Second Regular Session Seventy-second General Assembly STATE OF COLORADO

ENGROSSED

This Version Includes All Amendments Adopted on Second Reading in the House of Introduction

LLS NO. 20-0512.01 Christy Chase x2008

HOUSE BILL 20-1216

HOUSE SPONSORSHIP

Mullica, Buckner, Caraveo, Lontine, Titone

SENATE SPONSORSHIP

Ginal,

House Committees

Senate Committees

Health & Insurance Finance Appropriations

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A BILL FOR AN ACT
CONCERNING THE CONTINUATION OF THE STATE BOARD OF NURSING,
AND, IN CONNECTION THEREWITH, IMPLEMENTING THE
RECOMMENDATIONS CONTAINED IN THE 2019 SUNSET REPORT
RV THE DEPARTMENT OF RECHLATORY ACENCIES

Bill Summary

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

Sunset Process - House Health and Insurance Committee. The bill implements the recommendations of the department of regulatory agencies in its sunset review and report on the "Nurse Practice Act" (act),

under which nurses are regulated by the state board of nursing (board). Specifically, the bill:

- ! Continues the act for 7 years, until September 1, 2027 (sections 1 and 2 of the bill);
- ! Authorizes the board to enter into a confidential agreement to limit practice with a nurse who has a health condition that affects the ability of the nurse to practice safely and modifies grounds for disciplining a nurse to specify that a nurse may be disciplined for failing to notify the board of a health condition that limits the nurse's ability to practice safely, failing to act within the limits imposed by the health condition, or failing to comply with the terms of a confidential agreement entered into with the board (sections 3 through 5);
- ! Adds, as a ground for disciplining a nurse, engaging in a sexual act with a patient during the course of care or within 6 months after care is concluded (**section 4**);
- ! Requires licensees and insurance carriers to report malpractice settlements and judgments (sections 4 and 6 through 8);
- ! Modifies the grounds for discipline relating to alcohol or drug use or abuse to clarify that the use or abuse need not be ongoing to trigger discipline (section 4);
- ! Requires a nurse to report an adverse action or the surrender of a license within 30 days after the action (section 4);
- ! Requires a nurse to report a criminal conviction within 30, rather than 45, days after the conviction (**section 4**);
- ! Repeals the standards of "willful" and "negligent" with regard to certain grounds for disciplining a nurse (section 4);
- ! Changes the title "advanced practice nurse" and the acronym "A.P.N." to "advanced practice registered nurse" and "A.P.R.N." (sections 9 through 17);
- ! Eliminates the requirement that an advanced practice nurse (APN) with prescriptive authority maintain and update an articulated plan once the APN has completed the provisional prescriptive authority period (section 13);
- ! Authorizes, rather than requires, the board to conduct random audits of an APN's articulated plan regarding the APN's provisional prescriptive authority (section 13);
- ! Eliminates the age limit for a nurse to obtain a volunteer license (sections 18 and 19);
- ! Repeals the requirement for the director of the division of professions and occupations to consult with the board

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- before appointing an executive administrator and other personnel for the board (section 20);
- ! Repeals the requirement for at least one board member to sit on the panel to interview candidates for the board executive administrator position (section 20); and
- ! Makes technical amendments to the act to: Split 2 distinct grounds for discipline that are included in a single paragraph in the disciplinary section of the act into 2 separate paragraphs; replaces references in the act to the term "refuse" with the term "deny"; and repeals an obsolete provision (sections 4 and 21 through 25).

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

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2 SECTION 1. Legislative declaration. The general assembly 3 finds and determines that the experience hours for advanced practice 4 registered nurses to obtain prescriptive authority, as specified in section 5 12-255-112 (4)(b), Colorado Revised Statutes, should be reduced in order 6 to remove barriers to advanced practice registered nurses obtaining full 7 prescriptive authority and to align with standards of the National Council 8 of State Boards of Nursing and should not be adjusted downward again 9 until after the next scheduled review of the state board of nursing 10 pursuant to section 24-34-104, Colorado Revised Statutes, at which time 11 the department of regulatory agencies should review and determine 12 whether the experience hours require further adjustments.

SECTION 2. In Colorado Revised Statutes, **amend** 12-255-134 as follows:

12-255-134. Repeal of article - subject to review. This article 255 is repealed, effective July 1, 2020 SEPTEMBER 1, 2027. Before the repeal, the board is scheduled for review in accordance with section 24-34-104.

SECTION 3. In Colorado Revised Statutes, 24-34-104, repeal

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1	(18)(a)(V); and add (28)(a)(III) as follows:
2	24-34-104. General assembly review of regulatory agencies
3	and functions for repeal, continuation, or reestablishment - legislative
4	declaration - repeal. (18) (a) The following agencies, functions, or both,
5	are scheduled to repeal on July 1, 2020:
6	(V) The state board of nursing created in article 255 of title 12;
7	(28) (a) The following agencies, functions, or both, are scheduled
8	for repeal on September 1, 2027:
9	(III) The state board of nursing created in article $255\mathrm{of}$
10	TITLE 12;
11	SECTION 4. In Colorado Revised Statutes, 12-30-108, repeal
12	(4)(a)(I)(C) as follows:
13	12-30-108. Confidential agreement to limit practice - violation
14	grounds for discipline. (4) (a) This section does not apply to:
15	(I) The following health care professionals:
16	(C) Nurses regulated pursuant to article 255 of this title 12;
17	SECTION 5. In Colorado Revised Statutes, 12-255-120, amend
18	(1)(c), (1)(f), (1)(g), (1)(i), (1)(j), (1)(z), and (1)(aa); repeal (1)(bb); and
19	add (1)(cc), (1)(dd), (1)(ee), (1)(ff), and (1)(gg) as follows:
20	12-255-120. Grounds for discipline. (1) "Grounds for
21	discipline", as used in this article 255, means any action by any person
22	who:
23	(c) Has willfully or negligently acted in a manner inconsistent
24	with the health or safety of persons under his or her care;
25	(f) Has negligently or willfully practiced nursing in a manner that
26	fails to meet generally accepted standards for the nursing practice;
27	(g) Has negligently or willfully violated any order or rule of the

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board pertaining to nursing practice or licensure;

(i) Excessively OR HABITUALLY uses or abuses OR HAS ENGAGED IN EXCESSIVE OR HABITUAL USE OR ABUSE OF alcohol, A habit-forming drugs DRUG, A controlled substances SUBSTANCE, as defined in section 18-18-102 (5), or ANY other drugs DRUG having similar effects; or is diverting controlled substances, as defined in section 18-18-102 (5), or other drugs having similar effects from the licensee's place of employment; except that the board has the discretion not to discipline the licensee if the licensee is participating in good faith in a program approved by the board designed to end the excessive OR HABITUAL use or abuse;

