SENATE BILL 15-197


CONCERNING THE PRESCRIPTIVE AUTHORITY OF ADVANCED PRACTICE NURSES.

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

SECTION 1. In Colorado Revised Statutes, 12-38-103, add (1.5) as follows:

12-38-103. Definitions. As used in this article, unless the context otherwise requires:

(1.5) "ADVANCED PRACTICE NURSE" MEANS AN ADVANCED PRACTICE REGISTERED NURSE WHO IS A PROFESSIONAL NURSE AND IS
LICENSED TO PRACTICE PURSUANT TO THIS ARTICLE, WHO OBTAINS SPECIALIZED EDUCATION OR TRAINING AS PROVIDED IN THIS SECTION, AND WHO APPLIES TO AND IS ACCEPTED BY THE BOARD FOR INCLUSION IN THE ADVANCED PRACTICE REGISTRY.

SECTION 2. In Colorado Revised Statutes, 12-38-108, amend (1) (f) as follows:

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

(f) To provide by regulation for the legal recognition of nurse licensees from other states AND JURISDICTIONS;

SECTION 3. In Colorado Revised Statutes, 12-38-111.6, amend (3) (a), (4.5) (a) introductory portion, (4.5) (b) introductory portion, (4.5) (b) (I), (4.5) (b) (II) introductory portion, (4.5) (c) (I), (4.5) (d), (4.5) (e); repeal (4.5) (a) (V) and (4.5) (f); and add (4.5) (a) (VI) and (4.5) (a) (VII) as follows:

12-38-111.6. Prescriptive authority - advanced practice nurses - rules. (3) (a) An advanced practice nurse may be granted authority to prescribe prescription drugs and controlled substances to provide treatment to clients WITHIN THE ROLE AND POPULATION FOCUS OF THE ADVANCED PRACTICE NURSE.

(4.5) (a) On or after July 1, 2010, or, if the director of the division of professions and occupations adopts rules pursuant to subparagraph (II) of paragraph (f) of this subsection (4.5), on or after July 2, 2010; An advanced practice nurse applying for prescriptive authority shall provide evidence to the board of the following:

(V) (A) Completion of a mutually structured, post-graduate preceptorship, as defined by the board by rule, consisting of not less than one thousand eight hundred documented hours, to be completed within the immediately preceding five-year period. The preceptorship shall be conducted either with a physician or a physician and an advanced practice nurse who has prescriptive authority and experience in prescribing medications. The physician and, if applicable, advanced practice nurse serving as a preceptor to the applicant shall be actively practicing in this
state and shall have education, training, experience, and active practice that corresponds with the role and population focus of the applicant.

(B) The physician and, if applicable, advanced practice nurse serving as a preceptor shall not require payment or employment as a condition of entering into the preceptorship relationship, but a preceptor may request reimbursement of reasonable expenses and time spent as a result of the preceptorship relationship.

(VI) INCLUSION ON THE ADVANCED PRACTICE REGISTRY PURSUANT TO SECTION 12-38-111.5; AND

(VII) A SIGNED ATTESTATION THAT STATES HE OR SHE HAS COMPLETED AT LEAST THREE YEARS OF COMBINED CLINICAL WORK EXPERIENCE AS A PROFESSIONAL NURSE OR AS AN ADVANCED PRACTICE NURSE.

(b) Upon satisfaction of the requirements set forth in paragraph (a) of this subsection (4.5), the board may grant provisional prescriptive authority to an advanced practice nurse. The provisional prescriptive authority that is granted shall be limited to those patients and medications appropriate to the advanced practice nurse's role and population focus. In order to retain provisional prescriptive authority and obtain and retain full prescriptive authority pursuant to this subsection (4.5) for patients and medications appropriate for the advanced practice nurse's role and population focus, an advanced practice nurse shall satisfy the following requirements:

(I) (A) Within five years after the provisional prescriptive authority is granted, the advanced practice nurse shall obtain an additional one thousand eight hundred hours of documented experience in a mutually structured PRESCRIBING mentorship either with a physician or with an advanced practice nurse who has FULL prescriptive authority and experience in prescribing medications. The mentorship need not be with the same persons who provided the preceptorship specified in subparagraph (V) of paragraph (a) of this subsection (4.5), but the mentor shall be practicing in Colorado and have education, training, experience, and an active practice that corresponds with the role and population focus of the advanced practice nurse.
(A.5) **REMOTE COMMUNICATION WITH THE MENTOR IS PERMISSIBLE WITHIN THE MENTORSHIP AS LONG AS THE COMMUNICATION IS SYNCHRONOUS. SYNCHRONOUS COMMUNICATION DOES NOT INCLUDE COMMUNICATION BY EMAIL.**

(B) The physician and, if applicable, advanced practice nurse serving as a mentor shall not require payment or employment as a condition of entering into the mentorship relationship, but the mentor may request reimbursement of reasonable expenses and time spent as a result of the mentorship relationship.

(C) Upon successful completion of the mentorship period, the mentor shall provide his or her signature AND ATTESTATION to verify that the advanced practice nurse has successfully completed the mentorship within the required period after the provisional prescriptive authority was granted.

(D) If an advanced practice nurse with provisional prescriptive authority fails to complete the mentorship required by this subparagraph (I) within the specified period; THREE YEARS OR OTHERWISE FAILS TO DEMONSTRATE COMPETENCE AS DETERMINED BY THE BOARD, the advanced practice nurse's provisional prescriptive authority expires for failure to comply with the statutory requirements.

(II) Within five years after obtaining provisional prescriptive authority, The advanced practice nurse WITH PROVISIONAL PRESCRIPTIVE AUTHORITY shall develop an articulated plan for safe prescribing that documents how the advanced practice nurse intends to maintain ongoing collaboration with physicians and other health care professionals in connection with the advanced practice nurse's practice of prescribing medication within his or her role and population focus. The articulated plan shall guide the advanced practice nurse's prescriptive practice. The physician or physician and advanced practice nurse that mentored the advanced practice nurse SERVES AS A MENTOR as described in subparagraph (I) of this paragraph (b) shall provide his or her signature AND ATTESTATION ON THE ARTICULATED PLAN to verify that the advanced practice nurse has developed an articulated plan. The advanced practice nurse shall retain the articulated plan on file, shall review the plan annually, and shall update the plan as necessary. The articulated plan is subject to review by the board, and the advanced practice nurse shall provide the plan.
to the board upon request. If an advanced practice nurse with provisional prescriptive authority fails to develop the required articulated plan within the specified period, the advanced practice nurse's provisional prescriptive authority expires for failure to comply with the statutory requirements. An articulated plan developed pursuant to this subparagraph (II) shall include at least the following:

(c) An advanced practice nurse who was granted prescriptive authority prior to July 1, 2010, shall satisfy the following requirements in order to retain prescriptive authority:

(I) (A) Except as provided in sub-subparagraph (B) of this subparagraph (I), no later than July 1, 2011, the advanced practice nurse shall develop an articulated plan as specified in subparagraph (II) of paragraph (b) of this subsection (4.5); except that to verify development of an articulated plan, the advanced practice nurse shall obtain the signature of either a physician or an advanced practice nurse who has prescriptive authority and experience in prescribing medications, is practicing in Colorado, and has education, training, experience, and active practice that corresponds with the role and population focus of the advanced practice nurse developing the plan. If an advanced practice nurse with prescriptive authority granted prior to July 1, 2010, fails to develop the required articulated plan within the specified period, the advanced practice nurse's prescriptive authority expires for failure to comply with the statutory requirements.

(B) The board shall extend the deadline for an advanced practice nurse to develop an articulated plan if the advanced practice nurse satisfies the requirements of this sub-subparagraph (B), but in no event shall the board extend the deadline beyond September 30, 2012. Prior to September 30, 2012, an advanced practice nurse seeking a deadline extension shall submit to the board an application, the required fee, a signed verification that he or she developed an articulated plan by, or had an existing collaborative agreement with a physician on, July 1, 2011, and any other information or documentation required by the board.

