First Regular Session Seventy-fourth General Assembly STATE OF COLORADO

ENGROSSED

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

LLS NO. 23-0226.01 Yelana Love x2295

SENATE BILL 23-083

SENATE SPONSORSHIP

Winter F. and Simpson,

HOUSE SPONSORSHIP

(None),

Senate Committees Health & Human Services

House Committees

	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.

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 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 must enter into a collaborative agreement with an employer, physician, or podiatrist.

The collaborative agreement must include:

- The physician assistant's name, license number, and primary location of practice;
- The signature of the physician assistant and the person with whom the physician assistant has entered into the collaborative agreement;
- A general description of the physician assistant's process for collaboration;
- A description of the performance evaluation process, which may be completed by the physician assistant's employer in accordance with a performance evaluation and review process established by the employer; and
- Any additional requirements specific to the physician assistant's practice required by the employer, physician, or podiatrist entering into the collaborative agreement, including additional levels of oversight, limitations on autonomous judgment, and the designation of a primary contact for collaboration.

For a physician assistant with fewer than 3,000 practice hours, the collaborative agreement must also:

- Require that collaboration during the first 160 practice hours be completed in person or through technology;
- Incorporate elements defining the expected nature of collaboration; and
- Require a performance evaluation and discussion of the performance evaluation with the physician assistant.

The bill also requires physician assistants who have been practicing for less than 3 years to satisfy certain financial responsibility requirements from which such physician assistants are exempt under current law.

1 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:

6

4 12-240-107. Practice of medicine defined - exemptions from

5 licensing requirements - unauthorized practice by physician

assistants and anesthesiologist assistants - penalties - definitions -

-2- 083

rules - repeal. (6) (a) A person licensed under the laws of this state to
practice medicine may delegate to a physician assistant licensed by the
board pursuant to section 12-240-113 the authority to 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 by rules
promulgated by the board, including the authority to prescribe
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 prescriptions issued by a physician
assistant, the name and address of the health facility and, if the health
facility is a multi-speciality 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) A PHYSICIAN
ASSISTANT MAY NOT PROVIDE CARE UNLESS THE PHYSICIAN ASSISTANT
HAS ENTERED INTO A COLLABORATIVE AGREEMENT WITH <u>A PHYSICIAN</u>
LICENSED IN GOOD STANDING PURSUANT TO THIS ARTICLE 240 OR ARTICLE
290 of this title 12 or a physician group.
(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

(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

-3-

of this state to practice medicine. A licensed physician may be responsible for the direction and supervision of up to eight physician assistants at any one time. 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. 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 WITH A COLLABORATIVE AGREEMENT IN PLACE, A PHYSICIAN ASSISTANT LICENSED BY THE BOARD PURSUANT TO SECTION 12-240-113 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 BY RULES PROMULGATED BY THE BOARD, INCLUDING PRESCRIBING AND DISPENSING MEDICATION, INCLUDING CONTROLLED SUBSTANCES.

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

(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

-4- 083

functions	0440	haina		1 amount ad	:£.
Tunctions	arc	Demg	шр	Tementeu	п.

- (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 medical services rendered by the physician assistant by reviewing the medical records to assure compliance with the physicians' directions; and
- (C) The performance of the delegated medical function otherwise complies with the board's rules and any restrictions and protocols of the licensed supervising physician and hospital.
- (c) Pursuant to section 12-240-135 (7), the board may apply for an injunction to enjoin any person from performing delegated medical acts that are in violation of this section or of any rules promulgated by the board The Collaborative agreement must be kept on file at the Physician assistant's primary location of practice and be made available to the board upon request.
- (d) This subsection (6) shall not apply to any person who performs delegated medical tasks within the scope of the exemption contained in subsection (3)(l) of this section An act by a physician assistant that constitutes the practice of medicine must be consistent with generally accepted standards of medical practice. A physician assistant shall collaborate with the appropriate health-care provider as indicated by the condition of the patient, the standard of care, and the physician assistant's education, experience, and competence.
- (e) AN EMPLOYER SHALL NOT REQUIRE A LICENSED PHYSICIAN TO ENTER INTO A COLLABORATIVE AGREEMENT AS A CONDITION OF THE