- (j) Has FAILED TO:
- (I) NOTIFY THE BOARD, AS REQUIRED BY SECTION 12-30-108 (1), OF a physical ILLNESS, PHYSICAL CONDITION, OR BEHAVIORAL HEALTH, mental disability HEALTH, OR SUBSTANCE USE DISORDER that renders the person unable AFFECTS THE PERSON'S ABILITY to practice nursing with reasonable skill and safety to the patients and OR that may endanger the health or safety of persons INDIVIDUALS under the person's care;
- (II) ACT WITHIN THE LIMITATIONS CREATED BY A PHYSICAL ILLNESS, PHYSICAL CONDITION, OR BEHAVIORAL HEALTH, MENTAL HEALTH, OR SUBSTANCE USE DISORDER THAT RENDERS THE PERSON UNABLE TO PRACTICE NURSING WITH REASONABLE SKILL AND SAFETY TO PATIENTS OR THAT MAY ENDANGER THE HEALTH OR SAFETY OF INDIVIDUALS UNDER THE PERSON'S CARE; OR
- (III) COMPLY WITH THE LIMITATIONS AGREED TO UNDER A CONFIDENTIAL AGREEMENT ENTERED INTO PURSUANT TO SECTION 12-30-108;

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1	(z) Has failed to report to the board, within forty-five THIRTY days
2	after a final conviction, that the person has been convicted of a crime, as
3	defined in title 18;
4	(aa) Fails to maintain professional liability insurance in
5	accordance with section 12-255-113; or
6	(bb) Has verified by signature the articulated plan developed by
7	an advanced practice nurse pursuant to sections 12-240-108 and
8	12-255-112 (4) if the articulated plan fails to comply with the
9	requirements of section 12-255-112 (4)(b)(II).
10	(cc) Engaged in a sexual act with a patient during the
11	COURSE OF PATIENT CARE OR WITHIN SIX MONTHS IMMEDIATELY
12	FOLLOWING THE TERMINATION OF THE PERSON'S PROFESSIONAL
13	RELATIONSHIP WITH THE PATIENT. AS USED IN THIS SUBSECTION (1)(cc),
14	"SEXUAL ACT" MEANS SEXUAL CONTACT, SEXUAL INTRUSION, OR SEXUAL
15	PENETRATION AS DEFINED IN SECTION 18-3-401.
16	(dd) HAS FAILED TO NOTIFY THE BOARD, IN WRITING AND WITHIN
17	THIRTY DAYS AFTER A JUDGMENT OR SETTLEMENT IS ENTERED, OF A FINAL
18	JUDGMENT BY A COURT OF COMPETENT JURISDICTION AGAINST THE
19	LICENSEE FOR MALPRACTICE OF NURSING OR A SETTLEMENT BY THE
20	LICENSEE IN RESPONSE TO CHARGES OR ALLEGATIONS OF MALPRACTICE OF
21	NURSING AND, IN THE CASE OF A JUDGMENT, HAS FAILED TO INCLUDE IN
22	THE NOTICE THE NAME OF THE COURT, THE CASE NUMBER, AND THE NAMES
23	OF ALL PARTIES TO THE ACTION;
24	(ee) FAILS TO REPORT TO THE BOARD, WITHIN THIRTY DAYS AFTER
25	AN ADVERSE ACTION, THAT AN ADVERSE ACTION HAS BEEN TAKEN
26	AGAINST THE PERSON BY ANOTHER LICENSING AGENCY IN ANOTHER STATE
27	OR JURISDICTION, A PEER REVIEW BODY, A HEALTH CARE INSTITUTION, A

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1	PROFESSIONAL OR NURSING SOCIETY OR ASSOCIATION, A GOVERNMENTAL
2	AGENCY, A LAW ENFORCEMENT AGENCY, OR A COURT FOR ACTS OR
3	CONDUCT THAT WOULD CONSTITUTE GROUNDS FOR DISCIPLINARY OR
4	ADVERSE ACTION AS DESCRIBED IN THIS ARTICLE 255;
5	(ff) FAILS TO REPORT TO THE BOARD, WITHIN THIRTY DAYS, THE
6	SURRENDER OF A LICENSE OR OTHER AUTHORIZATION TO PRACTICE
7	NURSING IN ANOTHER STATE OR JURISDICTION OR THE SURRENDER OF
8	MEMBERSHIP ON ANY NURSING STAFF OR IN ANY NURSING OR
9	PROFESSIONAL ASSOCIATION OR SOCIETY WHILE UNDER INVESTIGATION BY
10	ANY OF THOSE AUTHORITIES OR BODIES FOR ACTS OR CONDUCT SIMILAR TO
11	ACTS OR CONDUCT THAT WOULD CONSTITUTE GROUNDS FOR ACTION AS
12	DESCRIBED IN THIS ARTICLE 255; OR
13	(gg) IS DIVERTING OR HAS DIVERTED A CONTROLLED SUBSTANCE,
14	AS DEFINED IN SECTION 18-18-102 (5), OR ANY OTHER DRUG HAVING
15	SIMILAR EFFECTS FROM THE PERSON'S PLACE OF EMPLOYMENT.
16	SECTION 6. In Colorado Revised Statutes, add 12-255-135 as
17	follows:
18	12-255-135. Confidential agreement to limit practice.
19	(1) EXCEPT AS SPECIFIED IN SUBSECTION (2) OF THIS SECTION, SECTION
20	12-30-108 CONCERNING CONFIDENTIAL AGREEMENTS TO LIMIT PRACTICE
21	APPLIES TO THIS ARTICLE 255.
22	(2) This section and section 12-30-108 do not apply to a
23	NURSE SUBJECT TO DISCIPLINE UNDER SECTION 12-255-120 (1)(i).
24	SECTION 7. In Colorado Revised Statutes, add 10-1-120.5 as
25	follows:
26	10-1-120.5. Reporting of malpractice claims against nurses.
27	(1) EACH INSURANCE COMPANY LICENSED TO DO BUSINESS IN THIS STATE

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1	AND ENGAGED IN WRITING MALPRACTICE INSURANCE FOR NURSES SHALL
2	SEND TO THE STATE BOARD OF NURSING, IN THE FORM PRESCRIBED BY THE
3	COMMISSIONER, INFORMATION RELATING TO EACH MALPRACTICE CLAIM
4	AGAINST A LICENSED NURSE THAT IS SETTLED OR IN WHICH JUDGMENT IS
5	RENDERED AGAINST THE INSURED.
6	(2) THE INFORMATION MUST INCLUDE INFORMATION DEEMED
7	NECESSARY BY THE STATE BOARD OF NURSING TO CONDUCT A FURTHER
8	INVESTIGATION AND HEARING.
9	SECTION 8. In Colorado Revised Statutes, amend 13-64-303 as
10	follows:
11	13-64-303. Judgments and settlements - reported. Any final
12	judgment, settlement, or arbitration award against any health care
13	professional or health care institution for medical malpractice shall be
14	reported within fourteen days by such THE professional's or institution's
15	medical malpractice insurance carrier in accordance with section
16	10-1-120, <i>10-1-120.5</i> , 10-1-121, 10-1-124, or 10-1-125, C.R.S., or by
17	such professional or institution if there is no commercial medical
18	malpractice insurance coverage to the licensing agency of the health care
19	professional or health care institution for review, investigation, and,
20	where appropriate, disciplinary or other action. Any health care
21	professional, health care institution, or insurance carrier that knowingly
22	fails to report as required by this section shall be subject to a civil penalty
23	of not more than two thousand five hundred dollars. Such penalty shall
24	be determined and collected by the district court in the city and county of
25	Denver. All penalties collected pursuant to this section shall be

transmitted to the state treasurer, who shall credit the same to the general

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fund.

