

First Regular Session
Seventy-fourth General Assembly
STATE OF COLORADO

INTRODUCED

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

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

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:

4 **12-240-107. Practice of medicine defined - exemptions from**
5 **licensing requirements - unauthorized practice by physician**
6 **assistants and anesthesiologist assistants - penalties - definitions -**

1 ~~rules - repeal.~~ (6) (a) A person licensed under the laws of this state to
2 practice medicine may delegate to a physician assistant licensed by the
3 board pursuant to section 12-240-113 the authority to perform acts that
4 constitute the practice of medicine and acts that physicians are authorized
5 by law to perform to the extent and in the manner authorized by rules
6 promulgated by the board, including the authority to prescribe
7 medication, including controlled substances, and dispense only the drugs
8 designated by the board. The acts must be consistent with sound medical
9 practice. Each prescription for a controlled substance, as defined in
10 section 18-18-102 (5), issued by a physician assistant licensed by the
11 board shall be imprinted with the name of the physician assistant's
12 supervising physician. For all other prescriptions issued by a physician
13 assistant, the name and address of the health facility and, if the health
14 facility is a multi-speciality organization, the name and address of the
15 speciality clinic within the health facility where the physician assistant is
16 practicing must be imprinted on the prescription. Nothing in this
17 subsection (6) limits the ability of otherwise licensed health personnel to
18 perform delegated acts. The dispensing of prescription medication by a
19 physician assistant is subject to section 12-280-120 (6) A PHYSICIAN
20 ASSISTANT MAY NOT PROVIDE CARE UNLESS THE PHYSICIAN ASSISTANT
21 HAS ENTERED INTO A COLLABORATIVE AGREEMENT WITH AN EMPLOYER OR
22 A PHYSICIAN.

23 (b) ~~(f)~~ If the authority to perform an act is delegated pursuant to
24 subsection (6)(a) of this section, the physician assistant to whom the act
25 is delegated shall not perform the act except under the personal and
26 responsible direction and supervision of a person licensed under the laws
27 of this state to practice medicine. A licensed physician may be responsible

1 for the direction and supervision of up to eight physician assistants at any
2 one time. A licensed physician shall not be made responsible for the
3 direction and supervision of more than four physician assistants unless the
4 licensed physician agrees to assume the responsibility. A licensed
5 physician has sole discretion to assume or refuse such responsibility, and
6 an employer shall not require a licensed physician to assume such
7 responsibility as a condition of employment. The board, by rule, may
8 define what constitutes appropriate direction and supervision of a
9 physician assistant; except that the board shall not promulgate a rule that
10 is inconsistent with section 12-240-114.5 WITH A COLLABORATIVE
11 AGREEMENT IN PLACE, A PHYSICIAN ASSISTANT LICENSED BY THE BOARD
12 PURSUANT TO SECTION 12-240-113 MAY PERFORM ACTS THAT CONSTITUTE
13 THE PRACTICE OF MEDICINE AND ACTS THAT PHYSICIANS ARE AUTHORIZED
14 BY LAW TO PERFORM TO THE EXTENT AND IN THE MANNER AUTHORIZED BY
15 RULES PROMULGATED BY THE BOARD, INCLUDING PRESCRIBING AND
16 DISPENSING MEDICATION, INCLUDING CONTROLLED SUBSTANCES.

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

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

4 ~~(B) The licensed supervising physician reviews the quality of~~
5 ~~medical services rendered by the physician assistant by reviewing the~~
6 ~~medical records to assure compliance with the physicians' directions; and~~

7 ~~(C) The performance of the delegated medical function otherwise~~
8 ~~complies with the board's rules and any restrictions and protocols of the~~
9 ~~licensed supervising physician and hospital.~~

10 ~~(c) Pursuant to section 12-240-135 (7), the board may apply for~~
11 ~~an injunction to enjoin any person from performing delegated medical~~
12 ~~acts that are in violation of this section or of any rules promulgated by the~~
13 ~~board~~ THE COLLABORATIVE AGREEMENT MUST BE KEPT ON FILE AT THE
14 PHYSICIAN ASSISTANT'S PRIMARY LOCATION OF PRACTICE AND BE MADE
15 AVAILABLE TO THE BOARD UPON REQUEST.

