

SB239\_L.001

## SENATE COMMITTEE OF REFERENCE REPORT

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 Chairman of Committee

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 Date
Committee on Health and Human Services.

After consideration on the merits, the Committee recommends the following:

SB09-239 be amended as follows:

- 1 Amend printed bill, page 18, line 20, strike "(3) (c), and (4) (d)," and
- 2 substitute "and (3) (c), the introductory portion to 12-38-111.6 (4), and
- 3 12-38-111.6 (6),";
- 4 line 21, strike "amended" and substitute "amended, and the said
- 5 12-38-111.6 (4) is further amended BY THE ADDITION OF A NEW
- 6 PARAGRAPH,";
- 7 line 23, strike "rules." and substitute "rules - repeal.";
- 8 Page 19, strike lines 9 through 27.
- 9 Strike pages 20 through 22.
- 10 Page 23, strike lines 1 through 10 and substitute the following:
  - 11 "(4) An advanced practice nurse applying for prescriptive
  - 12 authority BEFORE JULY 1, 2010, shall provide evidence to the board of the
  - 13 following:
  - 14 (e) THIS SUBSECTION (4) IS REPEALED, EFFECTIVE JULY 1, 2010.
  - 15 (6) (a) Advanced practice nurses from other states applying for
  - 16 prescriptive authority BEFORE JULY 1, 2010, shall comply with all
  - 17 requirements set forth in this section or any rule adopted by the board
  - 18 pursuant to this section.



1 (b) THIS SUBSECTION (6) IS REPEALED, EFFECTIVE JULY 1, 2010.

2 **SECTION 21.** 12-38-111.6, Colorado Revised Statutes, is  
3 amended BY THE ADDITION OF A NEW SUBSECTION to read:

4 **12-38-111.6. Prescriptive authority - advance practice nurses.**  
5 (4.5) (a) ON OR AFTER JULY 1, 2010, OR, IF THE DIRECTOR OF THE  
6 DIVISION OF REGISTRATIONS ADOPTS RULES PURSUANT TO SUBPARAGRAPH  
7 (II) OF PARAGRAPH (f) OF THIS SUBSECTION (4.5), ON OR AFTER JULY 2,  
8 2010, AN ADVANCED PRACTICE NURSE APPLYING FOR PRESCRIPTIVE  
9 AUTHORITY SHALL PROVIDE EVIDENCE TO THE BOARD OF THE FOLLOWING:

10 (I) A GRADUATE DEGREE IN A NURSING SPECIALTY;

11 (II) SATISFACTORY COMPLETION OF SPECIFIC EDUCATIONAL  
12 REQUIREMENTS IN THE USE OF CONTROLLED SUBSTANCES AND  
13 PRESCRIPTION DRUGS, AS ESTABLISHED BY THE BOARD, EITHER AS PART OF  
14 A DEGREE PROGRAM OR IN ADDITION TO A DEGREE PROGRAM;

15 (III) NATIONAL CERTIFICATION FROM A NATIONALLY RECOGNIZED  
16 ACCREDITING AGENCY, AS DEFINED BY THE BOARD BY RULE PURSUANT TO  
17 SECTION 12-38-111.5 (4) (d), IN THE SPECIALTY OF THE ADVANCED  
18 PRACTICE NURSE, UNLESS THE BOARD GRANTS AN EXCEPTION;

19 (IV) PROFESSIONAL LIABILITY INSURANCE AS REQUIRED BY  
20 SECTION 12-38-111.8; AND

21 (V) (A) COMPLETION OF A STRUCTURED, POST-GRADUATE  
22 PRECEPTORSHIP, AS DEFINED BY THE BOARD BY RULE, CONSISTING OF NOT  
23 LESS THAN ONE THOUSAND EIGHT HUNDRED HOURS, TO BE COMPLETED  
24 WITHIN THE IMMEDIATELY PRECEDING FIVE-YEAR PERIOD. THE  
25 PRECEPTORSHIP SHALL BE CONDUCTED EITHER WITH A PHYSICIAN OR A  
26 PHYSICIAN AND AN ADVANCED PRACTICE NURSE WHO HAS PRESCRIPTIVE  
27 AUTHORITY AND EXPERIENCE IN PRESCRIBING MEDICATIONS. THE  
28 PHYSICIAN OR ADVANCED PRACTICE NURSE SERVING AS A PRECEPTOR TO  
29 THE APPLICANT SHALL BE PRACTICING IN THIS STATE AND SHALL HAVE  
30 EDUCATION, TRAINING, EXPERIENCE, AND ACTIVE PRACTICE THAT  
31 CORRESPONDS WITH THE SPECIALTY AREA OF THE APPLICANT.

32 (B) THE PHYSICIAN OR ADVANCED PRACTICE NURSE SERVING AS  
33 A PRECEPTOR SHALL NOT REQUIRE PAYMENT FROM OR EMPLOYMENT BY AN  
34 ADVANCED PRACTICE NURSE AS A CONDITION OF ENTERING INTO THE  
35 PRECEPTORSHIP RELATIONSHIP, BUT THE PRECEPTOR MAY REQUEST

1 REIMBURSEMENT OF REASONABLE EXPENSES AND TIME SPENT AS A RESULT  
2 OF THE PRECEPTORSHIP RELATIONSHIP.

3 (b) UPON SATISFACTION OF THE REQUIREMENTS SET FORTH IN  
4 PARAGRAPH (a) OF THIS SUBSECTION (4.5), THE BOARD MAY GRANT  
5 PROVISIONAL PRESCRIPTIVE AUTHORITY TO AN ADVANCED PRACTICE  
6 NURSE. THE PROVISIONAL PRESCRIPTIVE AUTHORITY SHALL BE LIMITED TO  
7 THOSE PATIENTS OR MEDICATIONS APPROPRIATE TO THE ADVANCED  
8 PRACTICE NURSE'S SPECIALTY AREA. IN ORDER TO RETAIN PROVISIONAL  
9 PRESCRIPTIVE AUTHORITY AND OBTAIN AND RETAIN FULL PRESCRIPTIVE  
10 AUTHORITY PURSUANT TO THIS SUBSECTION (4.5) FOR PATIENTS OR  
11 MEDICATIONS APPROPRIATE FOR THE ADVANCED PRACTICE NURSE'S  
12 SPECIALTY AREA, AN ADVANCED PRACTICE NURSE SHALL SATISFY THE  
13 FOLLOWING REQUIREMENTS:

14 (I) (A) WITHIN FIVE YEARS AFTER THE PROVISIONAL PRESCRIPTIVE  
15 AUTHORITY IS GRANTED, THE ADVANCED PRACTICE NURSE SHALL OBTAIN  
16 AN ADDITIONAL ONE THOUSAND EIGHT HUNDRED HOURS OF DOCUMENTED  
17 EXPERIENCE IN A MUTUALLY STRUCTURED MENTORSHIP EITHER WITH A  
18 PHYSICIAN OR WITH A PHYSICIAN AND ADVANCED PRACTICE NURSE WHO  
19 HAS PRESCRIPTIVE AUTHORITY AND EXPERIENCE IN PRESCRIBING  
20 MEDICATIONS. THE MENTORSHIP NEED NOT BE WITH THE SAME MENTOR  
21 WHO PROVIDED THE PRECEPTORSHIP SPECIFIED IN SUBPARAGRAPH (V) OF  
22 PARAGRAPH (a) OF THIS SUBSECTION (4.5), BUT THE MENTOR SHALL BE  
23 PRACTICING IN COLORADO AND HAVE EDUCATION, TRAINING, EXPERIENCE,  
24 AND ACTIVE PRACTICE THAT CORRESPONDS WITH THE SPECIALTY AREA OF  
25 THE ADVANCED PRACTICE NURSE.

26 (B) THE PHYSICIAN OR ADVANCED PRACTICE NURSE SERVING AS  
27 A MENTOR SHALL NOT REQUIRE PAYMENT FROM OR EMPLOYMENT BY AN  
28 ADVANCED PRACTICE NURSE AS A CONDITION OF ENTERING INTO THE  
29 MENTORSHIP RELATIONSHIP, BUT THE MENTOR MAY REQUEST  
30 REIMBURSEMENT OF REASONABLE EXPENSES AND TIME SPENT AS A RESULT  
31 OF THE MENTORSHIP RELATIONSHIP.

32 (C) UPON SUCCESSFUL COMPLETION OF THE MENTORSHIP PERIOD,  
33 THE MENTOR SHALL PROVIDE HIS OR HER SIGNATURE TO VERIFY THAT THE  
34 ADVANCED PRACTICE NURSE HAS SUCCESSFULLY COMPLETED THE  
35 SPECIFIED HOURS OF MENTORSHIP WITHIN THE REQUIRED PERIOD AFTER  
36 THE PROVISIONAL PRESCRIPTIVE AUTHORITY WAS GRANTED.

37 (D) IF AN ADVANCED PRACTICE NURSE WITH PROVISIONAL  
38 PRESCRIPTIVE AUTHORITY FAILS TO COMPLETE THE MENTORSHIP REQUIRED  
39 BY THIS SUBPARAGRAPH (I) WITHIN THE SPECIFIED PERIOD, THE ADVANCED

1 PRACTICE NURSE'S PROVISIONAL PRESCRIPTIVE AUTHORITY EXPIRES FOR  
2 FAILURE TO COMPLY WITH THE STATUTORY REQUIREMENTS.

3 (II) WITHIN ONE YEAR AFTER OBTAINING PROVISIONAL  
4 PRESCRIPTIVE AUTHORITY, THE ADVANCED PRACTICE NURSE SHALL  
5 DEVELOP AN ARTICULATED PLAN FOR SAFE PRESCRIBING THAT  
6 DOCUMENTS HOW THE ADVANCED PRACTICE NURSE INTENDS TO MAINTAIN  
7 ONGOING COLLABORATION WITH PHYSICIANS AND OTHER HEALTH CARE  
8 PROFESSIONALS IN CONNECTION WITH THE ADVANCED PRACTICE NURSE'S  
9 PRACTICE OF PRESCRIBING MEDICATION WITHIN HIS OR HER SPECIALTY  
10 AREA. THE ARTICULATED PLAN SHALL GUIDE THE ADVANCED PRACTICE  
11 NURSE'S PRESCRIPTIVE PRACTICE FOLLOWING THE MENTORSHIP DESCRIBED  
12 IN SUBPARAGRAPH (I) OF THIS PARAGRAPH (b). THE PHYSICIAN OR  
13 PHYSICIAN AND ADVANCED PRACTICE NURSE THAT MENTORED THE  
14 ADVANCED PRACTICE NURSE AS DESCRIBED IN SUBPARAGRAPH (I) OF THIS  
15 PARAGRAPH (b) SHALL PROVIDE HIS OR HER SIGNATURE TO VERIFY THAT  
16 THE ADVANCED PRACTICE NURSE HAS DEVELOPED AN ARTICULATED PLAN.  
17 THE ADVANCED PRACTICE NURSE SHALL RETAIN THE ARTICULATED PLAN  
18 ON FILE, SHALL REVIEW THE PLAN ANNUALLY, AND SHALL UPDATE THE  
19 PLAN AS NECESSARY. THE ARTICULATED PLAN IS SUBJECT TO REVIEW BY  
20 THE BOARD, AND THE ADVANCED PRACTICE NURSE SHALL PROVIDE THE  
21 PLAN TO THE BOARD UPON REQUEST. IF AN ADVANCED PRACTICE NURSE  
22 WITH PROVISIONAL PRESCRIPTIVE AUTHORITY FAILS TO DEVELOP THE  
23 REQUIRED ARTICULATED PLAN WITHIN THE SPECIFIED PERIOD, THE  
24 ADVANCED PRACTICE NURSE'S PROVISIONAL PRESCRIPTIVE AUTHORITY  
25 EXPIRES FOR FAILURE TO COMPLY WITH THE STATUTORY REQUIREMENTS.  
26 AN ARTICULATED PLAN DEVELOPED PURSUANT TO THIS SUBPARAGRAPH  
27 (II) SHALL INCLUDE AT LEAST THE FOLLOWING CRITERIA:

28 (A) A MECHANISM FOR CONSULTATION AND REFERRAL FOR ISSUES  
29 REGARDING PRESCRIPTIVE AUTHORITY;

30 (B) A QUALITY ASSURANCE PLAN;

31 (C) DECISION SUPPORT TOOLS; AND

32 (D) DOCUMENTATION OF ONGOING CONTINUING EDUCATION IN  
33 PHARMACOLOGY AND SAFE PRESCRIBING.