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SECTION 9. In Colorado Revised Statutes, 25-51-104, amend
(1)(c) and (1)(e) as follows:
25-51-104. Payment and financial resolution. (1) If a patient
accepts an offer of compensation made pursuant to section 25-51-103 (5)
and receives the compensation, the payment of compensation to the
patient is not a payment resulting from:
(c) A malpractice claim settled or in which judgment is rendered
against a professional for purposes of reporting by malpractice insurance
companies under section 10-1-120, 10-1-120.5, 10-1-121, 10-1-124,
10-1-125, or 10-1-125.5;
(e) A judgment, administrative action, settlement, or arbitration
award involving malpractice under section 12-200-106 (5), 12-210-105
(5), 12-215-115 (1)(i), 12-220-130 (1)(q) or (1)(r), 12-235-111 (1)(i),
12-240-125 (4)(b)(III), 12-245-226 (8), 12-250-116, 12-255-119
(3)(b)(II), 12-255-120 (1)(dd), 12-275-120 (1)(p) or (1)(v), 12-275-129,
12-280-111 (1), 12-285-120 (1)(o), 12-285-127 (1)(a), 12-285-211 (1)(k),
12-285-216 (1)(a), or 12-290-113 (2)(b)(III).
SECTION 10. In Colorado Revised Statutes, 12-255-104, amend
(1), (2), (7), (8)(a), (8)(b), (9), (10)(a), (10)(b) introductory portion,
(10)(b)(IV), and (12); and add (3.5), (4.5), and (5.5) as follows:
12-255-104. Definitions. As used in this article 255, unless the
context otherwise requires:
(1) "Advanced practice REGISTERED nurse" means an advanced
practice registered nurse who is a REGISTERED professional nurse and
WHO is licensed to practice pursuant to this article 255, who obtains
specialized education or training as provided in this section SECTION
12-255-111, and who applies to and is accepted by the board for inclusion

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1	in the advanced practice registry ESTABLISHED PURSUANT TO SECTION
2	12-255-111.
3	(2) "Approved education program" means a course of training
4	EDUCATION conducted by an educational or health care institution that
5	implements the basic practical or professional nursing curriculum
6	prescribed and approved by the board.
7	(3.5) "COLLABORATION" MEANS THE ACT OF LICENSED HEALTH
8	CARE PROVIDERS WORKING COLLABORATIVELY WITHIN EACH LICENSED
9	HEALTH CARE PROVIDER'S SCOPE OF PRACTICE TO FORMULATE AND CARRY
10	OUT THE PLAN OF PATIENT CARE.
11	(4.5) (a) "DELEGATION OF PATIENT CARE" MEANS ASPECTS OF
12	PATIENT CARE THAT ARE CONSISTENT WITH A PLAN OF PATIENT CARE
13	PRESCRIBED BY A LICENSED HEALTH CARE PROVIDER WITHIN THE SCOPE OF
14	THE PROVIDER'S PRACTICE AND THAT MAY BE DELEGATED TO A
15	REGISTERED NURSE OR LICENSED PRACTICAL NURSE WITHIN THE SCOPE OF
16	THE NURSE'S PRACTICE. "DELEGATION OF PATIENT CARE" INCLUDES
17	ASPECTS OF PATIENT CARE THAT MAY BE DELEGATED BY A LICENSED
18	HEALTH CARE PROVIDER WITHIN THE SCOPE OF THE PROVIDER'S PRACTICE
19	AND WITHIN THE PROVIDER'S PROFESSIONAL JUDGMENT TO A LICENSED OR
20	AN UNLICENSED HEALTH CARE PROVIDER WITHIN THE SCOPE OF THAT
21	PROVIDER'S PRACTICE. NOTHING IN THIS SUBSECTION (4.5) LIMITS OR
22	EXPANDS THE SCOPE OF PRACTICE OF ANY NURSE LICENSED PURSUANT TO
23	THIS ARTICLE 255.
24	(b) FOR PURPOSES OF THIS SUBSECTION (4.5), "PLAN OF PATIENT
25	CARE" MEANS A WRITTEN PLAN, VERBAL ORDER, STANDING ORDER, OR
26	PROTOCOL, WHETHER PATIENT SPECIFIC OR NOT, THAT AUTHORIZES
27	SPECIFIC OR DISCRETIONARY NURSING ACTION AND THAT MAY INCLUDE

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1	THE ADMINISTRATION OF MEDICATION.
2	(5.5) "LICENSED HEALTH CARE PROVIDER" MEANS AN INDIVIDUAL
3	WHO IS LICENSED OR OTHERWISE AUTHORIZED BY THE STATE PURSUANT
4	TO THIS TITLE 12 OR ARTICLE 3.5 OF TITLE 25 TO PROVIDE HEALTH CARE
5	SERVICES.
6	(7) "Practical nurse", "trained practical nurse", "licensed
7	vocational nurse", or "licensed practical nurse" means a person who holds
8	a license to practice pursuant to this article 255 as a licensed practical
9	nurse in this state or is licensed in another state and is practicing in this
10	state pursuant to section 24-60-3802, with the right to use the title
11	"licensed practical nurse" and its abbreviation, "L.P.N." OR "LICENSED
12	VOCATIONAL NURSE" AND ITS ABBREVIATION "L.V.N.".
13	(8)(a) "Practice of advanced practice REGISTERED nursing" means
14	an expanded scope of professional nursing in a scope, role, and
15	population focus approved by the board, with or without compensation or
16	personal profit, and includes the practice of professional nursing.
17	(b) "Practice of advanced practice REGISTERED nursing" includes
18	prescribing medications as may be authorized pursuant to section
19	12-255-112.
20	(9) (a) "Practice of practical nursing" means the performance,
21	under the supervision of a dentist, physician, podiatrist, or professional
22	nurse LICENSED HEALTH CARE PROVIDER authorized to practice in this
23	state, of those services requiring the education, training, and experience,
24	as evidenced by knowledge, abilities, and skills required in this article
25	255 for licensing as a practical nurse pursuant to section 12-255-114, in
26	(I) Caring for the ill, injured, or infirm;
27	(II) Teaching and promoting preventive health measures;