-5- 083

1	PHYSICIAN'S EMPLOYMENT.
2	(f) ALL PRESCRIPTIONS ISSUED BY A PHYSICIAN ASSISTANT MUST
3	INCLUDE THE PHYSICIAN ASSISTANT'S NAME, THE NAME AND ADDRESS OF
4	THE HEALTH FACILITY, AND, IF THE HEALTH FACILITY IS A MULTISPECIALTY
5	ORGANIZATION, THE NAME AND ADDRESS OF THE SPECIALITY CLINIC
6	WITHIN THE HEALTH FACILITY WHERE THE PHYSICIAN ASSISTANT IS
7	PRACTICING. THE DISPENSING OF PRESCRIPTION MEDICATION BY A
8	PHYSICIAN ASSISTANT IS SUBJECT TO SECTION 12-280-120 (6)(a).
9	(g) While Performing acts included in the practice of
10	MEDICINE, AS DEFINED IN SUBSECTION (1) OF THIS SECTION, A PHYSICIAN
11	ASSISTANT SHALL CLEARLY IDENTIFY ONESELF, BOTH VISUALLY AND
12	VERBALLY, AS A PHYSICIAN ASSISTANT. AN EMPLOYER, PHYSICIAN, OR
13	PHYSICIAN GROUP MUST IDENTIFY TO PATIENTS THAT A PHYSICIAN
14	ASSISTANT PROVIDING CARE IS A PHYSICIAN ASSISTANT.
15	(h) Pursuant to section 12-240-135(7), the board may apply
16	FOR AN INJUNCTION TO ENJOIN ANY PERSON FROM PERFORMING MEDICAL
17	ACTS THAT ARE IN VIOLATION OF THIS SECTION OR OF ANY RULES
18	PROMULGATED BY THE BOARD.
19	(i) This subsection (6) does not apply to any person who
20	PERFORMS MEDICAL TASKS WITHIN THE SCOPE OF THE EXEMPTION
21	SPECIFIED IN SUBSECTION $(3)(1)$ OF THIS SECTION.
22	(j) A PHYSICIAN ASSISTANT IS $\underline{\text{LIABLE}}$ FOR THE CARE PROVIDED BY
23	THE PHYSICIAN ASSISTANT.
24	(k) A PHYSICIAN ASSISTANT SHALL COMPLY WITH THE FINANCIAL
25	RESPONSIBILITY REQUIREMENTS SPECIFIED IN SECTION 13-64-301 (1) AND
26	RULES ADOPTED BY THE BOARD PURSUANT TO THAT SECTION.
27	(1) Pursuant to section 12-240-138 (1)(d)(I), a physician

-6- 083

1	ASSISTANT IS NOT AUTHORIZED TO OWN A MAJORITY OF A MEDICAL
2	PRACTICE.
3	SECTION 2. In Colorado Revised Statutes, amend 12-240-114.5
4	as follows:
5	12-240-114.5. Physician assistants - collaboration
6	requirements - proof of practice hours from another jurisdiction -
7	liability - definitions. (1) As used in this section, unless the context
8	otherwise requires:
9	(a) "COLLABORATION" MEANS, AS INDICATED BY THE PATIENT'S
10	CONDITION, COMMUNITY STANDARDS OF CARE, AND A PHYSICIAN
11	ASSISTANT'S EDUCATION, TRAINING, AND EXPERIENCE:
12	(I) CONSULTATION BETWEEN THE PHYSICIAN ASSISTANT AND $_$ A
13	PHYSICIAN; OR
14	(II) REFERRAL BY THE PHYSICIAN ASSISTANT TO A PHYSICIAN, OR,
15	IF THE REFERRAL IS TO A PHYSICIAN PRACTICING IN A DIFFERENT PRACTICE
16	AREA THAN THE PHYSICIAN ASSISTANT, A PHYSICIAN'S PRACTICE GROUP.
17	(b) "COLLABORATIVE AGREEMENT" MEANS A WRITTEN
18	AGREEMENT THAT DESCRIBES THE MANNER IN WHICH A PHYSICIAN
19	ASSISTANT COLLABORATES WITH AN EMPLOYER OR A PHYSICIAN.
20	(a) (c) "Performance evaluation" means a document that includes
21	domains of competency relevant to the practice of a physician assistant,
22	uses more than one modality of assessment to evaluate the domains, and
23	includes consideration of the physician assistant's education, training,
24	experience, competency, and knowledge of the specialty PRACTICE AREA
25	in which the physician assistant is engaged.
26	(b) "Practice agreement" means a written agreement between a
27	physician assistant and a supervising physician that defines the