16 ~~(d) This subsection (6) shall not apply to any person who performs~~
17 ~~delegated medical tasks within the scope of the exemption contained in~~
18 ~~subsection (3)(1) of this section~~ AN ACT BY A PHYSICIAN ASSISTANT THAT
19 CONSTITUTES THE PRACTICE OF MEDICINE MUST BE CONSISTENT WITH
20 SOUND MEDICAL PRACTICE. A PHYSICIAN ASSISTANT SHALL COLLABORATE
21 WITH THE APPROPRIATE HEALTH-CARE PROVIDER AS INDICATED BY THE
22 CONDITION OF THE PATIENT, THE STANDARD OF CARE, AND THE PHYSICIAN
23 ASSISTANT'S EDUCATION, EXPERIENCE, AND COMPETENCE.

24 (e) AN EMPLOYER SHALL NOT REQUIRE A LICENSED PHYSICIAN TO
25 ENTER INTO A COLLABORATIVE AGREEMENT AS A CONDITION OF THE
26 PHYSICIAN'S EMPLOYMENT.

27 (f) ALL PRESCRIPTIONS ISSUED BY A PHYSICIAN ASSISTANT MUST

1 INCLUDE THE PHYSICIAN ASSISTANT'S NAME, THE NAME AND ADDRESS OF
2 THE HEALTH FACILITY, AND, IF THE HEALTH FACILITY IS A MULTISPECIALTY
3 ORGANIZATION, THE NAME AND ADDRESS OF THE SPECIALITY CLINIC
4 WITHIN THE HEALTH FACILITY WHERE THE PHYSICIAN ASSISTANT IS
5 PRACTICING. THE DISPENSING OF PRESCRIPTION MEDICATION BY A
6 PHYSICIAN ASSISTANT IS SUBJECT TO SECTION 12-280-120 (6)(a).

7 (g) WHILE PERFORMING ACTS INCLUDED IN THE PRACTICE OF
8 MEDICINE, AS DEFINED IN SUBSECTION (1) OF THIS SECTION, A PHYSICIAN
9 ASSISTANT SHALL CLEARLY IDENTIFY ONESELF, BOTH VISUALLY AND
10 VERBALLY, AS A PHYSICIAN ASSISTANT.

11 (h) PURSUANT TO SECTION 12-240-135 (7), THE BOARD MAY APPLY
12 FOR AN INJUNCTION TO ENJOIN ANY PERSON FROM PERFORMING MEDICAL
13 ACTS THAT ARE IN VIOLATION OF THIS SECTION OR OF ANY RULES
14 PROMULGATED BY THE BOARD.

15 (i) THIS SUBSECTION (6) DOES NOT APPLY TO ANY PERSON WHO
16 PERFORMS MEDICAL TASKS WITHIN THE SCOPE OF THE EXEMPTION
17 SPECIFIED IN SUBSECTION (3)(1) OF THIS SECTION.

18 (j) A PHYSICIAN ASSISTANT IS RESPONSIBLE FOR THE CARE
19 PROVIDED BY THE PHYSICIAN ASSISTANT.

20 (k) A PHYSICIAN ASSISTANT SHALL COMPLY WITH THE FINANCIAL
21 RESPONSIBILITY REQUIREMENTS SPECIFIED IN SECTION 13-64-301 (1) AND
22 RULES ADOPTED BY THE BOARD PURSUANT TO THAT SECTION.

23 (l) PURSUANT TO SECTION 12-240-138 (1)(d)(I), A PHYSICIAN
24 ASSISTANT IS NOT AUTHORIZED TO OWN A MAJORITY OF A MEDICAL
25 PRACTICE.

26 **SECTION 2.** In Colorado Revised Statutes, **amend** 12-240-114.5
27 as follows:

1 **12-240-114.5. Physician assistants - collaboration**
2 **requirements - proof of practice hours from another jurisdiction -**
3 **liability - definitions.** (1) As used in this section, unless the context
4 otherwise requires:

5 (a) "COLLABORATION" MEANS, AS INDICATED BY THE PATIENT'S
6 CONDITION, COMMUNITY STANDARDS OF CARE, AND A PHYSICIAN
7 ASSISTANT'S EDUCATION, TRAINING, AND EXPERIENCE:

8 (I) CONSULTATION BETWEEN THE PHYSICIAN ASSISTANT AND AN
9 EMPLOYER OR A PHYSICIAN; OR

10 (II) REFERRAL BY THE PHYSICIAN ASSISTANT TO A PHYSICIAN, OR,
11 IF THE REFERRAL IS TO A PHYSICIAN PRACTICING IN A DIFFERENT PRACTICE
12 AREA THAN THE PHYSICIAN ASSISTANT, A PHYSICIAN'S PRACTICE GROUP.