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1	(III) Acting to safeguard life and health; or
2	(IV) Administering treatments and medications prescribed by A
3	LICENSED HEALTH CARE PROVIDER; OR
4	(A) A legally authorized dentist, podiatrist, or physician; or
5	(B) A physician assistant implementing a medical plan pursuant
6	to subsection (4) of this section.
7	(V) PARTICIPATING IN THE ASSESSMENT, PLANNING,
8	IMPLEMENTATION, AND EVALUATION OF THE DELIVERY OF PATIENT CARE
9	SERVICES THAT IS COMMENSURATE WITH THE PRACTICAL NURSE'S
10	EDUCATION.
11	(b) "Practice of practical nursing" includes:
12	(I) The performance of delegated medical functions AND
13	DELEGATED PATIENT CARE FUNCTIONS;
14	(II) THE ASSUMPTION OF RESPONSIBILITIES AND ACCOUNTABILITIES
15	FOR THE PERFORMANCE OF ACTS WITHIN THE PRACTICAL NURSE'S
16	EDUCATIONAL BACKGROUND AND USING PROCEDURES LEADING TO
17	PREDICTABLE OUTCOMES; AND
18	(III) THE ADMINISTRATION AND MANAGEMENT OF NURSING,
19	INCLUDING DIRECTING AND ASSIGNING NURSING INTERVENTIONS THAT
20	MAY BE PERFORMED BY OTHER LICENSED OR UNLICENSED HEALTH CARE
21	PERSONNEL.
22	(c) Nothing in this article 255 shall limit or deny LIMITS OR DENIES
23	a practical nurse from supervising other practical nurses or other
24	LICENSED OR UNLICENSED health care personnel.
25	(10)(a) "Practice of professional nursing" means the performance
26	of both independent nursing functions and delegated medical functions
27	in accordance with accepted practice standards DELIVERY OF

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1	INDEPENDENT AND COLLABORATIVE NURSING CARE TO INDIVIDUALS OF
2	ALL AGES, FAMILIES, GROUPS, AND COMMUNITIES, WHETHER SICK OR
3	WELL, IN ALL SETTINGS. The functions include the initiation and
4	performance of nursing care through health promotion, supportive or
5	restorative care, disease prevention, diagnosis and treatment of human
6	disease, ailment, pain, injury, deformity, and physical or mental condition
7	using specialized knowledge, judgment, and skill involving the
8	application of biological, physical, social, and behavioral science
9	principles required for licensure as a professional nurse pursuant to
10	section 12-255-110.
11	(b) The "practice of professional nursing" shall include INCLUDES
12	the performance of such services as:
13	(IV) Executing delegated medical functions AND DELEGATED
14	PATIENT CARE FUNCTIONS;
15	(12) "Treating" means the selection, recommendation, execution,
16	and monitoring of those nursing measures essential to the effective
17	determination and management of actual or potential human health
18	problems and to the execution of the delegated medical functions AND
19	DELEGATED PATIENT CARE FUNCTIONS. The delegated medical functions
20	AND DELEGATED PATIENT CARE FUNCTIONS shall be performed under the
21	responsible direction and supervision of a person licensed under the laws
22	of this state to practice medicine, podiatry, or dentistry LICENSED HEALTH
23	CARE PROVIDER. "Treatment" has a corresponding meaning.
24	SECTION 11. In Colorado Revised Statutes, 12-255-105, amend
25	(1)(a) introductory portion and (1)(a)(II)(D) as follows:
26	12-255-105. State board of nursing created - removal of board
27	members - meetings of board. (1) (a) There is hereby created the state

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1	board of nursing in the division, which board shall consist CONSISTS of
2	eleven members who are residents of this state, appointed by the governor
3	as follows:
4	(II) Seven members of the board shall be licensed professional
5	nurses who are actively employed in their respective nursing professions
6	and licensed in this state. The professional nurse members shall have been
7	employed for at least three years in their respective categories. Members
8	shall be as follows:
9	(D) One member shall be registered as an advanced practice
10	REGISTERED nurse pursuant to section 12-255-111;
11	SECTION 12. In Colorado Revised Statutes, 12-255-107, amend
12	(1)(b)(I) as follows:
13	12-255-107. Powers and duties of the board - rules - definition.
14	(1) The board has the following powers and duties:
15	(b) (I) To examine, license, reactivate, and renew licenses of
16	qualified applicants and to grant to the applicants temporary licenses and
17	permits to engage in the practice of practical nursing and professional
18	nursing in this state within the limitations imposed by this article 255.
19	Licenses issued pursuant to this article 255 are subject to the renewal,
20	expiration, reinstatement, and delinquency fee provisions specified in
21	section 12-20-202 (1) and (2). The director may increase fees to obtain or
22	renew a professional nurse license or advanced practice REGISTERED
23	nurse authority consistent with section 12-30-105 (4) to fund the
24	division's costs in administering and staffing the nurse-physician advisory
25	task force for Colorado health care created in section 12-30-105 (1). Any
26	person whose license has expired shall be subject to the penalties

provided in this article 255 or section 12-20-202 (1).

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1	SECTION 13. In Colorado Revised Statutes, 12-255-111, amend
2	(1), (2), (3)(b), (3)(c), (4), (5), (6)(a) introductory portion, and (6)(b)(I)
3	as follows:
4	12-255-111. Requirements for advanced practice registered
5	nurse registration - legislative declaration - advanced practice
6	registry - rules. (1) The general assembly hereby recognizes that some
7	individuals REGISTERED PROFESSIONAL NURSES practicing pursuant to this
8	article 255 have acquired additional preparation for advanced NURSING
9	practice and hereby determines that it is appropriate for the state to
10	maintain a registry of those individuals. The registry shall be known as
11	the "advanced practice registry".
12	(2) The board shall establish the advanced practice registry and
13	shall require that a REGISTERED PROFESSIONAL nurse applying for
14	registration ON THE ADVANCED PRACTICE REGISTRY identify his or her THE
15	NURSE'S role and population focus. The board shall establish reasonable
16	criteria for designation of specific role and population foci based on
17	currently accepted professional standards. A REGISTERED PROFESSIONAL
18	nurse who is included in the advanced practice registry has the right to
19	use the title "advanced practice REGISTERED nurse" or, if authorized by
20	the board, to use the title "certified nurse midwife", "clinical nurse
21	specialist", "certified registered nurse anesthetist", or "nurse practitioner".
22	These titles may be abbreviated as "A.P.N." "A.P.R.N", "C.N.M.",
23	"C.N.S.", "C.R.N.A.", or "N.P.", respectively. It is unlawful for any
24	person to use any of the titles or abbreviations listed in this subsection (2)
25	unless included in the registry and authorized by the board to do so.
26	(3) (b) On and after July 1, 2010, in addition to the requirements
27	of subsection (3)(a) of this section, a REGISTERED professional nurse shall

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obtain national certification from a nationally recognized accrediting agency, as defined by the board by rule, in the appropriate role and population focus in order to be included in the advanced practice registry; except that REGISTERED professional nurses who are included in the registry as of June 30, 2010, but have not obtained the national certification, may thereafter continue to be included in the registry and to use the appropriate title and abbreviation.