-7- 083

communication and decision-making process by which the physician assistant and the supervising physician provide care to patients.

- (c) "Supervisory plan" means a 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.
- (d) "PHYSICIAN" MEANS A PHYSICIAN LICENSED IN GOOD STANDING

 PURSUANT TO THIS ARTICLE 240 OR ARTICLE 290 OF THIS TITLE 12,

 INCLUDING A PHYSICIAN IN A PHYSICIAN GROUP.
- (2) (a) A physician assistant licensed pursuant to this article 240 who has practiced for less than three years is subject to the following supervisory requirements SHALL ENTER INTO A COLLABORATIVE AGREEMENT WITH AN EMPLOYER OR A PHYSICIAN. The PHYSICIAN ENTERING INTO A COLLABORATIVE AGREEMENT MUST BE ACTIVELY PRACTICING IN COLORADO WITH A REGULAR AND RELIABLE PHYSICAL PRESENCE IN COLORADO. THE COLLABORATIVE AGREEMENT MUST INCLUDE:
- (a) (I) The physician assistant's first one hundred sixty 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 forty hours of supervision, and the remaining hours may be provided by a secondary supervising physician who is designated by the primary supervising physician. The PHYSICIAN ASSISTANT'S NAME, LICENSE NUMBER, AND PRIMARY LOCATION

-8-

1	OF PRACTICE;
2	(b) (II) After the physician assistant completes one hundred sixty
3	working hours, a supervising physician must remain available to the
4	physician assistant via a telecommunication device at all times when the
5	physician assistant is working. The signature of the physician
6	ASSISTANT AND THE PHYSICIAN, OR PHYSICIAN GROUP WITH WHOM THE
7	PHYSICIAN ASSISTANT HAS ENTERED INTO THE COLLABORATIVE
8	AGREEMENT;
9	(c) (III) Not more than thirty days after the physician assistant
10	completes one hundred sixty working hours, the primary supervising
11	physician shall complete an initial performance assessment and a
12	supervisory plan for the physician assistant. A DESCRIPTION OF THE
13	PHYSICIAN ASSISTANT'S PROCESS FOR COLLABORATION, THE DEGREE OF
14	WHICH MUST BE DETERMINED AT THE PHYSICIAN ASSISTANT'S PRIMARY
15	LOCATION OF PRACTICE AND MAY INCLUDE:
16	(A) Decisions made by the employer or physician with
17	WHOM THE PHYSICIAN ASSISTANT HAS ENTERED INTO A COLLABORATIVE
18	AGREEMENT; AND
19	(B) THE CREDENTIALING OR PRIVILEGING REQUIREMENTS OF THE
20	PHYSICIAN ASSISTANT'S PRIMARY LOCATION OF PRACTICE;
21	(IV) A DESCRIPTION OF THE PERFORMANCE EVALUATION PROCESS,
22	WHICH MAY BE COMPLETED BY THE PHYSICIAN ASSISTANT'S EMPLOYER IN
23	ACCORDANCE WITH A PERFORMANCE EVALUATION AND REVIEW PROCESS
24	ESTABLISHED BY THE EMPLOYER; AND
25	$(V)\ Any\ additional\ requirements\ specific\ to\ the\ physician$
26	ASSISTANT'S PRACTICE REQUIRED BY THE EMPLOYER OR PHYSICIAN
27	ENTERING INTO THE COLLABORATIVE AGREEMENT, INCLUDING