13 (b) "COLLABORATIVE AGREEMENT" MEANS A WRITTEN
14 AGREEMENT THAT DESCRIBES THE MANNER IN WHICH A PHYSICIAN
15 ASSISTANT COLLABORATES WITH AN EMPLOYER OR A PHYSICIAN.

16 ~~(a)~~ (c) "Performance evaluation" means a document that includes
17 domains of competency relevant to the practice of a physician assistant,
18 uses more than one modality of assessment to evaluate the domains, and
19 includes consideration of the physician assistant's education, training,
20 experience, competency, and knowledge of the ~~specialty~~ PRACTICE AREA
21 in which the physician assistant is engaged.

22 ~~(b) "Practice agreement" means a written agreement between a~~
23 ~~physician assistant and a supervising physician that defines the~~
24 ~~communication and decision-making process by which the physician~~
25 ~~assistant and the supervising physician provide care to patients.~~

26 ~~(c) "Supervisory plan" means a document that allows a~~
27 ~~supervising physician to follow the ongoing professional development of~~

1 a physician assistant's clinical practice, promotes a collaborative
2 relationship between a physician assistant and his or her supervising
3 physicians, and allows a supervising physician to address any deficiencies
4 that have been identified in the physician assistant's clinical competencies
5 during the initial performance period.

6 (2) (a) A physician assistant licensed pursuant to this article 240
7 who has practiced for less than three years is subject to the following
8 supervisory requirements SHALL ENTER INTO A COLLABORATIVE
9 AGREEMENT WITH AN EMPLOYER OR A PHYSICIAN. THE COLLABORATIVE
10 AGREEMENT MUST INCLUDE:

11 (a) (I) The physician assistant's first one hundred sixty working
12 hours shall be supervised by a supervising physician who works at the
13 same location as the physician assistant. The physician assistant's primary
14 supervising physician shall provide at least forty hours of supervision, and
15 the remaining hours may be provided by a secondary supervising
16 physician who is designated by the primary supervising physician. THE
17 PHYSICIAN ASSISTANT'S NAME, LICENSE NUMBER, AND PRIMARY LOCATION
18 OF PRACTICE;

19 (b) (II) After the physician assistant completes one hundred sixty
20 working hours, a supervising physician must remain available to the
21 physician assistant via a telecommunication device at all times when the
22 physician assistant is working. THE SIGNATURE OF THE PHYSICIAN
23 ASSISTANT AND THE PHYSICIAN, OR A REPRESENTATIVE OF THE EMPLOYER
24 WITH WHOM THE PHYSICIAN ASSISTANT HAS ENTERED INTO THE
25 COLLABORATIVE AGREEMENT;

26 (c) (III) Not more than thirty days after the physician assistant
27 completes one hundred sixty working hours, the primary supervising

1 ~~physician shall complete an initial performance assessment and a~~
2 ~~supervisory plan for the physician assistant.~~ A GENERAL DESCRIPTION OF
3 THE PHYSICIAN ASSISTANT'S PROCESS FOR COLLABORATION, THE DEGREE
4 OF WHICH MUST BE DETERMINED AT THE PHYSICIAN ASSISTANT'S PRIMARY
5 LOCATION OF PRACTICE AND MAY INCLUDE:

6 (A) DECISIONS MADE BY THE EMPLOYER OR PHYSICIAN WITH
7 WHOM THE PHYSICIAN ASSISTANT HAS ENTERED INTO A COLLABORATIVE
8 AGREEMENT; AND

9 (B) THE CREDENTIALING OR PRIVILEGING REQUIREMENTS OF THE
10 PHYSICIAN ASSISTANT'S PRIMARY LOCATION OF PRACTICE;

