

Second Regular Session
Seventy-third General Assembly
STATE OF COLORADO

INTRODUCED

LLS NO. 22-0110.01 Yelana Love x2295

HOUSE BILL 22-1095

HOUSE SPONSORSHIP

Lontine and Will,

SENATE SPONSORSHIP

Winter,

House Committees
Health & Insurance

Senate 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 FOR PHYSICIAN ASSISTANTS WITH LESS
106 EXPERIENCE OR WHO ARE WORKING IN A NEW SPECIALTY,
107 ESTABLISHING THE COLLABORATION REQUIREMENTS, AND
108 REQUIRING PHYSICIAN ASSISTANTS WITH MORE EXPERIENCE TO
109 CONSULT WITH THE PHYSICIAN ASSISTANT'S HEALTH-CARE
110 TEAM.

Bill Summary

(Note: This summary applies to this bill as introduced and does

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

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

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

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 -**
7 **rules - repeal.** (6) (a) ~~A person licensed under the laws of this state to~~
8 ~~practice medicine may delegate to a~~ physician assistant licensed by the
9 board pursuant to section 12-240-113 ~~the authority to~~ MAY perform acts
10 that constitute the practice of medicine and acts that physicians are
11 authorized by law to perform to the extent and in the manner authorized

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

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

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

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

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

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

27 (B) The licensed supervising physician reviews the quality of

1 ~~medical services rendered by the physician assistant by reviewing the~~
2 ~~medical records to assure compliance with the physicians' directions; and~~

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

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

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

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

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

18 **12-240-114.5. Physician assistants - supervisory requirements**
19 **- liability - definitions.** (1) As used in this section, unless the context
20 otherwise requires:

21 (a) ~~"Performance evaluation" means a document that includes~~
22 ~~domains of competency relevant to the practice of a physician assistant,~~
23 ~~uses more than one modality of assessment to evaluate the domains, and~~
24 ~~includes consideration of the physician assistant's education, training,~~
25 ~~experience, competency, and knowledge of the specialty in which the~~
26 ~~physician assistant is engaged~~ "COLLABORATING PHYSICIAN" MEANS A
27 PHYSICIAN LICENSED PURSUANT TO THIS ARTICLE 240 WHO ENTERS INTO

1 A COLLABORATIVE PLAN WITH A PHYSICIAN ASSISTANT.

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

6 "COLLABORATION" MEANS THE INTERACTION AND RELATIONSHIP THAT A
7 PHYSICIAN ASSISTANT HAS WITH AT LEAST ONE COLLABORATING
8 PHYSICIAN IN WHICH:

9 (I) THE PHYSICIAN ASSISTANT AND THE COLLABORATING
10 PHYSICIAN ARE COGNIZANT OF THE PHYSICIAN ASSISTANT'S
11 QUALIFICATIONS AND LIMITATIONS IN CARING FOR PATIENTS;

12 (II) THE PHYSICIAN ASSISTANT CONSULTS WITH THE
13 COLLABORATING PHYSICIAN REGARDING PATIENT CARE AS APPROPRIATE;
14 AND

15 (III) THE COLLABORATING PHYSICIAN GIVES DIRECTION AND
16 GUIDANCE TO THE PHYSICIAN ASSISTANT AS APPROPRIATE.

17 (c) ~~"Supervisory "COLLABORATIVE plan" means a WRITTEN~~
18 ~~document that allows a supervising physician to follow the ongoing~~
19 ~~professional development of a physician assistant's clinical practice,~~
20 ~~promotes a collaborative relationship between a physician assistant and~~
21 ~~his or her supervising physicians, and allows a supervising physician to~~
22 ~~address any deficiencies that have been identified in the physician~~
23 ~~assistant's clinical competencies. during the initial performance period IS~~
24 SIGNED BY A PHYSICIAN ASSISTANT AND A COLLABORATING PHYSICIAN
25 AND THAT IS A PLAN FOR HOW THE PHYSICIAN ASSISTANT AND THE
26 COLLABORATING PHYSICIAN WILL SATISFY THE COLLABORATION
27 REQUIREMENTS OF SUBSECTION (2) OF THIS SECTION.