34 (III) THE ADVANCED PRACTICE NURSE SHALL MAINTAIN  
35 PROFESSIONAL LIABILITY INSURANCE AS REQUIRED BY SECTION  
36 12-38-111.8.

37 (IV) THE ADVANCED PRACTICE NURSE SHALL MAINTAIN NATIONAL

1 CERTIFICATION, AS SPECIFIED IN SUBPARAGRAPH (III) OF PARAGRAPH (a)  
2 OF THIS SUBSECTION (4.5), UNLESS THE BOARD GRANTS AN EXCEPTION.

3 (c) AN ADVANCED PRACTICE NURSE WHO WAS GRANTED  
4 PRESCRIPTIVE AUTHORITY PRIOR TO JULY 1, 2010, SHALL SATISFY THE  
5 FOLLOWING REQUIREMENTS IN ORDER TO RETAIN PRESCRIPTIVE  
6 AUTHORITY:

7 (I) WITHIN ONE YEAR AFTER THE EFFECTIVE DATE OF THE RULES  
8 ADOPTED TO IMPLEMENT THIS SUBSECTION (4.5), THE ADVANCED  
9 PRACTICE NURSE SHALL DEVELOP AN ARTICULATED PLAN AS SPECIFIED IN  
10 SUBPARAGRAPH (II) OF PARAGRAPH (b) OF THIS SUBSECTION (4.5); EXCEPT  
11 THAT TO VERIFY DEVELOPMENT OF AN ARTICULATED PLAN, THE  
12 ADVANCED PRACTICE NURSE SHALL OBTAIN THE SIGNATURE OF EITHER A  
13 PHYSICIAN OR A PHYSICIAN AND ADVANCED PRACTICE NURSE WHO HAS  
14 PRESCRIPTIVE AUTHORITY AND EXPERIENCE IN PRESCRIBING MEDICATIONS,  
15 AND THE SIGNING PHYSICIAN OR ADVANCED PRACTICE NURSE SHALL BE  
16 PRACTICING IN COLORADO AND HAVE EDUCATION, TRAINING, EXPERIENCE,  
17 AND ACTIVE PRACTICE THAT CORRESPONDS WITH THE SPECIALTY AREA OF  
18 THE ADVANCED PRACTICE NURSE DEVELOPING THE PLAN. IF AN  
19 ADVANCED PRACTICE NURSE WITH PRESCRIPTIVE AUTHORITY GRANTED  
20 PRIOR TO JULY 1, 2010, FAILS TO DEVELOP THE REQUIRED ARTICULATED  
21 PLAN WITHIN THE SPECIFIED PERIOD, THE ADVANCED PRACTICE NURSE'S  
22 PRESCRIPTIVE AUTHORITY EXPIRES FOR FAILURE TO COMPLY WITH THE  
23 STATUTORY REQUIREMENTS.

24 (II) THE ADVANCED PRACTICE NURSE SHALL MAINTAIN  
25 PROFESSIONAL LIABILITY INSURANCE AS REQUIRED BY SECTION  
26 12-38-111.8.

27 (III) THE ADVANCED PRACTICE NURSE SHALL MAINTAIN NATIONAL  
28 CERTIFICATION, AS SPECIFIED IN SUBPARAGRAPH (III) OF PARAGRAPH (a)  
29 OF THIS SUBSECTION (4.5), UNLESS:

30 (A) THE ADVANCED PRACTICE NURSE WAS INCLUDED ON THE  
31 ADVANCED PRACTICE REGISTRY PRIOR TO JULY 1, 2010, AND HAS NOT  
32 OBTAINED NATIONAL CERTIFICATION;

33 (B) THE ADVANCED PRACTICE NURSE WAS INCLUDED ON THE  
34 ADVANCED PRACTICE REGISTRY PRIOR TO JULY 1, 2008, AND HAS NOT  
35 COMPLETED A GRADUATE DEGREE AS SPECIFIED IN SECTION 12-38-111.5  
36 (4) (c); OR

37 (C) THE BOARD GRANTS AN EXCEPTION.

1 (d) (I) ON OR AFTER JULY 1, 2010, OR, IF THE DIRECTOR OF THE  
2 DIVISION OF REGISTRATIONS ADOPTS RULES PURSUANT TO SUBPARAGRAPH  
3 (II) OF PARAGRAPH (f) OF THIS SUBSECTION (4.5), ON OR AFTER JULY 2,  
4 2010, AN ADVANCED PRACTICE NURSE WHO HAS OBTAINED PRESCRIPTIVE  
5 AUTHORITY FROM ANOTHER STATE MAY OBTAIN PROVISIONAL  
6 PRESCRIPTIVE AUTHORITY IN THIS STATE IF THE ADVANCED PRACTICE  
7 NURSE SATISFIES THE FOLLOWING REQUIREMENTS:

8 (A) THE ADVANCED PRACTICE NURSE SATISFIES THE  
9 REQUIREMENTS OF SUBPARAGRAPHS (I), (II), (III), AND (IV) OF  
10 PARAGRAPH (a) OF THIS SUBSECTION (4.5); AND

11 (B) THE ADVANCED PRACTICE NURSE HAS THREE THOUSAND SIX  
12 HUNDRED HOURS OF DOCUMENTED EXPERIENCE PRESCRIBING  
13 MEDICATIONS WITHOUT SIGNIFICANT ADVERSE PRESCRIBING ISSUES, AS  
14 DETERMINED BY THE BOARD.