(d) (I) On or after July 1, 2010, or, if the director of the division of professions and occupations adopts rules pursuant to subparagraph (H) of paragraph (f) of this subsection (4.5), on or after July 2, 2010, in order
TO OBTAIN PROVISIONAL PRESCRIPTIVE AUTHORITY AND OBTAIN AND RETAIN FULL PRESCRIPTIVE AUTHORITY IN THIS STATE, an advanced practice nurse who has obtained prescriptive authority from another state may obtain provisional prescriptive authority in this state the advanced practice nurse satisfies the following requirements: ANOTHER STATE MUST MEET THE REQUIREMENTS OF THIS SECTION OR SUBSTANTIALLY EQUIVALENT REQUIREMENTS, AS DETERMINED BY THE BOARD.

(A) The advanced practice nurse satisfies the requirements of subparagraphs (I), (II), (III), and (IV) of paragraph (a) of this subsection (4.5); and

(B) The advanced practice nurse has three thousand six hundred hours of documented experience prescribing medications without significant adverse prescribing issues, as determined by the board.

(II) Once an advanced practice nurse with prescriptive authority from another state obtains provisional prescriptive authority in this state, the advanced practice nurse shall satisfy the following requirements in order to obtain and maintain full prescriptive authority in this state:

(A) Within one year after obtaining provisional prescriptive authority in this state, the advanced practice nurse shall develop an articulated plan, as described in subparagraph (I) of paragraph (c) of this subsection (4.5); except that, if the advanced practice nurse with prescriptive authority from another state fails to develop the required articulated plan within the specified period, the advanced practice nurse's provisional prescriptive authority expires for failure to comply with the statutory requirements; and

(B) The advanced practice nurse shall maintain national certification, as specified in subparagraph (III) of paragraph (a) of this subsection (4.5), unless the board grants an exception.

(c) During the second year of implementation of this subsection (4.5) and rules adopted pursuant to paragraph (f) of this subsection (4.5), The board shall conduct random audits of articulated plans to ensure THAT the plans satisfy the requirements of this subsection (4.5) and rules adopted pursuant to paragraph (f) of this subsection (4.5) BY THE BOARD.
(f) Except as provided in subparagraph (II) of this paragraph (f), the board shall adopt rules to implement this subsection (4.5), which rules shall take effect on July 1, 2010. The board shall consider the recommendations of the nurse-physician advisory task force for Colorado health care submitted in accordance with section 24-34-109, C.R.S., concerning prescriptive authority of advanced practice nurses. The rules shall be complementary to rules adopted by the Colorado medical board pursuant to section 12-36-106.4.

(II) (A) The director of the division of professions and occupations in the department of regulatory agencies shall review the rules adopted by the board pursuant to this paragraph (f) prior to the effective date of the rules to determine if the rules complement the rules of the Colorado medical board. If the director determines that the rules of the two boards are not complementary, the director shall adopt rules that supersede and replace the rules of the two boards regarding prescriptive authority of advanced practice nurses and collaboration between advanced practice nurses and physicians, and such rules shall take effect on July 2, 2010.

(B) If the director determines that the two boards have adopted complementary rules regarding the prescriptive authority of advanced practice nurses and collaboration between advanced practice nurses and physicians, the director shall not adopt rules that supersede and replace the rules of the two boards, but the director shall review any amendments to those rules by either board to ensure that the rules remain complementary. If the director determines that an amendment to the rules by the state board of nursing or the Colorado medical board results in rules on prescriptive authority and collaboration that are no longer complementary, the amendment shall not take effect.