-9- 083

1	ADDITIONAL LEVELS OF OVERSIGHT, LIMITATIONS ON AUTONOMOUS
2	JUDGMENT, AND THE DESIGNATION OF A PRIMARY CONTACT FOR
3	COLLABORATION.
4	(b) (I) For a physician assistant with fewer than $\underline{\text{five}}$
5	THOUSAND PRACTICE HOURS, OR A PHYSICIAN ASSISTANT CHANGING
6	PRACTICE AREAS WITH FEWER THAN THREE THOUSAND PRACTICE HOURS
7	IN THE NEW PRACTICE AREA, THE COLLABORATIVE AGREEMENT IS A
8	SUPERVISORY AGREEMENT THAT MUST INCLUDE THE PROVISIONS
9	DESCRIBED IN SUBSECTIONS (2)(a)(III)(A), (2)(a)(III)(B), (2)(a)(IV), AND
10	(2)(a)(V) OF THIS SECTION AND MUST ALSO:
11	(A) REQUIRE THAT COLLABORATION DURING THE FIRST ONE
12	HUNDRED SIXTY PRACTICE HOURS BE COMPLETED IN PERSON OR THROUGH
13	TECHNOLOGY, AS PERMITTED BY THE PHYSICIAN OR PHYSICIAN GROUP OR
14	EMPLOYER WITH WHOM THE PHYSICIAN ASSISTANT HAS ENTERED INTO THE
15	COLLABORATIVE AGREEMENT;
16	(B) Incorporate elements defining the expected nature of
17	COLLABORATION, INCLUDING: THE PHYSICIAN ASSISTANT'S EXPECTED
18	AREA OF PRACTICE; EXPECTATIONS REGARDING SUPPORT AND
19	CONSULTATION FROM THE PHYSICIAN OR PHYSICIAN GROUP WITH WHOM
20	THE PHYSICIAN ASSISTANT HAS ENTERED INTO A COLLABORATIVE
21	AGREEMENT; METHODS AND MODES OF COMMUNICATION AND
22	COLLABORATION; AND ANY OTHER PERTINENT ELEMENTS OF
23	COLLABORATIVE, TEAM-BASED PRACTICE APPLICABLE TO THE PHYSICIAN
24	ASSISTANT'S PRACTICE OR ESTABLISHED BY THE EMPLOYER; AND
25	(C) REQUIRE A PERFORMANCE EVALUATION AND DISCUSSION OF
26	THE PERFORMANCE EVALUATION WITH THE PHYSICIAN ASSISTANT AFTER
27	THE PHYSICIAN ASSISTANT HAS WORKED WITH THE EMPLOYER FOR SIX