15 (II) ONCE AN ADVANCED PRACTICE NURSE WITH PRESCRIPTIVE  
16 AUTHORITY FROM ANOTHER STATE OBTAINS PROVISIONAL PRESCRIPTIVE  
17 AUTHORITY IN THIS STATE, THE ADVANCED PRACTICE NURSE SHALL  
18 SATISFY THE FOLLOWING REQUIREMENTS IN ORDER TO OBTAIN AND  
19 MAINTAIN FULL PRESCRIPTIVE AUTHORITY IN THIS STATE:

20 (A) WITHIN ONE YEAR AFTER OBTAINING PROVISIONAL  
21 PRESCRIPTIVE AUTHORITY IN THIS STATE, THE ADVANCED PRACTICE NURSE  
22 SHALL DEVELOP AN ARTICULATED PLAN, AS DESCRIBED IN SUBPARAGRAPH  
23 (I) OF PARAGRAPH (c) OF THIS SUBSECTION (4.5); EXCEPT THAT, IF THE  
24 ADVANCED PRACTICE NURSE WITH PRESCRIPTIVE AUTHORITY FROM  
25 ANOTHER STATE FAILS TO DEVELOP THE REQUIRED ARTICULATED PLAN  
26 WITHIN THE SPECIFIED PERIOD, THE ADVANCED PRACTICE NURSE'S  
27 PROVISIONAL PRESCRIPTIVE AUTHORITY EXPIRES FOR FAILURE TO COMPLY  
28 WITH THE STATUTORY REQUIREMENTS; AND

29 (B) THE ADVANCED PRACTICE NURSE SHALL MAINTAIN NATIONAL  
30 CERTIFICATION, AS SPECIFIED IN SUBPARAGRAPH (III) OF PARAGRAPH (a)  
31 OF THIS SUBSECTION (4.5), UNLESS THE BOARD GRANTS AN EXCEPTION.

32 (e) DURING THE SECOND YEAR OF IMPLEMENTATION OF THIS  
33 SUBSECTION (4.5) AND RULES ADOPTED PURSUANT TO PARAGRAPH (f) OF  
34 THIS SUBSECTION (4.5), THE BOARD SHALL CONDUCT RANDOM AUDITS OF  
35 ARTICULATED PLANS TO ENSURE THE PLANS SATISFY THE REQUIREMENTS  
36 OF THIS SUBSECTION (4.5) AND RULES ADOPTED PURSUANT TO PARAGRAPH  
37 (f) OF THIS SUBSECTION (4.5).

1 (f) (I) EXCEPT AS PROVIDED IN SUBPARAGRAPH (II) OF THIS  
2 PARAGRAPH (f), THE BOARD SHALL ADOPT RULES TO IMPLEMENT THIS  
3 SUBSECTION (4.5), WHICH RULES SHALL TAKE EFFECT ON JULY 1, 2010.  
4 THE BOARD SHALL CONSIDER THE RECOMMENDATIONS OF THE  
5 NURSE-PHYSICIAN ADVISORY TASK FORCE FOR COLORADO HEALTH CARE  
6 SUBMITTED IN ACCORDANCE WITH SECTION 24-34-109, C.R.S.,  
7 CONCERNING PRESCRIPTIVE AUTHORITY OF ADVANCED PRACTICE NURSES.  
8 THE RULES SHALL BE COMPLEMENTARY TO RULES ADOPTED BY THE STATE  
9 BOARD OF MEDICAL EXAMINERS PURSUANT TO SECTION 12-36-106.4.

10 (II) THE DIRECTOR OF THE DIVISION OF REGISTRATIONS IN THE  
11 DEPARTMENT OF REGULATORY AGENCIES SHALL REVIEW THE RULES  
12 ADOPTED BY THE BOARD PURSUANT TO THIS PARAGRAPH (f) PRIOR TO THE  
13 EFFECTIVE DATE OF THE RULES TO DETERMINE IF THE RULES COMPLEMENT  
14 THE RULES OF THE STATE BOARD OF MEDICAL EXAMINERS. IF THE  
15 DIRECTOR DETERMINES THAT THE RULES OF THE TWO BOARDS ARE NOT  
16 COMPLEMENTARY, THE DIRECTOR SHALL ADOPT RULES THAT SUPERCEDE  
17 AND REPLACE THE RULES OF THE TWO BOARDS REGARDING PRESCRIPTIVE  
18 AUTHORITY OF ADVANCED PRACTICE NURSES AND COLLABORATION  
19 BETWEEN ADVANCED PRACTICE NURSES AND PHYSICIANS, AND SUCH  
20 RULES SHALL TAKE EFFECT ON JULY 2, 2010.

21 **SECTION 22.** 12-38-108 (1) (b) (I), Colorado Revised Statutes,  
22 is amended to read:

23 **12-38-108. Powers and duties of the board - rules.** (1) The  
24 board has the following powers and duties:

25 (b) (I) To examine, license, reactivate, and renew licenses of  
26 qualified applicants and to grant to such applicants temporary licenses  
27 and permits to engage in the practice of practical nursing and professional  
28 nursing in this state within the limitations imposed by this article.  
29 Licenses shall be renewed, reactivated, or reinstated pursuant to a  
30 schedule established by the director of the division of registrations within  
31 the department of regulatory agencies and shall be renewed, reactivated,  
32 or reinstated pursuant to section 24-34-102 (8), C.R.S. The director of  
33 the division of registrations within the department of regulatory agencies  
34 may establish renewal fees, reactivation fees, and delinquency fees for  
35 reinstatement pursuant to section 24-34-105, C.R.S., AND MAY INCREASE  
36 FEES TO OBTAIN OR RENEW A PROFESSIONAL NURSE LICENSE OR ADVANCED  
37 PRACTICE NURSE AUTHORITY CONSISTENT WITH SECTION 24-34-109 (4),  
38 C.R.S., TO FUND THE DIVISION'S COSTS IN ADMINISTERING AND STAFFING  
39 THE NURSE-PHYSICIAN ADVISORY TASK FORCE FOR COLORADO HEALTH

1 CARE CREATED IN SECTION 24-34-109 (1), C.R.S. If a person fails to  
2 renew his or her license pursuant to the schedule established by the  
3 director of the division of registrations, such license shall expire. Any  
4 person whose license has expired shall be subject to the penalties  
5 provided in this article or section 24-34-102 (8), C.R.S.