- (c) A REGISTERED professional nurse may be included in the advanced practice registry by endorsement if the REGISTERED professional nurse meets one of the following qualifying standards:
- (I) The REGISTERED professional nurse is recognized as an advanced practice REGISTERED nurse in another state or jurisdiction and has practiced as an advanced practice REGISTERED nurse for at least two of the last five years immediately preceding the date of application for inclusion in the advanced practice registry; or
- (II) The REGISTERED professional nurse holds national certification as provided in subsection (3)(b) of this section and possesses an appropriate graduate degree as determined by the board.
- (4) A nurse who meets the definition of advanced practice REGISTERED nurse and the requirements of section 12-255-112 may be granted prescriptive authority as a function in addition to those defined in section 12-255-104 (10).
- (5) An advanced practice REGISTERED nurse shall practice in accordance with the standards of the appropriate national professional nursing organization and have a safe mechanism for consultation or collaboration with a physician or, when appropriate, referral to a physician. Advanced practice REGISTERED nursing also includes, when

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1 appropriate, referral to other health care providers. 2 (6) (a) In order to enhance the cost efficiency and continuity of 3 care, an advanced practice REGISTERED nurse may, within his or her THE 4 NURSE'S scope of practice and within the advanced practice REGISTERED 5 nurse-patient relationship, sign an affidavit, certification, or similar 6 document that: 7 (b) The affidavit, certification, or similar document may not: 8 (I) Be the prescription of medication unless the advanced practice 9 REGISTERED nurse has been granted prescriptive authority pursuant to 10 section 12-255-112; or 11 **SECTION 14.** In Colorado Revised Statutes, 12-255-112, amend 12 (1), (3)(a), (3)(b)(I), (4)(a) introductory portion, (4)(a)(VI), (4)(b)13 introductory portion, (4)(b)(I), (4)(b)(III), (4)(b)(IV), (4)(c), (4)(d), 14 (5), (6)(a), (7)(a), (7)(c)(I), (9), (10), (11), and (12); repeal (4)(b)(II)15 and (4)(e); and **add** (4)(f) as follows: 16 12-255-112. Prescriptive authority - advanced practice 17 registered nurses - limits on opioid prescriptions - rules - financial 18 benefit for prescribing prohibited - repeal. (1) The board may 19 authorize an advanced practice REGISTERED nurse who is listed on the advanced practice registry, has a license in good standing without 20 21 disciplinary sanctions issued pursuant to section 12-255-110, and has 22 fulfilled requirements established by the board pursuant to this section to 23 prescribe controlled substances or prescription drugs as defined in part 1 24 of article 280 of this title 12 SECTION 12-280-103. 25 (3) (a) An advanced practice REGISTERED 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

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advanced practice REGISTERED nurse.

- (b) (I) An advanced practice REGISTERED nurse who has been granted authority to prescribe prescription drugs and controlled substances under this article 255 may advise the nurse's patients of their option to have the symptom or purpose for which a prescription is being issued included on the prescription order.
- (4) (a) An advanced practice REGISTERED nurse applying for prescriptive authority shall provide evidence to the board of the following:
- (VI) A signed attestation that states he or she STATING THAT THE ADVANCED PRACTICE REGISTERED NURSE has completed at least three years of combined clinical work experience as a professional nurse or as an advanced practice REGISTERED nurse.
- (b) Upon satisfaction of the requirements set forth in subsection (4)(a) of this section, the board may grant provisional prescriptive authority to an advanced practice REGISTERED nurse. The provisional prescriptive authority that is granted is limited to those patients and medications appropriate to the advanced practice REGISTERED 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) for patients and medications appropriate for the advanced practice REGISTERED nurse's role and population focus, an advanced practice REGISTERED nurse shall satisfy the following requirements:
- (I) (A) Once the provisional prescriptive authority is granted, the advanced practice REGISTERED nurse must obtain one thousand SEVEN HUNDRED FIFTY hours of documented experience in a mutually structured prescribing mentorship either with a physician or with an advanced

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practice REGISTERED nurse who has full prescriptive authority and experience in prescribing medications. The mentor must 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 REGISTERED nurse.

- (B) Remote communication with the mentor is permissible within the mentorship as long as the communication is synchronous. Synchronous communication does not include communication by e-mail.
- (C) The physician or advanced practice REGISTERED 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.
- (D) Upon successful completion of the mentorship period, the mentor shall provide his or her THE MENTOR'S signature and attestation to verify that the advanced practice REGISTERED nurse has successfully completed the mentorship within the required period after the provisional prescriptive authority was granted.
- (E) If an advanced practice REGISTERED nurse with provisional prescriptive authority fails to complete the mentorship required by this subsection (4)(b)(I) within three years or otherwise fails to demonstrate competence as determined by the board, the advanced practice REGISTERED nurse's provisional prescriptive authority expires for failure to comply with the statutory requirements.

(II) The advanced practice nurse with provisional prescriptive authority shall develop an articulated plan for safe prescribing that

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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 advanced practice nurse that serves as a mentor as described
in subsection (4)(b)(I) of this section 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 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. An articulated plan developed pursuant to this subsection
(4)(b)(II) must include at least the following:

- (A) A mechanism for consultation and referral for issues regarding prescriptive authority;
- (B) A quality assurance plan;
- 23 (C) Decision support tools; and

- (D) Documentation of ongoing continuing education in pharmacology and safe prescribing.
- (III) The advanced practice REGISTERED nurse shall maintain professional liability insurance as required by section 12-255-113.

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(IV) The advanced practice REGISTERED nurse shall maintain
national certification, as specified in subsection (4)(a)(III) of this section
unless the board grants an exception.
(c) An advanced practice REGISTERED nurse who was granted
prescriptive authority prior to July 1, 2010, shall satisfy the following
requirements in order to retain prescriptive authority:
(I) The advanced practice nurse shall develop an articulated plan
as specified in subsection (4)(b)(II) of this section; 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.
(II) The advanced practice REGISTERED nurse shall maintain
professional liability insurance as required by section 12-255-113.
(III) The advanced practice REGISTERED nurse shall maintain
national certification, as specified in subsection (4)(a)(III) of this section,
unless:
(A) The advanced practice REGISTERED nurse was included on the
advanced practice registry prior to July 1, 2010, and has not obtained
national certification;
(B) The advanced practice REGISTERED nurse was included on the
advanced practice registry prior to July 1, 2008, and has not completed a
graduate degree as specified in section 12-255-111 (3)(a); or
(C) The board grants an exception.

