

**FINAL PROPOSAL
NPATCH**

1 **12-30-104. [Formerly 24-34-109] Nurse-physician advisory task force for**
2 **Colorado health care - creation - duties - definition - repeal.** (1) There is hereby
3 created, within the division, ~~of professions and occupations in the department of~~
4 ~~regulatory agencies,~~ the nurse-physician advisory task force for Colorado health care,
5 referred to in this section as "NPATCH". The purpose of the NPATCH is to promote
6 public safety and improve health care in Colorado by supporting collaboration and
7 communication between the practices of nursing and medicine. The NPATCH shall:

8 (a) Promote patient safety and quality care;

9 (b) Address issues of mutual concern at the interface of the practices of nursing
10 and medicine;

11 (c) Inform public policy-making; and

12 (d) Make consensus recommendations to policy-making and rule-making entities,
13 including:

14 (I) Recommendations to the state board of nursing created in section ~~12-38-104,~~
15 ~~C.R.S., 12-255-1~~ and the Colorado medical board created in section ~~12-36-103,~~
16 ~~C.R.S., 12-240-1~~ regarding the transition to the articulated plan model and
17 harmonizing language for articulated plans; and

18 (II) Recommendations to the executive director. ~~of the department of regulatory~~
19 ~~agencies.~~

20 (2) (a) The NPATCH ~~shall consist~~ CONSISTS of twelve members appointed as
21 follows:

22 (I) One member of the state board of nursing, appointed by the president of the
23 board;

24 (II) One member of the Colorado medical board, appointed by the president of
25 the board;

26 (III) Ten members appointed by the governor as follows:

27 (A) Three members recommended by and representing a statewide professional
28 nursing organization;

29 (B) Three members recommended by and representing a statewide physicians'
30 organization;

31 (C) One member representing the nursing community who may or may not be a
32 member of a statewide professional nursing organization;

33 (D) One member representing the physician community who may or may not be a
34 member of a statewide physicians' organization; and

35 (E) Two members representing consumers.

36 (b) The members of the NPATCH shall serve on a voluntary basis without
37 compensation and shall serve three-year terms; except that, in order to ensure staggered

1 terms of office, four of the initial appointees shall serve initial one-year terms and four of
2 the initial appointees shall serve initial two-year terms.

3 (3) (a) Except as provided in ~~paragraph (b) of this subsection (3)~~ SUBSECTION
4 (3)(b) OF THIS SECTION, the NPATCH may develop its own bylaws and procedures to
5 govern its operations.

6 (b) A recommendation of the NPATCH requires the consensus of the members of
7 the task force. For purposes of this section, "consensus" means an agreement, decision,
8 or recommendation that all members of the task force can actively support and that no
9 member actively opposes.

10 (4) The division of ~~professions and occupations~~ shall staff the NPATCH. The
11 division's costs for administering and staffing the NPATCH shall be funded by an
12 increase in fees for professional and advanced practice nursing and medical license
13 renewal fees, as authorized in sections ~~12-38-108 (1)(b)(I) and 12-36-123, C.R.S.~~
14 ~~12-240-1~~ AND ~~12-255-1~~, with fifty percent of the funding derived from the
15 physician license renewal fees and fifty percent derived from the professional and
16 advanced practice nursing fees.

17 (5) The NPATCH shall prioritize consideration of and make recommendations on
18 the following topics:

19 (a) Facilitating a smooth transition to the articulated plan model, as described in
20 sections ~~12-38-111.6 (4.5) and 12-36-106.4, C.R.S.~~ ~~12-240-1~~ AND ~~12-255-1~~ ;

21 (b) The framework for articulated plans, including creation of sample plans;

22 (c) Quality assurance mechanisms for all medication prescribers;

23 (d) Evidence-based guidelines;

24 (e) Decision support tools;

25 (f) Safe prescribing metrics for all medication prescribers;

26 (g) Methods to foster effective communication between health professions;

27 (h) Health care delivery system integration and related improvements;

28 (i) Physician standards, process, and metrics to ensure appropriate consultation,
29 collaboration, and referral regarding advanced practice nurse prescriptive authority; and

30 (j) Prescribing issues regarding providers other than physicians and advanced
31 practice nurses.

32 (6) The NPATCH shall make recommendations pursuant to this section to the
33 executive director. ~~of the department of regulatory agencies.~~

34 (7) This section is repealed, effective September 1, 2020. ~~Prior to the~~ BEFORE ITS
35 repeal, ~~the department of regulatory agencies shall review~~ the functions of the NPATCH
36 ~~as provided in~~ ARE SCHEDULED FOR REVIEW IN ACCORDANCE WITH section 2-3-1203.

37 C.R.S.