-10- 083

1	MONTHS, AGAIN AFTER THE PHYSICIAN ASSISTANT HAS WORKED WITH THE
2	EMPLOYER FOR TWELVE MONTHS, AND ADDITIONAL EVALUATION
3	THEREAFTER AS DETERMINED BY THE PHYSICIAN OR PHYSICIAN GROUP
4	WITH WHOM THE PHYSICIAN ASSISTANT HAS ENTERED INTO THE
5	COLLABORATIVE AGREEMENT.
6	(II) THE PERFORMANCE EVALUATION MAY BE COMPLETED BY THE
7	PHYSICIAN ASSISTANT'S EMPLOYER IN ACCORDANCE WITH THE
8	PERFORMANCE EVALUATION AND REVIEW PROCESS ESTABLISHED BY THE
9	EMPLOYER; EXCEPT THAT THE PERFORMANCE EVALUATION MUST BE
10	COMPLETED WITH AT LEAST THE MINIMUM FREQUENCY REQUIRED IN
11	SECTION $(2)(b)(I)(C)$ OF THIS SECTION.
12	(III) AFTER A PHYSICIAN ASSISTANT HAS COMPLETED THE NUMBER
13	OF PRACTICE HOURS REQUIRED PURSUANT TO SUBSECTION (2) OF THIS
14	<u>SECTION</u> , THE ADDITIONAL COLLABORATIVE AGREEMENT REQUIREMENTS
15	DESCRIBED IN THIS SUBSECTION (2)(b) NO LONGER APPLY.
16	(3) (a) The supervision of a physician assistant licensed pursuant
17	to this article 240 who has practiced in this state for three years or more
18	is determined by a practice agreement that shall be created by the
19	physician assistant and his or her primary supervising physician not later
20	than thirty days after the physician assistant begins practicing under the
21	supervision of the primary supervising physician. A practice agreement
22	must include A PHYSICIAN ASSISTANT MAY PROVIDE THE BOARD WITH A
23	SIGNED AFFIDAVIT OUTLINING PRACTICE EXPERIENCE FOR THE PURPOSES
24	OF MEETING THE REQUIREMENTS DESCRIBED IN SUBSECTION (2)(b) OF THIS
25	SECTION, AS APPLICABLE, IF THE PHYSICIAN ASSISTANT:

(a) HELD AN UNENCUMBERED LICENSE IN ANOTHER STATE OR

TERRITORY OF THE UNITED STATES BEFORE BECOMING LICENSED IN THIS

26

27

-11- 083

1	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 (3), AS AMENDED.
4	(I) A process by which a physician assistant and a supervising
5	physician communicate and make decisions concerning patients' medical
6	treatment, which process utilizes the knowledge and skills of the
7	physician assistant and the supervising physician based on their respective
8	education, training, and experience;
9	(II) A protocol for designating an alternative physician for
10	consultation when the supervising physician is unavailable for
11	consultation;
12	(III) The signatures of the physician assistant and supervising
13	physician; and
14	(IV) A termination provision that allows the physician assistant
15	or the supervising physician to terminate the practice agreement after
16	providing written notice of his or her intent to do so at least thirty days
17	before the date of termination. If a practice agreement is terminated, the
18	physician assistant and the physician assistant's primary supervising
19	physician shall create a new practice agreement within forty-five days
20	after the date the previous practice agreement was terminated.
21	(b) In addition to the components described in subsection (3)(a)
22	of this section, a practice agreement may impose conditions concerning
23	specific duties, procedures, or drugs.
24	(c) If the terms or conditions of a practice agreement change, both
25	the physician assistant and the supervising physician shall sign and date
26	the updated practice agreement.
27	(4) A physician assistant licensed pursuant to this article 240 who

-12- 083

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:

- (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.
- (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.
- (5) (a) A physician assistant licensed pursuant to this article 240 who has practiced for at least three years 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 shall comply with the financial responsibility requirements specified in section 13-64-301 (1) and rules adopted by the board pursuant to that section.

-13-

1	(c) A physician assistant s supervising physician may be hable for
2	damages resulting from the physician assistant's negligence in providing
3	care to a patient if the physician assistant has not practiced for at least
4	three years as described in subsection (5)(a) of this section.
5	SECTION 3. In Colorado Revised Statutes, 12-240-119, amend
6	(2)(c) as follows:
7	12-240-119. Reentry license - period of inactivity -
8	international medical graduate - competency assessment - board
9	rules - conversion to full license. (2) (c) If, based on the assessment
10	and, IF PRESCRIBED, after completion of an educational program, if
11	prescribed, the board determines that the applicant is competent and
12	qualified to practice medicine without supervision, or practice as a
13	physician assistant, or PRACTICE as an anesthesiologist assistant with
14	supervision, as specified in this article 240, the board may convert the
15	reentry license to a full license to practice medicine, practice as a
16	physician assistant, or practice as an anesthesiologist assistant, as
17	applicable, under this article 240.
18	SECTION 4. In Colorado Revised Statutes, 12-240-122, amend
19	(1) as follows:
20	12-240-122. Prescriptions - requirement to advise patients.
21	(1) A physician OR PHYSICIAN ASSISTANT licensed under this article 240
22	or a physician assistant licensed by the board who has been delegated the
23	authority to prescribe medication, may advise the physician's or the
24	physician assistant's patients of their option to have the symptom or
25	purpose for which a prescription is being issued included on the
26	prescription order.
27	SECTION 5. In Colorado Revised Statutes, 12-240-128, amend