1 (d) "NEW SPECIALTY" MEANS A NEW PRACTICE AREA THAT IS A
2 SUBSTANTIVE CHANGE FROM A PHYSICIAN ASSISTANT'S PREVIOUS SCOPE
3 OF PRACTICE OR PRACTICE AREA.

4 (e) "PERFORMANCE EVALUATION" MEANS A DOCUMENT USED AND
5 COMPLETED BY A PHYSICIAN ASSISTANT AND A COLLABORATING
6 PHYSICIAN TO EVALUATE THE PHYSICIAN ASSISTANT'S PRACTICE, WHICH
7 DOCUMENT IS KEPT ON FILE AT THE PHYSICIAN ASSISTANT'S PRACTICE
8 LOCATION AND PROVIDED TO THE BOARD UPON REQUEST.

9 (2) A physician assistant licensed pursuant to this article 240 who
10 has practiced for ~~less than three years is subject to the following~~
11 ~~supervisory requirements~~ FEWER THAN THREE THOUSAND HOURS SHALL
12 ENTER INTO A COLLABORATIVE PLAN WITH A COLLABORATING PHYSICIAN.
13 THE COLLABORATIVE PLAN MUST:

14 (a) ~~The physician assistant's first one hundred sixty working hours~~
15 ~~shall be supervised by a supervising physician who works at the same~~
16 ~~location as the physician assistant. The physician assistant's primary~~
17 ~~supervising physician shall provide at least forty hours of supervision, and~~
18 ~~the remaining hours may be provided by a secondary supervising~~
19 ~~physician who is designated by the primary supervising physician. BE~~
20 DEVELOPED AT THE PRACTICE LEVEL;

21 (b) ~~After the physician assistant completes one hundred sixty~~
22 ~~working hours, a supervising physician must remain available to the~~
23 ~~physician assistant via a telecommunication device at all times when the~~
24 ~~physician assistant is working. DESCRIBE HOW COLLABORATION WILL~~
25 OCCUR BETWEEN THE PHYSICIAN ASSISTANT AND THE COLLABORATING
26 PHYSICIAN;

27 (c) ~~Not more than thirty days after the physician assistant~~

1 ~~completes one hundred sixty working hours, the primary supervising~~
2 ~~physician shall complete an initial performance assessment and a~~
3 ~~supervisory plan for the physician assistant. DESCRIBE METHODS FOR~~
4 ~~EVALUATING THE PHYSICIAN ASSISTANT'S COMPETENCY, KNOWLEDGE,~~
5 ~~AND SKILLS, INCLUDING THE METHOD AND FREQUENCY OF PERFORMANCE~~
6 ~~EVALUATIONS; AND~~

7 (d) BE MADE AVAILABLE AT THE PHYSICIAN ASSISTANT'S PRACTICE
8 SITE.

9 (3) (a) ~~The supervision of A physician assistant licensed pursuant~~
10 ~~to this article 240 who has practiced in this state for three years or more~~
11 ~~is determined by a practice agreement that shall be created by the~~
12 ~~physician assistant and his or her primary supervising physician not later~~
13 ~~than thirty days after the physician assistant begins practicing under the~~
14 ~~supervision of the primary supervising physician. A practice agreement~~
15 ~~must include:~~ AT LEAST THREE THOUSAND HOURS SHALL CONSULT WITH
16 AND REFER TO APPROPRIATE MEMBERS OF THE PHYSICIAN ASSISTANT'S
17 HEALTH-CARE TEAM BASED ON A PATIENT'S CONDITION; THE PHYSICIAN
18 ASSISTANT'S EDUCATION, EXPERIENCE, AND COMPETENCIES; AND THE
19 STANDARD OF CARE.