6 **SECTION 23.** 12-36-106.3 (1), Colorado Revised Statutes, is  
7 amended, and the said 12-36-106.3 is further amended BY THE  
8 ADDITION OF A NEW SUBSECTION, to read:

9 **12-36-106.3. Collaborative agreements with advanced practice**  
10 **nurses - repeal.** (1) PRIOR TO JULY 1, 2010, a physician licensed  
11 pursuant to the "Colorado Medical Practice Act" may enter into a  
12 collaborative agreement for the purposes of prescriptive authority by  
13 advanced practice nurses pursuant to section 12-38-111.6 (4) (d) (II).

14 (4) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2010.

15 **SECTION 24.** Part 1 of article 36 of title 12, Colorado Revised  
16 Statutes, is amended BY THE ADDITION OF A NEW SECTION to  
17 read:

18 **12-36-106.4. Collaboration with advanced practice nurses**  
19 **with prescriptive authority - preceptorships - mentorships - board**  
20 **rules.** (1) (a) A PHYSICIAN LICENSED PURSUANT TO THIS ARTICLE MAY,  
21 AND IS ENCOURAGED TO, SERVE AS A PRECEPTOR OR MENTOR TO AN  
22 ADVANCED PRACTICE NURSE WHO IS APPLYING FOR PRESCRIPTIVE  
23 AUTHORITY PURSUANT TO SECTION 12-38-111.6(4.5). A PHYSICIAN WHO  
24 SERVES AS A PRECEPTOR OR MENTOR TO AN ADVANCED PRACTICE NURSE  
25 SEEKING PRESCRIPTIVE AUTHORITY SHALL:

26 (I) BE PRACTICING IN COLORADO AND SHALL HAVE EDUCATION,  
27 TRAINING, EXPERIENCE, AND ACTIVE PRACTICE THAT CORRESPONDS WITH  
28 THE SPECIALTY AREA OF THE ADVANCED PRACTICE NURSE; AND

29 (II) HAVE A LICENSE IN GOOD STANDING WITHOUT DISCIPLINARY  
30 SANCTIONS TO PRACTICE MEDICINE IN COLORADO AND AN UNRESTRICTED  
31 REGISTRATION BY THE DRUG ENFORCEMENT ADMINISTRATION FOR THE  
32 SAME SCHEDULES AS THE ADVANCED PRACTICE NURSE.

33 (b) A PHYSICIAN SERVING AS A PRECEPTOR OR MENTOR TO AN  
34 ADVANCED PRACTICE NURSE PURSUANT TO SECTION 12-38-111.6 (4.5)  
35 SHALL NOT REQUIRE PAYMENT FROM OR EMPLOYMENT BY THE ADVANCED



1 PRACTICE NURSE AS A CONDITION OF ENTERING INTO THE PRECEPTORSHIP  
2 OR MENTORSHIP RELATIONSHIP, BUT THE PHYSICIAN MAY REQUEST  
3 REIMBURSEMENT OF REASONABLE EXPENSES AND TIME SPENT AS A RESULT  
4 OF THE PRECEPTORSHIP OR MENTORSHIP RELATIONSHIP.

5 (c) UPON SUCCESSFUL COMPLETION OF A MENTORSHIP AS  
6 DESCRIBED IN SECTION 12-38-111.6 (4.5) (b) (I), THE PHYSICIAN SHALL  
7 VERIFY BY HIS OR HER SIGNATURE THAT THE ADVANCED PRACTICE NURSE  
8 HAS SUCCESSFULLY COMPLETED THE SPECIFIED HOURS OF MENTORSHIP  
9 WITHIN THE REQUIRED PERIOD.

10 (2) WHILE SERVING AS A MENTOR PURSUANT TO SECTION  
11 12-38-111.6 (4.5) (b) (I), A PHYSICIAN SHALL ASSIST THE ADVANCED  
12 PRACTICE NURSE IN DEVELOPING AN ARTICULATED PLAN FOR SAFE  
13 PRESCRIBING, AS DESCRIBED IN SECTION 12-38-111.6 (4.5) (b) (II) AND  
14 SHALL VERIFY THROUGH HIS OR HER SIGNATURE THAT THE ADVANCED  
15 PRACTICE NURSE HAS DEVELOPED AN ARTICULATED PLAN IN COMPLIANCE  
16 WITH SAID SECTION.

17 (3) FOR PURPOSES OF AN ADVANCED PRACTICE NURSE WHO  
18 OBTAINED PRESCRIPTIVE AUTHORITY PRIOR TO JULY 1, 2010, AS  
19 DESCRIBED IN SECTION 12-38-111.6 (4.5) (c), OR WHO HAS PRESCRIPTIVE  
20 AUTHORITY FROM ANOTHER STATE AND OBTAINS PRESCRIPTIVE  
21 AUTHORITY IN THIS STATE, AS DESCRIBED IN SECTION 12-38-111.6 (4.5)  
22 (d), PHYSICIANS MAY, AND ARE ENCOURAGED TO, ASSIST THOSE  
23 ADVANCED PRACTICE NURSES IN DEVELOPING THE ARTICULATED PLANS  
24 REQUIRED BY THOSE SECTIONS AND VERIFYING, THROUGH THE PHYSICIAN'S  
25 SIGNATURE, THE DEVELOPMENT OF THE REQUIRED PLANS. THE PHYSICIAN  
26 VERIFYING AN ADVANCED PRACTICE NURSE'S ARTICULATED PLAN SHALL  
27 BE PRACTICING IN COLORADO AND HAVE EDUCATION, TRAINING,  
28 EXPERIENCE AND ACTIVE PRACTICE THAT CORRESPONDS WITH THE  
29 SPECIALTY AREA OF THE ADVANCED PRACTICE NURSE.

30 (4) (a) EXCEPT AS PROVIDED IN PARAGRAPH (b) OF THIS  
31 SUBSECTION (4), THE BOARD SHALL ADOPT RULES TO IMPLEMENT THIS  
32 SECTION, WHICH RULES SHALL TAKE EFFECT ON JULY 1, 2010. THE BOARD  
33 SHALL CONSIDER THE RECOMMENDATIONS OF THE NURSE-PHYSICIAN  
34 ADVISORY TASK FORCE FOR COLORADO HEALTH CARE SUBMITTED IN  
35 ACCORDANCE WITH SECTION 24-34-109, C.R.S., CONCERNING THE ROLE  
36 OF PHYSICIANS IN COLLABORATING WITH ADVANCED PRACTICE NURSES  
37 WITH PRESCRIPTIVE AUTHORITY. THE RULES SHALL BE COMPLEMENTARY  
38 TO RULES ADOPTED BY THE STATE BOARD OF NURSING PURSUANT TO  
39 SECTION 12-38-111.6 (4.5) (f) (I).