(d) In order to obtain provisional prescriptive authority and obtain

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and retain full prescriptive authority in this state, an advanced practice
REGISTERED nurse from another state must meet the requirements of this
section or substantially equivalent requirements, as determined by the
board.

(e) The board shall conduct random audits of articulated plans to
ensure that the plans satisfy the requirements of this subsection (4) and
rules adopted by the board.

(f) ONCE AN ADVANCED PRACTICE REGISTERED NURSE OBTAINS FULL PRESCRIPTIVE AUTHORITY PURSUANT TO THIS SUBSECTION (4), THE ADVANCED PRACTICE REGISTERED NURSE IS NOT REQUIRED TO MAINTAIN OR UPDATE AN ARTICULATED PLAN AS DESCRIBED IN SUBSECTION (4)(b)(II) OR (4)(c)(I) OF THIS SECTION.

- (5) An advanced practice REGISTERED nurse who obtains prescriptive authority pursuant to this section shall be assigned a specific identifier by the state board of nursing. This identifier shall be available to the Colorado medical board and the state board of pharmacy. The state board of nursing shall establish a mechanism to assure that the prescriptive authority of an advanced practice REGISTERED nurse may be readily verified.
- (6) (a) An advanced practice REGISTERED nurse with prescriptive authority pursuant to this section is subject to the limitations on prescribing opioids specified in section 12-30-109.
- (7) (a) The scope of practice for an advanced practice REGISTERED nurse may be determined by the board in accordance with this article 255.
- (c) (I) Prescriptive authority by an advanced practice REGISTERED nurse shall be limited to those patients appropriate to the nurse's scope of practice. Prescriptive authority may be limited or withdrawn and the

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- 1 advanced practice REGISTERED nurse may be subject to further 2 disciplinary action in accordance with this article 255 if the nurse has 3 prescribed outside the nurse's scope of practice or for other than a 4 therapeutic purpose. 5 (9) Nothing in this section shall be construed to permit dispensing 6 or distribution, as defined in section 12-280-103 (14) and (15), by an 7 advanced practice REGISTERED nurse, except for samples, under article 8 280 of this title 12 and the federal "Prescription Drug Marketing Act of 9 1987", Pub.L. 100-293, as amended. 10 (10) No AN advanced practice REGISTERED nurse registered 11 pursuant to section 12-255-111 shall be IS NOT required to apply for or 12 obtain prescriptive authority. 13 (11) Nothing in this section shall limit the practice of nursing by 14 any nurse, including but not limited to, advanced practice REGISTERED 15 nurses. 16 (12) An advanced practice REGISTERED nurse shall not accept any 17
 - (12) An advanced practice REGISTERED nurse shall not accept any direct or indirect benefit from a pharmaceutical manufacturer or pharmaceutical representative for prescribing a specific medication to a patient. For the purposes of this section, a direct or indirect benefit does not include a benefit offered to an advanced practice REGISTERED nurse regardless of whether the specific medication is being prescribed.

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- 22 **SECTION 15.** In Colorado Revised Statutes, **amend** 12-255-113 23 as follows:
 - 12-255-113. Professional liability insurance required advanced practice registered nurses in independent practice rules.

 (1) It is unlawful for any advanced practice REGISTERED nurse engaged in an independent practice of professional nursing to practice within the

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state of Colorado unless the advanced practice REGISTERED nurse
purchases and maintains or is covered by professional liability insurance
in an amount not less than five hundred thousand dollars per claim with
an aggregate liability for all claims during the year of one million five
hundred thousand dollars.
(2) Professional liability insurance required by this section shall
cover all acts within the scope of practice of an advanced practice
REGISTERED nurse as defined in this article 255.
(3) Notwithstanding the requirements of subsection (1) of this
section, the board, by rule, may exempt or establish lesser liability
insurance requirements for advanced practice REGISTERED nurses.
(4) Nothing in this section shall be construed to confer liability on
an employer for the acts of an advanced practice REGISTERED nurse that
are outside the scope of employment or to negate the applicability of the
"Colorado Governmental Immunity Act", article 10 of title 24.
SECTION 16. In Colorado Revised Statutes, 12-255-127, amend
(1)(n)(II) and $(1)(o)$ as follows:
12-255-127. Exclusions. (1) No provision of this article 255 shall
be construed to prohibit:
(n) (II) The issuance by an advanced practice REGISTERED nurse
with prescriptive authority of standing orders and protocols for the use of
epinephrine auto-injectors for emergency use in a public school or
nonpublic school pursuant to a policy adopted in accordance with section
22-1-119.5; or
(o) A prescription by an advanced practice REGISTERED nurse with
prescriptive authority for the use of epinephrine auto-injectors by an
authorized entity in accordance with article 47 of title 25.

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1	SECTION 17. In Colorado Revised Statutes, amend 12-255-128
2	as follows:
3	12-255-128. Prescribing opiate antagonists. An advanced
4	practice REGISTERED nurse with prescriptive authority pursuant to section
5	12-255-112 may prescribe or dispense an opiate antagonist in accordance
6	with section 12-30-110.
7	SECTION 18. In Colorado Revised Statutes, add 12-255-136 as
8	follows:
9	12-255-136. Change of name - direction to revisor - repeal.
10	(1) THE REVISOR OF STATUTES IS AUTHORIZED TO CHANGE ALL
11	REFERENCES TO "ADVANCED PRACTICE NURSE", "ADVANCED PRACTICE
12	NURSING", AND "A.P.N." THAT APPEAR IN THIS ARTICLE 255 AND
13	ELSEWHERE IN THE COLORADO REVISED STATUTES TO "ADVANCED
14	PRACTICE REGISTERED NURSE", "ADVANCED PRACTICE REGISTERED
15	NURSING", AND "A.P.R.N.", RESPECTIVELY.
16	(2) This section is repealed, effective September 1, 2023.
17	SECTION 19. In Colorado Revised Statutes, amend 12-255-115
18	as follows:
19	12-255-115. Volunteer nurse licensure. (1) The board may issue
20	a license to a retired volunteer nurse who meets the requirements set forth
21	in this section.
22	(2) A retired volunteer nursing license shall only be issued to an
23	applicant who: is at least fifty-five years of age and:
24	(a) Currently holds a license to practice nursing, either as a
25	practical nurse or as a professional nurse, and the license is due to expire
26	unless renewed; or
27	(b) Has retired from the practice of nursing and Is not currently

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engaged in the practice of nursing either full-time or part-time and has, prior to retirement CEASING PRACTICE, maintained full licensure in good standing in any state or territory of the United States.