SECTION 4. In Colorado Revised Statutes, 12-38-111.5, amend (5); and repeal (2) as follows:

12-38-111.5. Requirements for advanced practice nurse registration - legislative declaration - definition - advanced practice registry. (2) As used in this section, "advanced practice nurse" means a professional nurse who is licensed to practice pursuant to this article, who obtains specialized education or training as provided in this section, and who applies to and is accepted by the board for inclusion in the advanced practice registry.
(5) A nurse who meets the definition of advanced practice nurse, as defined in subsection (2) of this section 12-38-103, and the requirements of section 12-38-111.6, may be granted prescriptive authority as a function in addition to those defined in section 12-38-103 (10).

SECTION 5. In Colorado Revised Statutes, 12-36-106.4, amend (1) (a) introductory portion and (1) (b); and repeal (4) as follows:

12-36-106.4. Collaboration with advanced practice nurses with prescriptive authority - mentorships - board rules. (1) (a) A physician licensed pursuant to this article may, and is encouraged to, serve as a preceptor or mentor to an advanced practice nurse who is applying for prescriptive authority pursuant to section 12-38-111.6 (4.5). A physician who serves as a preceptor or mentor to an advanced practice nurse seeking prescriptive authority shall:

(b) A physician serving as a preceptor or mentor to an advanced practice nurse pursuant to section 12-38-111.6 (4.5) shall not require payment or employment as a condition of entering into the preceptorship or mentorship relationship, but the physician may request reimbursement of reasonable expenses and time spent as a result of the preceptorship or mentorship relationship.

(4) (a) Except as provided in paragraph (b) of this subsection (4), the board shall adopt rules to implement this section, which rules shall take effect on July 1, 2010. The board shall consider the recommendations of the nurse-physician advisory task force for Colorado health care submitted in accordance with section 24-34-109, C.R.S., concerning the role of physicians in collaborating with advanced practice nurses with prescriptive authority. The rules shall be complementary to rules adopted by the state board of nursing pursuant to section 12-38-111.6 (4.5) (f) (I):

(b) (I) The director of the division of professions and occupations in the department of regulatory agencies shall review the rules adopted by the board pursuant to this subsection (4) to determine if the rules complement the rules of the state board of nursing. If the director determines that the rules of the two boards are not complementary, the director shall adopt rules that supersede and replace the rules of the two boards regarding prescriptive authority of advanced practice nurses and collaboration between advanced practice nurses and physicians, and such
rules shall take effect on July 2, 2010.

(II) If the director determines that the two boards have adopted complementary rules regarding the prescriptive authority of advanced practice nurses and collaboration between advanced practice nurses and physicians, the director shall not adopt rules that supersede and replace the rules of the two boards, but the director shall review any amendments to those rules by either board to ensure that the rules remain complementary. If the director determines that an amendment to the rules by the Colorado medical board or the state board of nursing results in rules on prescriptive authority and collaboration that are no longer complementary, the amendment shall not take effect.

SECTION 6. In Colorado Revised Statutes, 12-38-117, add (1)(bb) as follows:

12-38-117. Grounds for discipline. (1) "Grounds for discipline", as used in this article, means any action by any person who:

(bb) has verified by signature the articulated plan developed by an advanced practice nurse pursuant to sections 12-36-106.4 and 12-38-111.6 (4.5) if the articulated plan fails to comply with the requirements of section 12-38-111.6 (4.5) (b) (II);

SECTION 7. Act subject to petition - effective date. This act takes effect September 1, 2015; 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 the ninety-day period after final adjournment of the general assembly, 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 2016 and, in such case, will take effect on the date of the official declaration of the vote thereon by the governor.

Bill L. Cadman
PRESIDENT OF THE SENATE

Dickey Lee Hullinghorst
SPEAKER OF THE HOUSE OF REPRESENTATIVES

Cindi L. Markwell
SECRETARY OF THE SENATE

Marilyn Eddins
CHIEF CLERK OF THE HOUSE OF REPRESENTATIVES

APPROVED

John W. Hickenlooper
GOVERNOR OF THE STATE OF COLORADO