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

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

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

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

10 ~~(b) In addition to the components described in subsection (3)(a)~~
11 ~~of this section, a practice agreement may impose conditions concerning~~
12 ~~specific duties, procedures, or drugs~~ THE REQUIREMENTS FOR
13 CONSULTATION AND REFERRAL UNDER SUBSECTION (3)(a) OF THIS SECTION
14 SHALL BE DETERMINED AT THE PRACTICE LEVEL AND MAY INCLUDE
15 DECISIONS MADE BY THE EMPLOYER, GROUP, HOSPITAL, OR FACILITY AND
16 RELEVANT CREDENTIALING AND PRIVILEGING REQUIREMENTS. A
17 COLLABORATIVE PLAN IS NOT REQUIRED UNDER THIS SUBSECTION (3);
18 HOWEVER, AN EMPLOYER MAY REQUIRE FURTHER COLLABORATION.

19 ~~(c) If the terms or conditions of a practice agreement change, both~~
20 ~~the physician assistant and the supervising physician shall sign and date~~
21 ~~the updated practice agreement.~~

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

1 (I) WITH A COLLABORATING PHYSICIAN WHO PRACTICES IN THE
2 NEW SPECIALTY; AND

3 (II) THAT IS DEVELOPED IN ACCORDANCE WITH AND MEETS THE
4 REQUIREMENTS OF SUBSECTION (2) OF THIS SECTION.

5 ~~(a) The physician assistant's first eighty working hours shall be~~
6 ~~supervised by a supervising physician who works at the same location as~~
7 ~~the physician assistant. The physician assistant's primary supervising~~
8 ~~physician shall provide at least twenty hours of supervision, and the~~
9 ~~remaining hours may be provided by a secondary supervising physician~~
10 ~~who is designated by the primary supervising physician.~~

11 (b) ~~After the physician assistant completes eighty working hours,~~
12 ~~a supervising physician shall remain available to the physician assistant~~
13 ~~via a telecommunication device at all times when the physician assistant~~
14 ~~is working~~ AFTER THE PHYSICIAN ASSISTANT HAS COMPLETED TWO
15 THOUSAND HOURS OF PRACTICE IN A NEW SPECIALITY AND A TOTAL OF
16 THREE THOUSAND PRACTICE HOURS, THE PHYSICIAN ASSISTANT IS NO
17 LONGER REQUIRED BY THIS SUBSECTION (4) TO MAINTAIN A
18 COLLABORATIVE PLAN WITH A COLLABORATING PHYSICIAN AND SHALL
19 PRACTICE IN ACCORDANCE WITH SUBSECTION (3) OF THIS SECTION.

20 (c) ~~After the physician assistant has worked for six months, and~~
21 ~~again after the physician assistant has worked for twelve months, the~~
22 ~~primary supervising physician shall complete a performance assessment~~
23 ~~and discuss the performance assessment with the physician assistant~~
24 AFTER THE COMPLETION OF TWO THOUSAND HOURS IN A NEW SPECIALITY,
25 IF THE PHYSICIAN ASSISTANT HAS NOT COMPLETED A TOTAL OF THREE
26 THOUSAND PRACTICE HOURS, THE PHYSICIAN ASSISTANT SHALL CONTINUE
27 TO PRACTICE PURSUANT TO A COLLABORATIVE PLAN IN ACCORDANCE WITH

1 SUBSECTION (4)(a) OF THIS SECTION UNTIL THE PHYSICIAN ASSISTANT HAS
2 PRACTICED FOR THREE THOUSAND HOURS.

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

9 (b) A physician assistant who, ~~has been practicing for at least~~
10 ~~three years~~ AS OF THE EFFECTIVE DATE OF THIS SUBSECTION (5)(b), AS
11 AMENDED, HAS PRACTICED AS A PHYSICIAN ASSISTANT FOR THREE
12 THOUSAND HOURS OR MORE OR WHO, ON OR AFTER THE EFFECTIVE DATE
13 OF THIS SUBSECTION (5)(b), AS AMENDED, REACHES THREE THOUSAND
14 HOURS OF PRACTICE AS A PHYSICIAN ASSISTANT shall comply with the
15 financial responsibility requirements specified in section 13-64-301 (1)
16 and rules adopted by the board pursuant to that section.