- (3) A nurse who holds a retired volunteer nursing license shall not accept compensation for nursing tasks that are performed while in possession of the license. A retired volunteer nursing license shall permit the retired nurse to engage in volunteer nursing tasks within the scope of the nurse's license.
- (4) An applicant for a retired volunteer nursing license shall submit to the board an application containing the information the board may prescribe, a copy of the applicant's most recent nursing license, and a statement signed under penalty of perjury in which the applicant agrees not to receive compensation for any nursing tasks that are performed while in possession of the license.
- shall be IS immune from civil liability for actions performed within the scope of the nursing license unless it is established that injury or death was caused by gross negligence or the willful and wanton misconduct of the licensee. The immunity provided in this subsection (5) shall apply APPLIES only to the licensee and shall DOES not affect the liability of any other individual or entity. Nothing in this subsection (5) shall be construed to limit LIMITS the ability of the board to take disciplinary action against a licensee.
- (6) The fee for a retired volunteer nursing license, including assessments for legal defense, peer assistance, and other programs for which licenses are assessed, shall be no more than MUST NOT EXCEED fifty percent of the license renewal fee, including all assessments, established

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by the board for an active nursing license.

volunteer nurses who apply for license renewal. Each applicant for license renewal shall complete the board-designed questionnaire. The purpose of the questionnaire is to determine whether a licensee has acted in violation of this article 255 or HAS been disciplined for any action that might be considered a violation of this article 255 or might make the licensee unfit to practice nursing with reasonable care and safety. If an applicant fails to answer the questionnaire accurately, the failure shall constitute CONSTITUTES grounds for discipline under section 12-255-120 (1)(v). The board may include the cost of developing and reviewing the questionnaire in the fee paid under subsection (6) of this section. The board may refuse DENY an application for license renewal that does not accompany an accurately completed questionnaire.

(8) The board shall deny an application for the reactivation of a practical or professional nurse license for a retired volunteer nurse if the board determines that the nurse requesting reactivation has not actively volunteered as a nurse for the two-year period immediately preceding the filing of the application for license reactivation or has not otherwise demonstrated continued competency to return to the active practice of nursing in a manner approved by the board.

SECTION 20. In Colorado Revised Statutes, 13-21-115.5, amend (3)(c)(II)(F) as follows:

13-21-115.5. Volunteer service act - immunity - exception for operation of motor vehicles - definitions. (3) As used in this section, unless the context otherwise requires:

(c) (II) "Volunteer" includes:

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1	(F) A licensed retired volunteer nurse governed by the provisions
2	of article 255 of title 12 performing volunteer nursing tasks within the
3	scope of the person's nursing license, as described in section 12-255-115,
4	as a volunteer for a nonprofit organization, a nonprofit corporation, a
5	governmental entity, or a hospital;
6	SECTION 21. In Colorado Revised Statutes, amend 12-255-106
7	as follows:
8	12-255-106. Employees - executive administrator. After
9	consultation with the board, The director shall appoint an executive
10	administrator for the board and other personnel deemed necessary,
11	pursuant to section 13 of article XII of the state constitution. At least one
12	member of the board shall serve on any panel convened by the department
13	of personnel to interview candidates for the position of executive
14	administrator.
15	SECTION 22. In Colorado Revised Statutes, 12-20-404, add
16	(1)(d)(II)(J.5) as follows:
17	12-20-404. Disciplinary actions - regulator powers -
18	disposition of fines. (1) General disciplinary authority. If a regulator
19	determines that an applicant, licensee, certificate holder, or registrant has
20	committed an act or engaged in conduct that constitutes grounds for
21	discipline or unprofessional conduct under a part or article of this title 12
22	governing the particular profession or occupation, the regulator may:
23	(d) (II) A regulator is not authorized under this subsection (1)(d)
24	to refuse to renew the license, certification, or registration of a licensee,
25	certificate holder, or registrant regulated under the following:
26	(J.5) ARTICLE 255 OF THIS TITLE 12 CONCERNING NURSES;
27	SECTION 23. In Colorado Revised Statutes, 12-255-110, amend

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(3) as follows:

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12-255-110. Requirements for professional nurse licensure rules. (3) The board shall design a questionnaire to be sent to all licensees who apply for license renewal. Each applicant for license renewal shall complete the board-designed questionnaire. The purpose of the questionnaire is to determine whether a licensee has acted in violation of this article 255 or HAS been disciplined for any action that might be considered a violation of this article 255 or might make the licensee unfit to practice nursing with reasonable care and safety. The board shall include on the questionnaire a question regarding whether the licensee has complied with section 12-30-111. If an applicant fails to answer the questionnaire accurately, the failure constitutes grounds for discipline under section 12-255-120 (1)(v). The board may include the cost of developing and reviewing the questionnaire in the fee paid under subsection (1)(d) of this section. The board may refuse DENY an application for license renewal that does not accompany an accurately completed questionnaire.

SECTION 24. In Colorado Revised Statutes, 12-255-114, **amend** (3) as follows:

12-255-114. Requirements for practical nurse licensure - rules.

(3) The board shall design a questionnaire to be sent to all licensed practical nurses who apply for license renewal. Each applicant for license renewal shall complete the board-designed questionnaire. The purpose of the questionnaire is to determine whether a licensee has acted in violation of this article 255 or HAS been disciplined for any action that might be considered a violation of this article 255 or might make the licensee unfit to practice nursing with reasonable care and safety. If an applicant fails

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1 to answer the questionnaire accurately, the failure shall constitute 2 CONSTITUTES grounds for discipline under section 12-255-120 (1)(v). The 3 board may include the cost of developing and reviewing the questionnaire 4 in the fee paid under subsection (1)(d) of this section. The board may 5 refuse DENY an application for license renewal that does not accompany 6 an accurately completed questionnaire. 7 SECTION 25. In Colorado Revised Statutes, 12-255-121, amend 8 (2)(a)(II), (2)(a)(III), (2)(b) introductory portion, and (2)(c) as follows: 9 12-255-121. Withholding or denial of license - hearing -10 **definitions.** (2) (a) (II) The board may refuse to issue DENY a license or 11 temporary license to practice as a nurse to any applicant during the time 12 the applicant's license is under suspension in another state. 13 (III) The board may refuse to issue DENY a license or may grant 14 a license subject to terms of probation if the board determines that an 15 applicant for a license has not actively practiced practical or professional 16 nursing, or has not otherwise maintained continued competency, as 17 determined by the board, during the two years immediately preceding the 18 application for licensure under this article 255. 19 (b) If the board refuses to issue DENIES a license to an applicant 20 pursuant to subsection (2)(a) of this section, the provisions of section