-14- 083

1	(7)(c) as follows:
2	12-240-128. Physician training licenses. (7) A physician
3	training licensee may practice medicine as defined by this article 240 with
4	the following restrictions:
5	(c) A physician training licensee shall not: have the authority to
6	(I) Delegate the rendering of medical services to a person who is
7	not licensed to practice medicine pursuant to section 12-240-107 (3)(1):
8	OR
9	(II) and shall not have the authority to supervise ENTER INTO A
10	COLLABORATIVE AGREEMENT WITH physician assistants as provided by
11	section 12-240-107 (6) DESCRIBED IN SECTIONS 12-240-107 (6) AND
12	12-240-114.5.
13	SECTION 6. In Colorado Revised Statutes, 12-280-103, amend
14	(39)(c)(II)(B) as follows:
15	12-280-103. Definitions - rules. As used in this article 280, unless
16	the context otherwise requires or the term is otherwise defined in another
17	part of this article 280:
18	(39) "Practice of pharmacy" means:
19	(c) The provision of a therapeutic interchange selection or a
20	therapeutically equivalent selection to a patient if, during the patient's stay
21	at a nursing care facility or a long-term acute care hospital licensed under
22	part 1 of article 3 of title 25, the selection has been approved for the
23	patient:
24	(II) By one of the following health-care providers:
25	(B) A physician assistant licensed under section 12-240-113; if the
26	physician assistant is under the supervision of a licensed physician; or
27	SECTION 7. In Colorado Revised Statutes, 12-280-502, amend

-15- 083

1	(1)(b)(II) as follows:
2	12-280-502. Therapeutic interchange and therapeutically
3	equivalent selections for nursing care facility or long-term acute care
4	hospital patients - rules. (1) A pharmacy used by a nursing care facility
5	or a long-term acute care hospital licensed under part 1 of article 3 of title
6	25 may make a therapeutic interchange or a therapeutically equivalent
7	selection for a patient if, during the patient's stay at the facility, the
8	selection has been approved for the patient:
9	(b) By one of the following health-care providers:
10	(II) A physician assistant licensed under section 12-240-113; if the
11	physician assistant is under the supervision of a licensed physician; or
12	SECTION 8. In Colorado Revised Statutes, 12-290-110, amend
13	(5) as follows:
14	12-290-110. Podiatry training license. (5) A person with a
15	podiatric training license shall only practice podiatry ONLY under the
16	supervision of a licensed podiatrist or a physician licensed to practice
17	medicine within the residency program. A person with a podiatry training
18	license shall not delegate podiatric or medical services to a person who
19	is not licensed to practice podiatry or medicine and shall not have the
20	authority to supervise COLLABORATE WITH physician assistants.
21	SECTION 9. In Colorado Revised Statutes, amend 12-290-117
22	as follows:
23	12-290-117. Use of physician assistants - collaboration
24	requirements - affidavits of practice experience - rules - definitions.
25	(1) A person licensed under the laws of this state to practice podiatry may
26	delegate to a physician assistant licensed by the Colorado medical board
27	pursuant to section 12-240-113 the authority to A PHYSICIAN ASSISTANT

-16- 083

LICENSED PURSUANT TO ARTICLE 240 OF THIS TITLE 12 MAY perform acts that constitute the practice of podiatry to the extent and in the manner authorized by rules promulgated by the Colorado podiatry board. The acts shall be consistent with sound practices of podiatry. Each prescription for a controlled substance, as defined in section 18-18-102 (5), issued by a physician assistant must have the name of the physician assistant's supervising podiatrist printed on the prescription. 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 multi-speciality MULTISPECIALTY organization, the name and address of the speciality SPECIALTY clinic within the health facility where the physician assistant is practicing. must be imprinted on the prescription. 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).