17 (c) A physician assistant's ~~supervising~~ COLLABORATING physician
18 may be ~~liable~~ RESPONSIBLE for damages resulting from the physician
19 assistant's negligence in providing care to a patient if the physician
20 assistant has not practiced for at least ~~three years~~ THREE THOUSAND
21 HOURS as described in subsection (5)(a) of this section.

22 (6) 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 SUBSECTIONS (2), (3), AND
25 (4) OF THIS SECTION, AS APPLICABLE, IF THE PHYSICIAN ASSISTANT:

26 (a) HELD AN UNENCUMBERED LICENSE IN ANOTHER STATE OR
27 TERRITORY OF THE UNITED STATES' JURISDICTION BEFORE BECOMING

1 LICENSED IN THIS STATE PURSUANT TO SECTION 12-240-113; OR

2 (b) WAS INITIALLY LICENSED IN THIS STATE PRIOR TO THE
3 EFFECTIVE DATE OF THIS SUBSECTION (6).

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

6 **12-240-119. Reentry license.** (2) (c) If, based on the assessment
7 and, IF PRESCRIBED, after completion of an educational program, if
8 ~~prescribed~~, the board determines that the applicant is competent and
9 qualified to practice medicine without supervision, ~~or~~ practice as a
10 physician assistant, or PRACTICE as an anesthesiologist assistant with
11 supervision, as specified in this article 240, the board may convert the
12 reentry license to a full license to practice medicine, practice as a
13 physician assistant, or practice as an anesthesiologist assistant, as
14 applicable, under this article 240.

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

17 **12-240-122. Prescriptions - requirement to advise patients.**
18 (1) A physician OR PHYSICIAN ASSISTANT licensed under this article 240
19 ~~or a physician assistant licensed by the board who has been delegated the~~
20 ~~authority to prescribe medication~~, may advise the physician's or the
21 physician assistant's patients of their option to have the symptom or
22 purpose for which a prescription is being issued included on the
23 prescription order.

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

26 **12-240-128. Physician training licenses.** (7) A physician
27 training licensee may practice medicine as defined by this article 240 with

1 the following restrictions:

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

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

5 OR

6 (II) ~~and shall not have the authority to supervise~~ ENTER INTO A
7 COLLABORATIVE PLAN WITH physician assistants as ~~provided by section~~
8 ~~12-240-107 (6)~~ DESCRIBED IN SECTIONS 12-240-107 (6) AND
9 12-240-114.5.

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

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

15 (39) "Practice of pharmacy" means:

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

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

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

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

26 **12-280-502. Therapeutic interchange and therapeutically**
27 **equivalent selections for nursing care facility or long-term acute care**

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

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

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

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

11 **12-290-117. Use of physician assistants - collaboration**
12 **requirements - affidavits of practice experience - rules - definitions.**

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

1 ~~personnel to perform delegated acts.~~ The dispensing of prescription
2 medication by a physician assistant is subject 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 WHO HAS COMPLETED FEWER THAN THREE
12 THOUSAND HOURS OF POST-GRADUATE CLINICAL PRACTICE EXPERIENCE
13 MUST ENTER INTO A COLLABORATIVE PLAN WITH A LICENSED PODIATRIST.

14 (3) ~~The provisions of sections 12-240-107 (6) and 12-240-113~~
15 ~~governing physician assistants under the "Colorado Medical Practice Act"~~
16 ~~shall apply to physician assistants under this section~~ A PERSON LICENSED
17 TO PRACTICE PODIATRY UNDER THIS ARTICLE 290 MAY ENTER INTO A
18 COLLABORATIVE PLAN WITH UP TO EIGHT PHYSICIAN ASSISTANTS AT ANY
19 ONE TIME. AN EMPLOYER SHALL NOT REQUIRE A PERSON LICENSED UNDER
20 THE LAWS OF THIS STATE TO PRACTICE PODIATRY TO ENTER INTO MORE
21 THAN FOUR COLLABORATIVE PLANS AT ANY ONE TIME AS A CONDITION OF
22 THE PERSON'S EMPLOYMENT.