11 (IV) A DESCRIPTION OF THE PERFORMANCE EVALUATION PROCESS,
12 WHICH MAY BE COMPLETED BY THE PHYSICIAN ASSISTANT'S EMPLOYER IN
13 ACCORDANCE WITH A PERFORMANCE EVALUATION AND REVIEW PROCESS
14 ESTABLISHED BY THE EMPLOYER; AND

15 (V) ANY ADDITIONAL REQUIREMENTS SPECIFIC TO THE PHYSICIAN
16 ASSISTANT'S PRACTICE REQUIRED BY THE EMPLOYER OR PHYSICIAN
17 ENTERING INTO THE COLLABORATIVE AGREEMENT, INCLUDING
18 ADDITIONAL LEVELS OF OVERSIGHT, LIMITATIONS ON AUTONOMOUS
19 JUDGMENT, AND THE DESIGNATION OF A PRIMARY CONTACT FOR
20 COLLABORATION.

21 (b) (I) FOR A PHYSICIAN ASSISTANT WITH FEWER THAN THREE
22 THOUSAND PRACTICE HOURS, THE COLLABORATIVE AGREEMENT MUST
23 ALSO:

24 (A) REQUIRE THAT COLLABORATION DURING THE FIRST ONE
25 HUNDRED SIXTY PRACTICE HOURS BE COMPLETED IN PERSON OR THROUGH
26 TECHNOLOGY, AS PERMITTED BY THE PHYSICIAN OR EMPLOYER WITH
27 WHOM THE PHYSICIAN ASSISTANT HAS ENTERED INTO THE COLLABORATIVE

1 AGREEMENT;

2 (B) INCORPORATE ELEMENTS DEFINING THE EXPECTED NATURE OF
3 COLLABORATION, INCLUDING: THE PHYSICIAN ASSISTANT'S EXPECTED
4 AREA OF PRACTICE; EXPECTATIONS REGARDING SUPPORT AND
5 CONSULTATION FROM THE PHYSICIAN OR EMPLOYER WITH WHOM THE
6 PHYSICIAN ASSISTANT HAS ENTERED INTO A COLLABORATIVE AGREEMENT;
7 METHODS AND MODES OF COMMUNICATION AND COLLABORATION; AND
8 ANY OTHER PERTINENT ELEMENTS OF COLLABORATIVE, TEAM-BASED
9 PRACTICE APPLICABLE TO THE PHYSICIAN ASSISTANT'S PRACTICE OR
10 ESTABLISHED BY THE EMPLOYER; AND

11 (C) REQUIRE A PERFORMANCE EVALUATION AND DISCUSSION OF
12 THE PERFORMANCE EVALUATION WITH THE PHYSICIAN ASSISTANT AFTER
13 THE PHYSICIAN ASSISTANT HAS WORKED WITH THE EMPLOYER FOR SIX
14 MONTHS, AGAIN AFTER THE PHYSICIAN ASSISTANT HAS WORKED WITH THE
15 EMPLOYER FOR TWELVE MONTHS, AND ADDITIONAL EVALUATION
16 THEREAFTER AS DETERMINED BY THE PHYSICIAN OR EMPLOYER WITH
17 WHOM THE PHYSICIAN ASSISTANT HAS ENTERED INTO THE COLLABORATIVE
18 AGREEMENT.

19 (II) THE PERFORMANCE EVALUATION MAY BE COMPLETED BY THE
20 PHYSICIAN ASSISTANT'S EMPLOYER IN ACCORDANCE WITH THE
21 PERFORMANCE EVALUATION AND REVIEW PROCESS ESTABLISHED BY THE
22 EMPLOYER; EXCEPT THAT THE PERFORMANCE EVALUATION MUST BE
23 COMPLETED WITH AT LEAST THE MINIMUM FREQUENCY REQUIRED IN
24 SECTION (2)(b)(I)(C) OF THIS SECTION.

