STATES' HIRISDICTION REFORE RECOMING

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1	LICENSED IN THIS STATE PURSUANT TO SECTION 12-240-113; OR
2	(b) Was initially licensed in this state prior to the
3	EFFECTIVE DATE OF THIS SUBSECTION (6).
4	(7) AS USED IN THIS SECTION:
5	(a) "COLLABORATING PODIATRIST" MEANS A PODIATRIST LICENSED
6	PURSUANT TO THIS ARTICLE 290 WHO ENTERS INTO A COLLABORATIVE
7	PLAN WITH A PHYSICIAN ASSISTANT.
8	(b) "COLLABORATION" MEANS THE INTERACTION AND
9	RELATIONSHIP THAT A PHYSICIAN ASSISTANT HAS WITH AT LEAST ONE
10	COLLABORATING PODIATRIST IN WHICH:
11	(I) THE PHYSICIAN ASSISTANT AND THE COLLABORATING
12	PODIATRIST ARE COGNIZANT OF THE PHYSICIAN ASSISTANT'S
13	QUALIFICATIONS AND LIMITATIONS IN CARING FOR PATIENTS;
14	(II) THE PHYSICIAN ASSISTANT CONSULTS WITH THE
15	COLLABORATING PODIATRIST REGARDING PATIENT CARE AS APPROPRIATE;
16	AND
17	(III) THE COLLABORATING PODIATRIST GIVES DIRECTION AND
18	GUIDANCE TO THE PHYSICIAN ASSISTANT AS APPROPRIATE.
19	(c) "COLLABORATIVE PLAN" MEANS A WRITTEN DOCUMENT THAT
20	IS SIGNED BY A PHYSICIAN ASSISTANT AND A COLLABORATING PODIATRIST
21	AND THAT SPECIFIES HOW THE PHYSICIAN ASSISTANT AND THE
22	COLLABORATING PODIATRIST WILL SATISFY THE COLLABORATION
23	REQUIREMENTS OF SUBSECTION (4) OF THIS SECTION.
24	(d) "PERFORMANCE EVALUATION" MEANS A DOCUMENT USED AND
25	COMPLETED BY A PHYSICIAN ASSISTANT AND A COLLABORATING
26	PODIATRIST TO EVALUATE THE PHYSICIAN ASSISTANT'S PRACTICE, WHICH
27	DOCUMENT IS KEPT ON FILE AT THE PHYSICIAN ASSISTANT'S PRACTICE

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1	LOCATION AND PROVIDED TO THE BOARD UPON REQUEST.
2	(e) "Physician assistant" means a physician assistant
3	LICENSED BY THE COLORADO MEDICAL BOARD PURSUANT TO SECTION
4	12-240-113.
5	SECTION 9. In Colorado Revised Statutes, 12-290-110, amend
6	(5) as follows:
7	12-290-110. Podiatry training license. (5) A person with a
8	podiatric training license shall only practice podiatry ONLY under the
9	supervision of a licensed podiatrist or a physician licensed to practice
10	medicine within the residency program. A person with a podiatry training
11	license shall not delegate podiatric or medical services to a person who
12	is not licensed to practice podiatry or medicine and shall not have the
13	authority to supervise COLLABORATE WITH physician assistants.
14	SECTION 10. In Colorado Revised Statutes, 13-64-301, amend
15	(1) introductory portion as follows:
16	13-64-301. Financial responsibility. (1) As a condition of active
17	licensure or authority to practice in this state, every physician, dentist, or
18	dental hygienist; every physician assistant who, has been practicing for
19	at least three years AS OF THE EFFECTIVE DATE OF THE INTRODUCTORY
20	PORTION OF THIS SUBSECTION (1), AS AMENDED, HAS PRACTICED AS A
21	PHYSICIAN ASSISTANT FOR FIVE THOUSAND HOURS OR MORE OR WHO, ON
22	OR AFTER THE EFFECTIVE DATE OF THE INTRODUCTORY PORTION OF THIS
23	SUBSECTION (1), AS AMENDED, REACHES FIVE THOUSAND HOURS OF
24	PRACTICE AS A PHYSICIAN ASSISTANT; and every health-care institution as
25	defined in section 13-64-202, except as provided in section 13-64-303.5,
26	that provides health-care services shall establish financial responsibility
27	as follows:

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1	<b>SECTION 11.</b> In Colorado Revised Statutes, 15-18.7-103,
2	amend (1) introductory portion and (1)(i) as follows:
3	15-18.7-103. Medical orders for scope of treatment forms -
4	form contents. (1) A medical orders for scope of treatment form shall
5	MUST include the following information concerning the adult whose
6	medical treatment is the subject of the medical orders for scope of
7	treatment form:
8	(i) The signature of the adult's physician, advanced practice
9	REGISTERED nurse, or if under the supervision or authority of the
10	<del>physician,</del> physician assistant.
11	SECTION 12. In Colorado Revised Statutes, 15-18.7-104,
12	amend (5) as follows:
13	15-18.7-104. Duty to comply with medical orders for scope of
14	treatment form - immunity - effect on criminal charges against
15	another person - transferability. (5) An adult's physician, advanced
16	practice REGISTERED nurse, or if under the supervision of the physician,
17	physician assistant may provide an oral confirmation to a health-care
18	provider who shall annotate on the medical orders for scope of treatment
19	form the time and date of the oral confirmation and the name and license
20	number of the physician, advanced practice REGISTERED nurse, or
21	physician assistant. The physician, advanced practice REGISTERED nurse,
22	or physician assistant shall countersign the annotation of the oral
23	confirmation on the medical orders for scope of treatment form within a
24	time period that satisfies any applicable state law or within thirty days,
25	whichever period is less, after providing the oral confirmation. The
26	signature of the physician, advanced practice REGISTERED nurse, or
27	physician assistant may be provided by photocopy, fax, or electronic

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1	means. A medical orders for scope of treatment form with annotated oral
2	confirmation, and a photocopy, fax, or other electronic reproduction
3	thereof OF THE FORM, shall be given the same force and effect as the
4	original form signed by the physician, advanced practice REGISTERED
5	nurse, or physician assistant.
6	SECTION 13. In Colorado Revised Statutes, 23-21-803, amend
7	(6) as follows:
8	23-21-803. Definitions. As used in this part 8, unless the context
9	otherwise requires:
10	(6) "Physician assistant" means a person licensed as a physician
11	assistant by the Colorado medical board in accordance with section
12	12-240-113 who is authorized, in accordance with section 12-240-107
13	(6), to perform acts constituting the practice of medicine, including
14	prescribing controlled substances. and who is under the supervision of a
15	physician trained in MAT.
16	SECTION 14. Act subject to petition - effective date. This act
17	takes effect July 1, 2023; except that, if a referendum petition is filed
18	pursuant to section 1 (3) of article V of the state constitution against this
19	act or an item, section, or part of this act within the ninety-day period
20	after final adjournment of the general assembly, then the act, item,
21	section, or part will not take effect unless approved by the people at the
22	general election to be held in November 2022 and, in such case, will take
23	effect July 1, 2023.

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