23 (4) PRIOR TO PRACTICING PODIATRY, A PHYSICIAN ASSISTANT WHO
24 HAS PRACTICED FOR FEWER THAN THREE THOUSAND HOURS SHALL ENTER
25 INTO A COLLABORATIVE PLAN WITH A COLLABORATING PODIATRIST. THE
26 COLLABORATIVE PLAN MUST:

27 (a) BE DEVELOPED AT THE PRACTICE LEVEL;

1 (b) DESCRIBE HOW COLLABORATION WILL OCCUR BETWEEN THE
2 PHYSICIAN ASSISTANT AND THE COLLABORATING PODIATRIST;

3 (c) DESCRIBE METHODS FOR EVALUATING THE PHYSICIAN
4 ASSISTANT'S COMPETENCY, KNOWLEDGE, AND SKILLS, INCLUDING THE
5 METHOD AND FREQUENCY OF PERFORMANCE EVALUATIONS; AND

6 (d) BE MADE AVAILABLE AT THE PHYSICIAN ASSISTANT'S PRACTICE
7 SITE.

8 (5)(a) A PHYSICIAN ASSISTANT WHO HAS PRACTICED IN THIS STATE
9 FOR AT LEAST THREE THOUSAND HOURS SHALL CONSULT WITH AND REFER
10 TO APPROPRIATE MEMBERS OF THE PHYSICIAN ASSISTANT'S HEALTH-CARE
11 TEAM BASED ON A PATIENT'S CONDITION; THE PHYSICIAN ASSISTANT'S
12 EDUCATION, EXPERIENCE, AND COMPETENCIES; AND THE STANDARD OF
13 CARE.

14 (b) THE REQUIREMENTS FOR CONSULTATION AND REFERRAL UNDER
15 SUBSECTION (5)(a) OF THIS SECTION SHALL BE DETERMINED AT THE
16 PRACTICE LEVEL AND MAY INCLUDE DECISIONS MADE BY THE EMPLOYER,
17 GROUP, HOSPITAL, OR FACILITY AND RELEVANT CREDENTIALING AND
18 PRIVILEGING REQUIREMENTS. A COLLABORATIVE PLAN IS NOT REQUIRED
19 UNDER THIS SUBSECTION (5); HOWEVER, AN EMPLOYER MAY REQUIRE
20 FURTHER COLLABORATION.

21 (6) A PHYSICIAN ASSISTANT MAY PROVIDE THE BOARD WITH A
22 SIGNED AFFIDAVIT OUTLINING PRACTICE EXPERIENCE FOR THE PURPOSES
23 OF MEETING THE REQUIREMENTS DESCRIBED IN SUBSECTIONS (4) AND (5)
24 OF THIS SECTION, AS APPLICABLE, IF THE PHYSICIAN ASSISTANT:

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

1 (b) WAS INITIALLY LICENSED IN THIS STATE PRIOR TO THE
2 EFFECTIVE DATE OF THIS SUBSECTION (6).

3 (7) AS USED IN THIS SECTION:

4 (a) "COLLABORATING PODIATRIST" MEANS A PODIATRIST LICENSED
5 PURSUANT TO THIS ARTICLE 290 WHO ENTERS INTO A COLLABORATIVE
6 PLAN WITH A PHYSICIAN ASSISTANT.

7 (b) "COLLABORATION" MEANS THE INTERACTION AND
8 RELATIONSHIP THAT A PHYSICIAN ASSISTANT HAS WITH AT LEAST ONE
9 COLLABORATING PODIATRIST IN WHICH:

10 (I) THE PHYSICIAN ASSISTANT AND THE COLLABORATING
11 PODIATRIST ARE COGNIZANT OF THE PHYSICIAN ASSISTANT'S
12 QUALIFICATIONS AND LIMITATIONS IN CARING FOR PATIENTS;

13 (II) THE PHYSICIAN ASSISTANT CONSULTS WITH THE
14 COLLABORATING PODIATRIST REGARDING PATIENT CARE AS APPROPRIATE;
15 AND

16 (III) THE COLLABORATING PODIATRIST GIVES DIRECTION AND
17 GUIDANCE TO THE PHYSICIAN ASSISTANT AS APPROPRIATE.