25 (III) AFTER A PHYSICIAN ASSISTANT HAS COMPLETED THREE
26 THOUSAND PRACTICE HOURS, THE ADDITIONAL COLLABORATIVE
27 AGREEMENT REQUIREMENTS DESCRIBED IN THIS SUBSECTION (2)(b) NO

1 LONGER APPLY.

2 (3) (a) ~~The supervision of a physician assistant licensed pursuant~~
3 ~~to this article 240 who has practiced in this state for three years or more~~
4 ~~is determined by a practice agreement that shall be created by the~~
5 ~~physician assistant and his or her primary supervising physician not later~~
6 ~~than thirty days after the physician assistant begins practicing under the~~
7 ~~supervision of the primary supervising physician. A practice agreement~~
8 ~~must include~~ A PHYSICIAN ASSISTANT MAY PROVIDE THE BOARD WITH A
9 SIGNED AFFIDAVIT OUTLINING PRACTICE EXPERIENCE FOR THE PURPOSES
10 OF MEETING THE REQUIREMENTS DESCRIBED IN SUBSECTION (2)(b) OF THIS
11 SECTION, AS APPLICABLE, IF THE PHYSICIAN ASSISTANT:

12 (a) HELD AN UNENCUMBERED LICENSE IN ANOTHER STATE OR
13 TERRITORY OF THE UNITED STATES BEFORE BECOMING LICENSED IN THIS
14 STATE PURSUANT TO SECTION 12-240-113; OR

15 (b) WAS INITIALLY LICENSED IN THIS STATE PRIOR TO THE
16 EFFECTIVE DATE OF THIS SUBSECTION (3), AS AMENDED.

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

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

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

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

1 or the supervising physician to terminate the practice agreement after
2 providing written notice of his or her intent to do so at least thirty days
3 before the date of termination. If a practice agreement is terminated, the
4 physician assistant and the physician assistant's primary supervising
5 physician shall create a new practice agreement within forty-five days
6 after the date the previous practice agreement was terminated.

7 (b) In addition to the components described in subsection (3)(a)
8 of this section, a practice agreement may impose conditions concerning
9 specific duties, procedures, or drugs.

10 (c) If the terms or conditions of a practice agreement change, both
11 the physician assistant and the supervising physician shall sign and date
12 the updated practice agreement.

13 (4) A physician assistant licensed pursuant to this article 240 who
14 has practiced for at least twelve months and who is making a substantive
15 change in his or her scope of practice or practice area is subject to the
16 following supervisory requirements:

17 (a) The physician assistant's first eighty working hours shall be
18 supervised by a supervising physician who works at the same location as
19 the physician assistant. The physician assistant's primary supervising
20 physician shall provide at least twenty hours of supervision, and the
21 remaining hours may be provided by a secondary supervising physician
22 who is designated by the primary supervising physician.

23 (b) After the physician assistant completes eighty working hours,
24 a supervising physician shall remain available to the physician assistant
25 via a telecommunication device at all times when the physician assistant
26 is working.

27 (c) After the physician assistant has worked for six months, and

1 again after the physician assistant has worked for twelve months, the
2 primary supervising physician shall complete a performance assessment
3 and discuss the performance assessment with the physician assistant.

4 (5) (a) A physician assistant licensed pursuant to this article 240
5 who has practiced for at least three years may be liable for damages
6 resulting from negligence in providing care to a patient; except that a
7 physician assistant is not liable for any damages that occur as a result of
8 the physician assistant following a direct order from a supervising
9 physician.

10 (b) A physician assistant who has been practicing for at least three
11 years shall comply with the financial responsibility requirements specified
12 in section 13-64-301 (1) and rules adopted by the board pursuant to that
13 section.

14 (c) A physician assistant's supervising physician may be liable for
15 damages resulting from the physician assistant's negligence in providing
16 care to a patient if the physician assistant has not practiced for at least
17 three years as described in subsection (5)(a) of this section.

18 **SECTION 3.** In Colorado Revised Statutes, 12-240-119, **amend**
19 (2)(c) as follows:

20 **12-240-119. Reentry license - period of inactivity -**
21 **international medical graduate - competency assessment - board**
22 **rules - conversion to full license.** (2) (c) If, based on the assessment
23 and, IF PRESCRIBED, after completion of an educational program, if
24 prescribed, the board determines that the applicant is competent and
25 qualified to practice medicine without supervision, or practice as a
26 physician assistant, or PRACTICE as an anesthesiologist assistant with
27 supervision, as specified in this article 240, the board may convert the

1 reentry license to a full license to practice medicine, practice as a
2 physician assistant, or practice as an anesthesiologist assistant, as
3 applicable, under this article 240.