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

(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 MUST ENTER INTO A COLLABORATIVE AGREEMENT WITH A LICENSED PODIATRIST.

(3) The provisions of sections 12-240-107 (6), and 12-240-113,

-17-

1	AND 12-240-114.5 governing physician assistants under the "Colorado
2	Medical Practice Act" shall apply to physician assistants under this
3	section.
4	SECTION 10. In Colorado Revised Statutes, 13-64-301, amend
5	(1) introductory portion as follows:
6	13-64-301. Financial responsibility. (1) As a condition of active
7	licensure or authority to practice in this state, every physician, dentist,
8	dental therapist, or dental hygienist; every physician assistant; who has
9	been practicing for at least three years; and every health-care institution
10	as defined in section 13-64-202, except as provided in section
11	13-64-303.5, that provides health-care services shall establish financial
12	responsibility, as follows:
13	SECTION 11. In Colorado Revised Statutes, 15-18.7-103,
14	amend (1) introductory portion and (1)(i) as follows:
15	15-18.7-103. Medical orders for scope of treatment forms -
16	form contents. (1) A medical orders for scope of treatment form shall
17	MUST include the following information concerning the adult whose
18	medical treatment is the subject of the medical orders for scope of
19	treatment form:
20	(i) The signature of the adult's physician, advanced practice
21	registered nurse, or if under the supervision or authority of the physician,
22	physician assistant.
23	SECTION 12. In Colorado Revised Statutes, 15-18.7-104,
24	amend (5) as follows:
25	15-18.7-104. Duty to comply with medical orders for scope of
26	treatment form - immunity - effect on criminal charges against
27	another person - transferability. (5) An adult's physician, advanced

-18-

physician assistant may provide an oral confirmation to a health-care	
provider who shall annotate on the medical orders for scope of treatment	
form the time and date of the oral confirmation and the name and license	
number of the physician, advanced practice registered nurse, or physician	
assistant. The physician, advanced practice registered nurse, or physician	
assistant shall countersign the annotation of the oral confirmation on the	
medical orders for scope of treatment form within a time period that	
satisfies any applicable state law or within thirty days, whichever period	
is less, after providing the oral confirmation. The signature of the	
physician, advanced practice registered nurse, or physician assistant may	
be provided by photocopy, fax, or electronic means. A medical orders for	
scope of treatment form with annotated oral confirmation, and a	
photocopy, fax, or other electronic reproduction thereof OF THE FORM,	
shall be given the same force and effect as the original form signed by the	
physician, advanced practice registered nurse, or physician assistant.	
SECTION 13. In Colorado Revised Statutes, 23-21-803, amend	
(6) as follows:	
23-21-803. Definitions. As used in this part 8, unless the context	
otherwise requires:	
(6) "Physician assistant" means a person licensed as a physician	
assistant by the Colorado medical board in accordance with section	
12-240-113 who is authorized, in accordance with section 12-240-107	
(6), to perform acts constituting the practice of medicine, including	
prescribing controlled substances. and who is under the supervision of a	
physician trained in MAT.	
SECTION 14. Act subject to petition - effective date. This act	

practice registered nurse, or if under the supervision of the physician,

-19-

takes effect at 12:01 a.m. on the day following the expiration of the ninety-day period after final adjournment of the general assembly; except that, if a referendum petition is filed pursuant to section 1 (3) of article V of the state constitution against this act or an item, section, or part of this act within such period, then the act, item, section, or part will not take effect unless approved by the people at the general election to be held in November 2024 and, in such case, will take effect on the date of the

official declaration of the vote thereon by the governor.

8

-20- 083