18 (c) "COLLABORATIVE PLAN" MEANS A WRITTEN DOCUMENT THAT
19 IS SIGNED BY A PHYSICIAN ASSISTANT AND A COLLABORATING PODIATRIST
20 AND THAT SPECIFIES HOW THE PHYSICIAN ASSISTANT AND THE
21 COLLABORATING PODIATRIST WILL SATISFY THE COLLABORATION
22 REQUIREMENTS OF SUBSECTION (4) OF THIS SECTION.

23 (d) "PERFORMANCE EVALUATION" MEANS A DOCUMENT USED AND
24 COMPLETED BY A PHYSICIAN ASSISTANT AND A COLLABORATING
25 PODIATRIST TO EVALUATE THE PHYSICIAN ASSISTANT'S PRACTICE, WHICH
26 DOCUMENT IS KEPT ON FILE AT THE PHYSICIAN ASSISTANT'S PRACTICE
27 LOCATION AND PROVIDED TO THE BOARD UPON REQUEST.

1 (e) "PHYSICIAN ASSISTANT" MEANS A PHYSICIAN ASSISTANT
2 LICENSED BY THE COLORADO MEDICAL BOARD PURSUANT TO SECTION
3 12-240-113.

4 **SECTION 9.** In Colorado Revised Statutes, 12-290-110, **amend**
5 (5) as follows:

6 **12-290-110. Podiatry training license.** (5) A person with a
7 podiatric training license shall ~~only~~ practice podiatry ONLY under the
8 supervision of a licensed podiatrist or a physician licensed to practice
9 medicine within the residency program. A person with a podiatry training
10 license shall not delegate podiatric or medical services to a person who
11 is not licensed to practice podiatry or medicine and shall not have the
12 authority to ~~supervise~~ COLLABORATE WITH physician assistants.

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

15 **13-64-301. Financial responsibility.** (1) As a condition of active
16 licensure or authority to practice in this state, every physician, dentist, or
17 dental hygienist; every physician assistant who, ~~has been practicing for~~
18 ~~at least three years~~ AS OF THE EFFECTIVE DATE OF THE INTRODUCTORY
19 PORTION OF THIS SUBSECTION (1), AS AMENDED, HAS PRACTICED AS A
20 PHYSICIAN ASSISTANT FOR THREE THOUSAND HOURS OR MORE OR WHO, ON
21 OR AFTER THE EFFECTIVE DATE OF THE INTRODUCTORY PORTION OF THIS
22 SUBSECTION (1), AS AMENDED, REACHES THREE THOUSAND HOURS OF
23 PRACTICE AS A PHYSICIAN ASSISTANT; and every health-care institution as
24 defined in section 13-64-202, except as provided in section 13-64-303.5,
25 that provides health-care services shall establish financial responsibility
26 as follows:

27 **SECTION 11.** In Colorado Revised Statutes, 15-18.7-103,

1 **amend** (1) introductory portion and (1)(i) as follows:

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

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

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

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

1 confirmation, and a photocopy, fax, or other electronic reproduction
2 ~~thereof~~ OF THE FORM, shall be given the same force and effect as the
3 original form signed by the physician, advanced practice REGISTERED
4 nurse, or physician assistant.

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

7 **23-21-803. Definitions.** As used in this part 8, unless the context
8 otherwise requires:

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

15 **SECTION 14. Act subject to petition - effective date.** This act
16 takes effect at 12:01 a.m. on the day following the expiration of the
17 ninety-day period after final adjournment of the general assembly; except
18 that, if a referendum petition is filed pursuant to section 1 (3) of article V
19 of the state constitution against this act or an item, section, or part of this
20 act within such period, then the act, item, section, or part will not take
21 effect unless approved by the people at the general election to be held in
22 November 2022 and, in such case, will take effect on the date of the
23 official declaration of the vote thereon by the governor.