1 (b) THE DIRECTOR OF THE DIVISION OF REGISTRATIONS IN THE  
2 DEPARTMENT OF REGULATORY AGENCIES SHALL REVIEW THE RULES  
3 ADOPTED BY THE BOARD PURSUANT TO THIS SUBSECTION (4) TO  
4 DETERMINE IF THE RULES COMPLEMENT THE RULES OF THE STATE BOARD  
5 OF NURSING. IF THE DIRECTOR DETERMINES THAT THE RULES OF THE TWO  
6 BOARDS ARE NOT COMPLEMENTARY, THE DIRECTOR SHALL ADOPT RULES  
7 THAT SUPERCEDE AND REPLACE THE RULES OF THE TWO BOARDS  
8 REGARDING PRESCRIPTIVE AUTHORITY OF ADVANCED PRACTICE NURSES  
9 AND COLLABORATION BETWEEN ADVANCED PRACTICE NURSES AND  
10 PHYSICIANS, AND SUCH RULES SHALL TAKE EFFECT ON JULY 2, 2010.

11 **SECTION 25.** 12-36-106 (3) (t) (II) and (3) (t) (III), Colorado  
12 Revised Statutes, are amended, and the said 12-36-106 (3) (t) is further  
13 amended BY THE ADDITION OF THE FOLLOWING NEW  
14 SUBPARAGRAPHS, to read:

15 **12-36-106. Practice of medicine defined - exemptions from**  
16 **licensing requirements - unauthorized practice by physician assistant**  
17 **- penalties - repeal.** (3) Nothing in this section shall be construed to  
18 prohibit, or to require a license or a physician training license under this  
19 article with respect to, any of the following acts:

20 (t) (II) A physician who signs a collaborative agreement with an  
21 advanced practice nurse pursuant to the requirements of section  
22 12-38-111.6 (4) (d) PRIOR TO JULY 1, 2010, shall have a license in good  
23 standing without disciplinary sanctions to practice medicine in Colorado  
24 and an unrestricted registration by the drug enforcement administration  
25 for the same schedules as the collaborating advanced practice nurse. THIS  
26 SUBPARAGRAPH (II) IS REPEALED, EFFECTIVE JULY 1, 2010.

27 (II.5) ON OR AFTER JULY 1, 2010, A PHYSICIAN WHO SERVES AS A  
28 PRECEPTOR OR MENTOR TO AN ADVANCED PRACTICE NURSE PURSUANT TO  
29 SECTION 12-36-106.4 AND 12-38-111.6 (4.5) SHALL HAVE A LICENSE IN  
30 GOOD STANDING WITHOUT DISCIPLINARY SANCTIONS TO PRACTICE  
31 MEDICINE IN COLORADO AND AN UNRESTRICTED REGISTRATION BY THE  
32 DRUG ENFORCEMENT ADMINISTRATION FOR THE SAME SCHEDULES AS THE  
33 COLLABORATING ADVANCED PRACTICE NURSE.

34 (III) (A) Except as provided in sub-subparagraph (C) of this  
35 subparagraph (III), a physician may not enter into more than five  
36 collaborative agreements in accordance with section 12-38-111.6.

37 (B) It is unlawful and a violation of this article for any person,  
38 corporation, or other entity to require as a condition of contract,

1 employment, or compensation to exceed the limitation set pursuant to  
2 sub-subparagraph (A) of this subparagraph (III).

3 (C) The board may waive the maximum number of advanced  
4 practice nurses with whom a physician may sign a collaborative  
5 agreement for a specific physician upon a finding that quality patient care  
6 can be maintained.

7 (D) THIS SUBPARAGRAPH (III) IS REPEALED, EFFECTIVE JULY 1,  
8 2010.

9 (IV) ON OR AFTER JULY 1, 2010, A PHYSICIAN SHALL NOT SERVE  
10 AS A MENTOR TO MORE THAN FIVE ADVANCED PRACTICE NURSES  
11 PURSUANT TO SECTIONS 12-36-106.4 AND 12-38-111.6 (4.5); EXCEPT  
12 THAT, THE BOARD MAY WAIVE THIS LIMITATION FOR A SPECIFIC PHYSICIAN  
13 UPON A FINDING THAT QUALITY PATIENT CARE CAN BE MAINTAINED.

14 (V) IT IS UNLAWFUL AND A VIOLATION OF THIS ARTICLE FOR ANY  
15 PERSON, CORPORATION, OR OTHER ENTITY TO REQUIRE PAYMENT FROM OR  
16 EMPLOYMENT BY AN ADVANCED PRACTICE NURSE AS A CONDITION OF  
17 ENTERING INTO A MENTORSHIP RELATIONSHIP WITH THE ADVANCED  
18 PRACTICE NURSE PURSUANT TO SECTIONS 12-36-106.4 AND 12-38-111.6  
19 (4.5), BUT THE MENTOR MAY REQUEST REIMBURSEMENT OF REASONABLE  
20 EXPENSES AND TIME SPENT AS A RESULT OF THE MENTORSHIP  
21 RELATIONSHIP.

22 **SECTION 26.** 12-36-117 (1) (ii), Colorado Revised Statutes, is  
23 amended, and the said 12-36-117 (1) is further amended BY THE  
24 ADDITION OF THE FOLLOWING NEW PARAGRAPHS, to read:

25 **12-36-117. Unprofessional conduct.** (1) "Unprofessional  
26 conduct" as used in this article means:

27

28 (ii) (I) Entering into or continuing a collaborative agreement  
29 pursuant to sections 12-38-111.6 (4) (d) (IV) and 12-36-106.3 that fails  
30 to meet generally acceptable standards of medical practice;

31 (II) THIS PARAGRAPH (ii) IS REPEALED, EFFECTIVE JULY 1, 2010.

