

CHAPTER 114

PROFESSIONS AND OCCUPATIONS

SENATE BILL 23-083

BY SENATOR(S) Winter F. and Simpson, Cutter, Exum, Jaquez Lewis, Pelton B., Pelton R., Priola, Will;
also REPRESENTATIVE(S) Winter T. and Michaelson Jenet, Amabile, Bockenfeld, Bradley, Brown, deGruy Kennedy, Dickson,
Duran, English, Epps, Frizzell, Froelich, Hamrick, Jodeh, Lieder, Lindsay, Marshall, McCormick, Parenti, Ricks, Titone, Velasco,
Weissman, McCluskie.

AN ACT

CONCERNING AN EXPANSION OF A PHYSICIAN ASSISTANT'S ABILITY TO PRACTICE, AND, IN CONNECTION THEREWITH, CHANGING THE RELATIONSHIP BETWEEN A PHYSICIAN ASSISTANT AND A PHYSICIAN OR PODIATRIST FROM SUPERVISION TO COLLABORATION.

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

SECTION 1. In Colorado Revised Statutes, 12-240-107, **amend** (6) as follows:

12-240-107. Practice of medicine defined - exemptions from licensing requirements - unauthorized practice by physician assistants and anesthesiologist assistants - penalties - definitions - 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)~~

Capital letters or bold & italic numbers indicate new material added to existing law; dashes through words or numbers indicate deletions from existing law and such material is not part of the act.

A PHYSICIAN ASSISTANT MAY NOT PROVIDE CARE UNLESS THE PHYSICIAN ASSISTANT HAS ENTERED INTO A COLLABORATIVE AGREEMENT WITH A PHYSICIAN LICENSED IN GOOD STANDING PURSUANT TO THIS ARTICLE 240 OR ARTICLE 290 OF THIS TITLE 12 OR A PHYSICIAN GROUP.

~~(b) (f) 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 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 WITHIN THE PHYSICIAN ASSISTANT'S EDUCATION, EXPERIENCE, AND COMPETENCY 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.~~

~~(H) 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 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)(1) 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 PHYSICIAN'S EMPLOYMENT.

(f) 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 MULTISPECIALTY ORGANIZATION, THE NAME AND ADDRESS OF THE SPECIALITY CLINIC WITHIN THE HEALTH FACILITY WHERE THE PHYSICIAN ASSISTANT IS PRACTICING. THE DISPENSING OF PRESCRIPTION MEDICATION BY A PHYSICIAN ASSISTANT IS SUBJECT TO SECTION 12-280-120 (6)(a).

(g) WHILE PERFORMING ACTS INCLUDED IN THE PRACTICE OF MEDICINE, AS DEFINED IN SUBSECTION (1) OF THIS SECTION, A PHYSICIAN ASSISTANT SHALL CLEARLY IDENTIFY ONESELF, BOTH VISUALLY AND VERBALLY, AS A PHYSICIAN ASSISTANT. AN EMPLOYER, PHYSICIAN, OR PHYSICIAN GROUP MUST IDENTIFY TO PATIENTS THAT A PHYSICIAN ASSISTANT PROVIDING CARE IS A PHYSICIAN ASSISTANT.

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

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

(j) A PHYSICIAN ASSISTANT IS LIABLE FOR THE CARE PROVIDED BY THE PHYSICIAN ASSISTANT.

(k) 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.

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

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

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

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

(I) CONSULTATION BETWEEN THE PHYSICIAN ASSISTANT AND A PHYSICIAN OR PHYSICIAN GROUP; OR

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

(b) "COLLABORATIVE AGREEMENT" MEANS A WRITTEN AGREEMENT THAT DESCRIBES THE MANNER IN WHICH A PHYSICIAN ASSISTANT COLLABORATES WITH A PHYSICIAN OR A PHYSICIAN GROUP.

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

~~(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.~~

~~(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 A PHYSICIAN OR A PHYSICIAN GROUP. 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 OF PRACTICE;

~~(b) (II) After the physician assistant completes one hundred sixty working hours, a supervising physician must remain available to the physician assistant via a telecommunication device at all times when the physician assistant is working.~~ THE SIGNATURE OF THE PHYSICIAN ASSISTANT AND THE PHYSICIAN OR PHYSICIAN GROUP WITH WHOM THE PHYSICIAN ASSISTANT HAS ENTERED INTO THE COLLABORATIVE AGREEMENT;

~~(c) (III) Not more than thirty days after the physician assistant completes one hundred sixty working hours, the primary supervising physician shall complete an initial performance assessment and a supervisory plan for the physician assistant.~~ A DESCRIPTION OF THE PHYSICIAN ASSISTANT'S PROCESS FOR COLLABORATION, THE DEGREE OF WHICH MUST BE BASED ON THE PHYSICIAN ASSISTANT'S PRIMARY LOCATION AND AREA OF PRACTICE AND MAY INCLUDE:

(A) DECISIONS MADE BY THE PHYSICIAN OR PHYSICIAN GROUP WITH WHOM THE PHYSICIAN ASSISTANT HAS ENTERED INTO A COLLABORATIVE AGREEMENT; AND

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

(IV) 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

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

(b) (I) EXCEPT AS PROVIDED IN SUBSECTION (2)(b)(IV) OF THIS SECTION, FOR A PHYSICIAN ASSISTANT WITH FEWER THAN FIVE THOUSAND PRACTICE HOURS, OR A PHYSICIAN ASSISTANT CHANGING PRACTICE AREAS WITH FEWER THAN THREE THOUSAND PRACTICE HOURS IN THE NEW PRACTICE AREA, THE COLLABORATIVE AGREEMENT IS A SUPERVISORY AGREEMENT THAT MUST INCLUDE THE PROVISIONS DESCRIBED IN SUBSECTIONS (2)(a)(III)(A), (2)(a)(III)(B), (2)(a)(IV), AND (2)(a)(V) OF THIS SECTION AND MUST ALSO:

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

(B) INCORPORATE ELEMENTS DEFINING THE EXPECTED NATURE OF COLLABORATION, INCLUDING: THE PHYSICIAN ASSISTANT'S EXPECTED AREA OF PRACTICE; EXPECTATIONS REGARDING SUPPORT AND CONSULTATION FROM THE PHYSICIAN OR PHYSICIAN GROUP WITH WHOM THE PHYSICIAN ASSISTANT HAS

ENTERED INTO A COLLABORATIVE AGREEMENT; METHODS AND MODES OF COMMUNICATION AND COLLABORATION; AND ANY OTHER PERTINENT ELEMENTS OF COLLABORATIVE, TEAM-BASED PRACTICE APPLICABLE TO THE PHYSICIAN ASSISTANT'S PRACTICE OR ESTABLISHED BY THE EMPLOYER; AND

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

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

(III) EXCEPT AS PROVIDED IN SUBSECTION (2)(b)(IV) OF THIS SECTION, AFTER A PHYSICIAN ASSISTANT HAS COMPLETED THE NUMBER OF PRACTICE HOURS REQUIRED PURSUANT TO THIS SUBSECTION (2), THE ADDITIONAL COLLABORATIVE AGREEMENT REQUIREMENTS DESCRIBED IN THIS SUBSECTION (2)(b) NO LONGER APPLY.

(IV) NOTWITHSTANDING THE PROVISIONS OF THIS SUBSECTION (2):

(A) FOR A PHYSICIAN ASSISTANT ENTERING INTO A COLLABORATIVE AGREEMENT WITH A PHYSICIAN OR PHYSICIAN GROUP IN THE EMERGENCY DEPARTMENT OF A HOSPITAL WITH A LEVEL I OR LEVEL II TRAUMA CENTER, THE COLLABORATIVE AGREEMENT REMAINS A SUPERVISORY AGREEMENT AND CONTINUES INDEFINITELY.

(B) FOR A PHYSICIAN ASSISTANT CHANGING PRACTICE AREAS TO PRACTICE IN AN EMERGENCY DEPARTMENT OF A HOSPITAL THAT IS NOT A LEVEL I OR LEVEL II TRAUMA CENTER, THE SUPERVISING PHYSICIAN OR PHYSICIAN GROUP MAY INCREASE THE NUMBER OF HOURS FOR WHICH THE COLLABORATIVE AGREEMENT IS A SUPERVISORY AGREEMENT PURSUANT TO THIS SUBSECTION (2)(b).

~~(3) (a) The supervision of a physician assistant licensed pursuant to this article 240 who has practiced in this state for three years or more is determined by a practice agreement that shall be created by the physician assistant and his or her primary supervising physician not later than thirty days after the physician assistant begins practicing under the supervision of the primary supervising physician. A practice agreement must include~~ A PHYSICIAN ASSISTANT MAY PROVIDE THE BOARD WITH A SIGNED AFFIDAVIT OUTLINING PRACTICE EXPERIENCE FOR THE PURPOSES OF MEETING THE REQUIREMENTS DESCRIBED IN SUBSECTION (2)(b) OF THIS 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 STATE PURSUANT TO SECTION 12-240-113; OR

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

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

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

~~(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.~~

~~(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 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:~~

~~(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.~~

~~(c) A physician assistant's supervising 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 as described in subsection (5)(a) of this section.~~

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

12-240-119. Reentry license - period of inactivity - international medical graduate - competency assessment - board rules - conversion to full license.

(2) (c) If, based on the assessment and, IF PRESCRIBED, after completion of an educational program, ~~if prescribed~~, the board determines that the applicant is competent and qualified to practice medicine without supervision, ~~or practice as a physician assistant~~, or PRACTICE as an anesthesiologist assistant with supervision, as specified in this article 240, the board may convert the reentry license to a full license to practice medicine, practice as a physician assistant, or practice as an anesthesiologist assistant, as applicable, under this article 240.

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

12-240-122. Prescriptions - requirement to advise patients. (1) A physician OR PHYSICIAN ASSISTANT licensed under this article 240 ~~or a physician assistant licensed by the board who has been delegated the authority to prescribe medication~~, may advise the physician's or the physician assistant's patients of their option to have the symptom or purpose for which a prescription is being issued included on the prescription order.

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

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

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

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

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

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

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

(39) "Practice of pharmacy" means:

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

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

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

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

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

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

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

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

12-290-110. Podiatry training license. (5) A person with a podiatric training license shall ~~only~~ practice podiatry ~~ONLY~~ under the supervision of a licensed podiatrist or a physician licensed to practice medicine within the residency program. A person with a podiatry training license shall not delegate podiatric or medical services to a person who is not licensed to practice podiatry or medicine and shall not have the authority to ~~supervise~~ COLLABORATE WITH physician assistants.

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

12-290-117. Use of physician assistants - collaboration requirements - affidavits of practice experience - rules - definitions. (1) ~~A person licensed under the laws of this state to practice podiatry may delegate to a physician assistant licensed by the Colorado medical board pursuant to section 12-240-113 the authority to~~ A PHYSICIAN ASSISTANT 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).

(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, AND 12-240-114.5 governing physician assistants under the "Colorado Medical Practice Act" ~~shall~~ apply to physician assistants under this section.

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

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

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

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

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

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

15-18.7-104. Duty to comply with medical orders for scope of treatment form - immunity - effect on criminal charges against another person - transferability. (5) ~~An adult's physician, advanced practice registered nurse, or if under the supervision of the physician,~~ 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 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.

Approved: April 26, 2023