4 **SECTION 4.** In Colorado Revised Statutes, 12-240-122, **amend**
5 (1) as follows:

6 **12-240-122. Prescriptions - requirement to advise patients.**

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

13 **SECTION 5.** In Colorado Revised Statutes, 12-240-128, **amend**
14 (7)(c) as follows:

15 **12-240-128. Physician training licenses.** (7) A physician
16 training licensee may practice medicine as defined by this article 240 with
17 the following restrictions:

18 (c) A physician training licensee shall not: ~~have the authority to~~

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

21 OR

22 (II) ~~and shall not have the authority to supervise~~ ENTER INTO A
23 COLLABORATIVE AGREEMENT WITH physician assistants as ~~provided by~~
24 ~~section 12-240-107 (6)~~ DESCRIBED IN SECTIONS 12-240-107 (6) AND
25 12-240-114.5.

26 **SECTION 6.** In Colorado Revised Statutes, 12-280-103, **amend**
27 (39)(c)(II)(B) as follows:

1 **12-280-103. Definitions - rules.** As used in this article 280, unless
2 the context otherwise requires or the term is otherwise defined in another
3 part of this article 280:

4 (39) "Practice of pharmacy" means:

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

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

11 (B) A physician assistant licensed under section 12-240-113; ~~if the~~
12 ~~physician assistant is under the supervision of a licensed physician; or~~

13 **SECTION 7.** In Colorado Revised Statutes, 12-280-502, **amend**
14 (1)(b)(II) as follows:

15 **12-280-502. Therapeutic interchange and therapeutically**
16 **equivalent selections for nursing care facility or long-term acute care**
17 **hospital patients - rules.** (1) A pharmacy used by a nursing care facility
18 or a long-term acute care hospital licensed under part 1 of article 3 of title
19 25 may make a therapeutic interchange or a therapeutically equivalent
20 selection for a patient if, during the patient's stay at the facility, the
21 selection has been approved for the patient:

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

23 (II) 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 8.** In Colorado Revised Statutes, 12-290-110, **amend**
26 (5) as follows:

27 **12-290-110. Podiatry training license.** (5) A person with a

1 podiatric training license shall ~~only~~ practice podiatry ONLY under the
2 supervision of a licensed podiatrist or a physician licensed to practice
3 medicine within the residency program. A person with a podiatry training
4 license shall not delegate podiatric or medical services to a person who
5 is not licensed to practice podiatry or medicine and shall not have the
6 authority to ~~supervise~~ COLLABORATE WITH physician assistants.

7 **SECTION 9.** In Colorado Revised Statutes, **amend** 12-290-117
8 as follows:

9 **12-290-117. Use of physician assistants - collaboration**
10 **requirements - affidavits of practice experience - rules - definitions.**

11 (1) ~~A person licensed under the laws of this state to practice podiatry may~~
12 ~~delegate to a physician assistant licensed by the Colorado medical board~~
13 ~~pursuant to section 12-240-113 the authority to~~ A PHYSICIAN ASSISTANT
14 LICENSED PURSUANT TO ARTICLE 240 OF THIS TITLE 12 MAY perform acts
15 that constitute the practice of podiatry to the extent and in the manner
16 authorized by rules promulgated by the ~~Colorado podiatry~~ board. The acts
17 shall be consistent with sound practices of podiatry. ~~Each prescription for~~
18 ~~a controlled substance, as defined in section 18-18-102 (5), issued by a~~
19 ~~physician assistant must have the name of the physician assistant's~~
20 ~~supervising podiatrist printed on the prescription. For all other~~ ALL
21 prescriptions issued by a physician assistant MUST INCLUDE THE
22 PHYSICIAN ASSISTANT'S NAME, the name and address of the health facility,
23 and, if the health facility is a ~~multi-speciality~~ MULTISPECIALTY
24 organization, the name and address of the ~~speciality~~ SPECIALTY clinic
25 within the health facility where the physician assistant is practicing. ~~must~~
26 ~~be imprinted on the prescription. Nothing in this section limits the ability~~
27 ~~of otherwise licensed health personnel to perform delegated acts. The~~

1 dispensing of prescription medication by a physician assistant is subject
2 to section 12-280-120 (6).