32 (kk) ENTERING INTO OR CONTINUING IN A MENTORSHIP  
33 RELATIONSHIP WITH AN ADVANCED PRACTICE NURSE PURSUANT TO  
34 SECTIONS 12-36-106.4 AND 12-38-111.6 (4.5) THAT FAILS TO MEET  
35 GENERALLY ACCEPTABLE STANDARDS OF MEDICAL PRACTICE;

1 (II) VERIFYING BY SIGNATURE THE ARTICULATED PLAN DEVELOPED  
2 BY AN ADVANCED PRACTICE NURSE PURSUANT TO SECTIONS 12-36-106.4  
3 AND 12-38-111.6 (4.5) IF THE ARTICULATED PLAN FAILS TO COMPLY WITH  
4 THE REQUIREMENTS OF SECTION 12-38-111.6 (4.5) (b) (II).

5 **SECTION 27.** 12-36-123 (1) (a), Colorado Revised Statutes, is  
6 amended to read:

7 **12-36-123. Procedure - registration - fees.** (1) (a) All licenses  
8 shall be renewed or reinstated pursuant to a schedule established by the  
9 director of the division of registrations within the department of  
10 regulatory agencies and shall be renewed or reinstated pursuant to section  
11 24-34-102 (8), C.R.S. The director of the division may establish renewal  
12 fees and delinquency fees for reinstatement pursuant to section  
13 24-34-105, C.R.S., AND SHALL INCREASE RENEWAL FEES CONSISTENT  
14 WITH SECTION 24-34-109 (4), C.R.S., TO FUND THE DIVISION'S COSTS IN  
15 ADMINISTERING AND STAFFING THE NURSE-PHYSICIAN ADVISORY TASK  
16 FORCE FOR COLORADO HEALTH CARE CREATED IN SECTION 24-34-109 (1),  
17 C.R.S. If a person fails to renew his or her license pursuant to the  
18 schedule established by the director of the division of registrations, such  
19 license shall expire. A person whose license has expired shall be subject  
20 to the penalties provided in this article or section 24-34-102 (8), C.R.S.

21 **SECTION 28.** Part 1 of article 34 of title 24, Colorado Revised  
22 Statutes, is amended BY THE ADDITION OF A NEW SECTION to  
23 read:

24 **24-34-109. Nurse-physician advisory task force for Colorado**  
25 **health care - creation - duties - repeal.** (1) THERE IS HEREBY CREATED,  
26 WITHIN THE DIVISION OF REGISTRATIONS IN THE DEPARTMENT OF  
27 REGULATORY AGENCIES, THE NURSE-PHYSICIAN ADVISORY TASK FORCE  
28 FOR COLORADO HEALTH CARE, REFERRED TO IN THIS SECTION AS  
29 "NPATCH". THE PURPOSE OF NPATCH IS TO PROMOTE PUBLIC SAFETY  
30 AND IMPROVE HEALTH CARE IN COLORADO BY SUPPORTING  
31 COLLABORATION AND COMMUNICATION BETWEEN THE PRACTICES OF  
32 NURSING AND MEDICINE. THE NPATCH SHALL:

33 (a) PROMOTE PATIENT SAFETY AND QUALITY CARE;

34 (b) ADDRESS ISSUES OF MUTUAL CONCERN AT THE INTERFACE OF  
35 THE PRACTICES OF NURSING AND MEDICINE;

36 (c) INFORM PUBLIC POLICY-MAKING; AND

1 (d) MAKE CONSENSUS RECOMMENDATIONS TO POLICY-MAKING  
2 AND RULE-MAKING ENTITIES, INCLUDING:

3 (I) RECOMMENDATIONS TO THE STATE BOARD OF NURSING  
4 CREATED IN SECTION 12-38-104, C.R.S., AND THE STATE BOARD OR  
5 MEDICAL EXAMINERS CREATED IN SECTION 12-36-103, C.R.S., REGARDING  
6 THE RULES OF THE BOARDS GOVERNING PRESCRIPTIVE AUTHORITY OF  
7 ADVANCED PRACTICE NURSES AND COLLABORATION BETWEEN ADVANCED  
8 PRACTICE NURSES AND PHYSICIANS; AND

9 (II) RECOMMENDATIONS TO THE EXECUTIVE DIRECTOR OF THE  
10 DEPARTMENT OF REGULATORY AGENCIES.

11 (2) (a) THE NPATCH SHALL CONSIST OF TWELVE MEMBERS  
12 APPOINTED AS FOLLOWS:

13 (I) ONE MEMBER OF THE STATE BOARD OF NURSING, APPOINTED BY  
14 THE PRESIDENT OF THE BOARD;

15 (II) ONE MEMBER OF THE STATE BOARD OF MEDICAL EXAMINERS,  
16 APPOINTED BY THE PRESIDENT OF THE BOARD;

17 (III) TEN MEMBERS APPOINTED BY THE GOVERNOR AS FOLLOWS:

18 (A) THREE MEMBERS RECOMMENDED BY AND REPRESENTING A  
19 STATEWIDE PROFESSIONAL NURSING ORGANIZATION;

20 (B) THREE MEMBERS RECOMMENDED BY AND REPRESENTING A  
21 STATEWIDE PHYSICIANS' ORGANIZATION;

22 (C) ONE MEMBER REPRESENTING THE NURSING COMMUNITY WHO  
23 MAY OR MAY NOT BE A MEMBER OF A STATEWIDE PROFESSIONAL NURSING  
24 ORGANIZATION;

25 (D) ONE MEMBER REPRESENTING THE PHYSICIAN COMMUNITY WHO  
26 MAY OR MAY NOT BE A MEMBER OF A STATEWIDE PHYSICIANS'  
27 ORGANIZATION; AND

28 (E) TWO MEMBERS REPRESENTING CONSUMERS.