(c) If the board refuses to issue DENIES a license to an applicant on the grounds that the applicant's nursing or other health care occupation license was revoked by another legally authorized board, the board may require the applicant to pass a written examination as provided in section

24-4-104 (9) shall apply. Upon the refusal DENIAL, the board shall

provide the applicant with a statement in writing setting forth the

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following:

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1	12-255-109 as a prerequisite to licensure. The applicant shall not be
2	allowed to take the written examination until at least two years after the
3	revocation of the nursing or other health care occupation license.
4	SECTION 26. In Colorado Revised Statutes, 12-255-131, amend
5	(1) as follows:
6	12-255-131. Delegation of nursing tasks - rules. (1) Any
7	LICENSED PRACTICAL NURSE, registered nurse, OR ADVANCED PRACTICE
8	REGISTERED NURSE may delegate any task included in the practice of
9	professional nursing NURSE'S LICENSED SCOPE OF PRACTICE, subject to the
10	requirements of this section. A LICENSED PRACTICAL NURSE, REGISTERED
11	NURSE, OR ADVANCED PRACTICE REGISTERED NURSE MAY DELEGATE
12	NURSING TASKS TO LICENSED, CERTIFIED, REGISTERED, OR UNLICENSED OR
13	UNREGULATED ASSISTIVE PERSONNEL. In no event may a registered nurse
14	delegate to another person the authority to select medications if the person
15	is not, independent of the delegation, authorized by law to select
16	medications.
17	SECTION 27. In Colorado Revised Statutes, 12-30-105, amend
18	(1)(d); and repeal (5)(a) and (5)(b) as follows:
19	12-30-105. Nurse-physician advisory task force for Colorado
20	health care - creation - duties - definition - repeal. (1) There is hereby
21	created, within the division, the nurse-physician advisory task force for
22	Colorado health care, referred to in this section as "NPATCH". The
23	purpose of the NPATCH is to promote public safety and improve health
24	care in Colorado by supporting collaboration and communication between
25	the practices of nursing and medicine. The NPATCH shall:
26	(d) Make consensus recommendations to policy-making and
27	rule-making entities, including RECOMMENDATIONS TO THE EXECUTIVE

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1	DIRECTOR.
2	(I) Recommendations to the state board of nursing created in
3	section 12-255-105 and the Colorado medical board created in section
4	12-240-105 regarding the transition to the articulated plan model and
5	harmonizing language for articulated plans; and
6	(II) Recommendations to the executive director.
7	(5) The NPATCH shall prioritize consideration of and make
8	recommendations on the following topics:
9	(a) Facilitating a smooth transition to the articulated plan model,
10	as described in sections 12-240-108 and 12-255-112 (4);
11	(b) The framework for articulated plans, including creation of
12	sample plans;
13	SECTION 28. In Colorado Revised Statutes, 12-240-108, repeal
14	(2) and (3) as follows:
15	12-240-108. Collaboration with advanced practice nurses with
16	prescriptive authority - mentorships. (2) While serving as a mentor
17	pursuant to section 12-255-112 (4)(b)(I), a physician shall assist the
18	advanced practice nurse in developing an articulated plan for safe
19	prescribing, as described in section 12-255-112 (4)(b)(II), and shall verify
20	through his or her signature that the advanced practice nurse has
21	developed an articulated plan in compliance with that section.
22	(3) For purposes of an advanced practice nurse who obtained
23	prescriptive authority prior to July 1, 2010, as described in section
24	12-255-112 (4)(c), or who has prescriptive authority from another state
25	and obtains prescriptive authority in this state, as described in section
26	12-255-112 (4)(d), physicians may, and are encouraged to, assist those
27	advanced practice nurses in developing the articulated plans required by

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1	those sections and verifying, through the physician's signature, the
2	development of the required plans. The physician verifying an advanced
3	practice nurse's articulated plan shall be practicing in Colorado and have
4	education, training, experience, and active practice that corresponds with
5	the role and population focus of the advanced practice nurse.
6	SECTION 29. In Colorado Revised Statutes, 12-240-121, repeal
7	(1)(cc) as follows:
8	12-240-121. Unprofessional conduct - definitions.
9	(1) "Unprofessional conduct" as used in this article 240 means:
10	(cc) Verifying by signature the articulated plan developed by an
11	advanced practice nurse pursuant to sections 12-240-108 and 12-255-112
12	(4) if the articulated plan fails to comply with the requirements of section
13	12-255-112 (4)(b)(II);
14	SECTION 30. In Colorado Revised Statutes, 12-280-103, amend
15	(39)(c)(II)(C) as follows:
16	12-280-103. Definitions - rules. As used in this article 280, unless
17	the context otherwise requires or the term is otherwise defined in another
18	part of this article 280:
19	(39) "Practice of pharmacy" means:
20	(c) The provision of a therapeutic interchange selection or a
21	therapeutically equivalent selection to a patient if, during the patient's stay
22	at a nursing care facility or a long-term acute care hospital licensed under
23	part 1 of article 3 of title 25, the selection has been approved for the
24	patient:
25	(II) By one of the following health care providers:
26	(C) An advanced practice nurse prescriber licensed as a
27	professional nurse under section 12-255-110, registered as an advanced

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1	practice nurse under section 12-255-111, and authorized to prescribe
2	controlled substances or prescription drugs pursuant to section
3	12-255-112; if the advanced practice nurse prescriber has developed an
4	articulated plan to maintain ongoing collaboration with physicians and
5	other health care professionals; and
6	SECTION 31. In Colorado Revised Statutes, 12-280-502, amend
7	(1)(b)(III) as follows:
8	12-280-502. Therapeutic interchange and therapeutically
9	equivalent selections for nursing care facility or long-term acute care
10	hospital patients - rules. (1) A pharmacy used by a nursing care facility
11	or a long-term acute care hospital licensed under part 1 of article 3 of title
12	25 may make a therapeutic interchange or a therapeutically equivalent
13	selection for a patient if, during the patient's stay at the facility, the
14	selection has been approved for the patient:
15	(b) By one of the following health care providers:
16	(III) An advanced practice nurse prescriber licensed as a
17	professional nurse under section 12-255-110, registered as an advanced
18	practice nurse under section 12-255-111, and authorized to prescribe
19	controlled substances or prescription drugs pursuant to section
20	12-255-112. if the advanced practice nurse prescriber has developed an
21	articulated plan to maintain ongoing collaboration with physicians and
22	other health care professionals.
23	SECTION 32. Effective date. This act takes effect July 1, 2020.
24	SECTION 33. Safety clause. The general assembly hereby finds,
25	determines, and declares that this act is necessary for the immediate
26	preservation of the public peace, health, or safety.

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