3 (2) ~~If the authority to perform an act is delegated pursuant to~~
4 ~~subsection (1) of this section, the act shall not be performed except under~~
5 ~~the personal and responsible direction and supervision of a person~~
6 ~~licensed under the laws of this state to practice podiatry, and the person~~
7 ~~shall not be responsible for the direction and supervision of more than~~
8 ~~four physician assistants at any one time without specific approval of the~~
9 ~~Colorado podiatry board. The board may define appropriate direction and~~
10 ~~supervision pursuant to rules~~ PRIOR TO PRACTICING PODIATRY, A
11 PHYSICIAN ASSISTANT MUST ENTER INTO A COLLABORATIVE AGREEMENT
12 WITH A LICENSED PODIATRIST.

13 (3) The provisions of sections 12-240-107 (6), ~~and~~ 12-240-113,
14 AND 12-240-114.5 governing physician assistants under the "Colorado
15 Medical Practice Act" ~~shall~~ apply to physician assistants under this
16 section.

17 **SECTION 10.** In Colorado Revised Statutes, 13-64-301, **amend**
18 (1) introductory portion as follows:

19 **13-64-301. Financial responsibility.** (1) As a condition of active
20 licensure or authority to practice in this state, every physician, dentist,
21 dental therapist, or dental hygienist; every physician assistant; ~~who has~~
22 ~~been practicing for at least three years;~~ and every health-care institution
23 as defined in section 13-64-202, except as provided in section
24 13-64-303.5, that provides health-care services shall establish financial
25 responsibility, as follows:

26 **SECTION 11.** In Colorado Revised Statutes, 15-18.7-103,
27 **amend** (1) introductory portion and (1)(i) as follows:

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

6 (i) The signature of the adult's physician, advanced practice
7 registered nurse, or if ~~under the supervision or authority of the physician,~~
8 physician assistant.

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

11 **15-18.7-104. Duty to comply with medical orders for scope of**
12 **treatment form - immunity - effect on criminal charges against**
13 **another person - transferability.** (5) An adult's physician, advanced
14 practice registered nurse, or if ~~under the supervision of the physician,~~
15 physician assistant may provide an oral confirmation to a health-care
16 provider who shall annotate on the medical orders for scope of treatment
17 form the time and date of the oral confirmation and the name and license
18 number of the physician, advanced practice registered nurse, or physician
19 assistant. The physician, advanced practice registered nurse, or physician
20 assistant shall countersign the annotation of the oral confirmation on the
21 medical orders for scope of treatment form within a time period that
22 satisfies any applicable state law or within thirty days, whichever period
23 is less, after providing the oral confirmation. The signature of the
24 physician, advanced practice registered nurse, or physician assistant may
25 be provided by photocopy, fax, or electronic means. A medical orders for
26 scope of treatment form with annotated oral confirmation, and a
27 photocopy, fax, or other electronic reproduction ~~thereof~~ OF THE FORM,

1 shall be given the same force and effect as the original form signed by the
2 physician, advanced practice registered nurse, or physician assistant.

3 **SECTION 13.** In Colorado Revised Statutes, 23-21-803, **amend**
4 (6) as follows:

5 **23-21-803. Definitions.** As used in this part 8, unless the context
6 otherwise requires:

7 (6) "Physician assistant" means a person licensed as a physician
8 assistant by the Colorado medical board in accordance with section
9 12-240-113 who is authorized, in accordance with section 12-240-107
10 (6), to perform acts constituting the practice of medicine, including
11 prescribing controlled substances. ~~and who is under the supervision of a~~
12 ~~physician trained in MAT.~~

13 **SECTION 14. Act subject to petition - effective date.** This act
14 takes effect at 12:01 a.m. on the day following the expiration of the
15 ninety-day period after final adjournment of the general assembly; except
16 that, if a referendum petition is filed pursuant to section 1 (3) of article V
17 of the state constitution against this act or an item, section, or part of this
18 act within such period, then the act, item, section, or part will not take
19 effect unless approved by the people at the general election to be held in
20 November 2024 and, in such case, will take effect on the date of the
21 official declaration of the vote thereon by the governor.