29 (b) THE MEMBERS OF THE NPATCH SHALL SERVE ON A  
30 VOLUNTARY BASIS WITHOUT COMPENSATION AND SHALL SERVE  
31 THREE-YEAR TERMS; EXCEPT THAT, IN ORDER TO ENSURE STAGGERED  
32 TERMS OF OFFICE, FOUR OF THE INITIAL APPOINTEES SHALL SERVE INITIAL

1 ONE-YEAR TERMS AND FOUR OF THE INITIAL APPOINTEES SHALL SERVE  
2 INITIAL TWO-YEAR TERMS.

3 (3) (a) EXCEPT AS PROVIDED IN PARAGRAPH (b) OF THIS  
4 SUBSECTION (3), THE NPATCH MAY DEVELOP ITS OWN BYLAWS AND  
5 PROCEDURES TO GOVERN ITS OPERATIONS.

6 (b) A RECOMMENDATION OF THE NPATCH REQUIRES THE  
7 CONSENSUS OF THE MEMBERS OF THE TASK FORCE. FOR PURPOSES OF THIS  
8 SECTION, "CONSENSUS" MEANS AN AGREEMENT, DECISION, OR  
9 RECOMMENDATION THAT ALL MEMBERS OF THE TASK FORCE CAN  
10 ACTIVELY SUPPORT AND THAT NO MEMBER ACTIVELY OPPOSES.

11 (4) THE DIVISION OF REGISTRATIONS SHALL STAFF THE NPATCH.  
12 THE DIVISION'S COSTS FOR ADMINISTERING AND STAFFING THE NPATCH  
13 SHALL BE FUNDED BY AN INCREASE IN FEES FOR PROFESSIONAL AND  
14 ADVANCED PRACTICE NURSING AND MEDICAL LICENSE RENEWAL FEES, AS  
15 AUTHORIZED IN SECTIONS 12-38-108 (1) (b) (I) AND 12-36-123, C.R.S.,  
16 WITH FIFTY PERCENT OF THE FUNDING DERIVED FROM THE PHYSICIAN  
17 LICENSE RENEWAL FEES AND FIFTY PERCENT DERIVED FROM THE  
18 PROFESSIONAL AND ADVANCED PRACTICE NURSING FEES.

19 (5) THE NPATCH SHALL PRIORITIZE CONSIDERATION OF AND  
20 MAKE RECOMMENDATIONS ON THE FOLLOWING TOPICS:

21 (a) FACILITATING A SMOOTH TRANSITION TO THE ARTICULATED  
22 PLAN MODEL, AS DESCRIBED IN SECTIONS 12-38-111.6 (4.5) AND  
23 12-36-106.4, C.R.S., FOR ENSURING COLLABORATION BETWEEN  
24 ADVANCED PRACTICE NURSES WITH PRESCRIPTIVE AUTHORITY AND  
25 PHYSICIANS AND HARMONIZING RULES OF THE STATE BOARD OF NURSING  
26 AND THE STATE BOARD OF MEDICAL EXAMINERS REGARDING ARTICULATED  
27 PLANS;

28 (b) THE FRAMEWORK FOR ARTICULATED PLANS, INCLUDING  
29 CREATION OF SAMPLE PLANS;

30 (c) QUALITY ASSURANCE MECHANISMS FOR ALL MEDICATION  
31 PRESCRIBERS;

32 (d) EVIDENCE-BASED GUIDELINES FOR ADVANCED PRACTICE  
33 NURSES WITH PRESCRIPTIVE AUTHORITY;

34 (e) DECISION SUPPORT TOOLS FOR ADVANCED PRACTICE NURSES  
35 WITH PRESCRIPTIVE AUTHORITY;

1 (f) SAFE PRESCRIBING METRICS FOR ALL MEDICATION  
2 PRESCRIBERS;

3 (g) METHODS TO FOSTER EFFECTIVE COMMUNICATION BETWEEN  
4 HEALTH PROFESSIONS;

5 (h) HEALTH CARE DELIVERY SYSTEM INTEGRATION AND RELATED  
6 IMPROVEMENTS;

7 (i) PHYSICIAN STANDARDS, PROCESS, AND METRICS TO ENSURE  
8 APPROPRIATE CONSULTATION, COLLABORATION, AND REFERRAL  
9 REGARDING ADVANCED PRACTICE NURSE PRESCRIPTIVE AUTHORITY; AND

10 (j) PRESCRIBING ISSUES REGARDING PROVIDERS OTHER THAN  
11 PHYSICIANS AND ADVANCED PRACTICE NURSES.

12 (6) (a) THE NPATCH SHALL MAKE RECOMMENDATIONS TO THE  
13 STATE BOARD OF NURSING AND THE STATE BOARD OF MEDICAL EXAMINERS  
14 TO ASSIST THE BOARDS IN THE DEVELOPMENT OF INDEPENDENT RULES,  
15 CONSISTENT WITH SECTIONS 12-38-111.6 (4.5) AND 12-36-106.4, C.R.S.,  
16 REGARDING PRESCRIPTIVE AUTHORITY OF ADVANCED PRACTICE NURSES,  
17 ARTICULATED PLANS, AND THE COLLABORATION BETWEEN ADVANCED  
18 PRACTICE NURSES AND PHYSICIANS.

19 (b) THE NPATCH SHALL MAKE RECOMMENDATIONS, OTHER THAN  
20 THOSE DESCRIBED IN PARAGRAPH (a) OF THIS SUBSECTION (6), TO THE  
21 EXECUTIVE DIRECTOR OF THE DEPARTMENT OF REGULATORY AGENCIES.

22 (7) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2014. PRIOR TO  
23 SUCH REPEAL, THE FUNCTIONS OF THE NPATCH SHALL BE REVIEWED AS  
24 PROVIDED IN SECTION 2-3-1203, C.R.S.

25 **SECTION 29.** 2-3-1203 (3) (aa), Colorado Revised Statutes, is  
26 amended BY THE ADDITION OF A NEW SUBPARAGRAPH to read:

27 **2-3-1203. Sunset review of advisory committees.** (3) The  
28 following dates are the dates for which the statutory authorization for the  
29 designated advisory committees is scheduled for repeal:

30 (aa) July 1, 2014:

31 (V) THE NURSE-PHYSICIAN ADVISORY TASK FORCE FOR COLORADO  
32 HEALTH CARE, CREATED IN SECTION 24-34-109, C.R.S.;"

1 Renumber succeeding sections accordingly.

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