## **Second Regular Session** Sixty-seventh General Assembly STATE OF COLORADO

# REENGROSSED

This Version Includes All Amendments Adopted in the House of Introduction **HOUSE BILL 10-1260** 

LLS NO. 10-0328.02 Christy Chase

## HOUSE SPONSORSHIP

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**House Committees** Health and Human Services Appropriations

**Senate Committees** 

# A BILL FOR AN ACT

| 101 | CONCERNING THE SUNSET REVIEW OF THE COLORADO STATE BOARD |
|-----|--|
| 102 | OF MEDICAL EXAMINERS, AND, IN CONNECTION THEREWITH,      |
| 103 | CONTINUING THE BOARD AND THE REGULATION OF PHYSICIANS    |
| 104 | AND PHYSICIAN ASSISTANTS UNTIL JULY 1, 2019, AND         |
| 105 | IMPLEMENTING THE RECOMMENDATIONS CONTAINED IN THE        |
| 106 | SUNSET REVIEW AND REPORT OF THE BOARD, AND MAKING AN     |
| 107 | APPROPRIATION THEREFOR.                                  |

## **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

3rd Reading Unam ended M arch 17, 2010 HOUSE

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## http://www.leg.state.co.us/billsummaries.)

**Sunset Process - House Health and Human Services Committee.** The bill implements the recommendations of the department of regulatory agencies in its sunset review of the Colorado state board of medical examiners by amending the "Colorado Medical Practice Act" (act) as follows:

Sections 1, 2, and 3 of the bill continue the Colorado state board of medical examiners, renamed as the Colorado medical board pursuant to recommendation 4 of the sunset report, for 9 years, until July 1, 2019.

Sections 4 and 5 of the bill schedule for sunset review and repeal on July 1, 2012, the system of professional review committees that review and evaluate the quality and appropriateness of patient care provided by licensed physicians in this state.

Sections 6 through 12 of the bill:

- ! Transfer regulatory authority pertaining to the duties and functions of emergency medical technicians (EMTs) from the state board of medical examiners to a newly created board within the Colorado department of public health and environment, effective January 1, 2011;
- ! Create the board of emergency medical and trauma services (BEMTS) to regulate the duties and functions of EMTs and adopt rules for such purpose;
- Schedule the BEMTS and its functions related to the regulation of EMTs for sunset review and repeal on July 1, 2017; and
- ! Clarify that the rendering of services by certified EMTs that are consistent with EMT functions and duties, as defined by BEMTS rules, does not constitute the practice of medicine.

Section 13 of the bill:

- ! Changes the name of the Colorado state board of medical examiners to the "Colorado medical board" (medical board);
- ! Eliminates the 5-year residency requirement for prospective members of the medical board;
- ! Repeals the statutory requirement that the governor, when making appointments to the medical board, consult with professional associations for physicians and osteopathic physicians;
- ! Eliminates the notice and hearing requirement when the governor removes a member of the medical board; and
- ! Repeals the office of the secretary on the medical board.

**Sections 13 through 16** of the bill increase the size of the medical board by 3 members, create a licensing panel within the medical board to

address issues pertaining to the licensing of physicians and the unlicensed practice of medicine, and repeal outdated provisions regarding the procedures and duties of the medical board.

**Section 16** also protects from subpoena, discovery, and admissibility in court the records of the medical board related to a complaint filed against a physician or physician assistant.

Sections 17 and 18 of the bill clarify that the director of the division of registrations has a continuing obligation and authority to ensure that the rules of the medical board and the state board of nursing pertaining to the prescriptive authority of advanced practice nurses and collaboration with physicians are and remain complementary.

Sections 19 and 20 of the bill repeal the existing limited license that is available only to physicians providing pro bono services to pediatric patients of Shriners hospital and replace the limited license with a broader pro bono license that would allow physicians, who are either licensed in Colorado but ceasing their regular practice or are licensed in another jurisdiction, to provide medical services in this state free of charge. The section requires a physician to provide the medical board with proof of qualifications and subjects the physician to regulatory oversight by the medical board. Additionally, a physician practicing under a pro bono license would still need to maintain professional liability coverage.

**Section 21** of the bill creates a new type of license, referred to as a "reentry license", for physicians and physician assistants who have not actively engaged in their respective practices for 2 years or have not maintained continued competency during that period. The reentry license allows a physician or physician assistant to engage in the practice after an assessment of his or her competency and areas of needed improvement, participation in an educational program specifically geared to that person's needs, and supervision of his or her practice, as necessary.

**Section 22** of the bill allows the medical board to annually adjust the fee that is assessed upon physician and physician assistant license and renewal applicants and that funds the physicians' and physician assistants' peer health assistance program to reflect not only the rate of inflation, but also the overall utilization of the program. The board is further authorized to assess different fee amounts to physicians and physician assistants based on the program utilization rates by practice type. Section 22 also clarifies that the fees are custodial funds that are not subject to appropriation by the general assembly.

Section 23 of the bill:

- ! Eliminates from the definition of "practice of medicine" the requirement that the physician be compensated;
- ! Moves the definition of "telemedicine" to a new statutory definitions section created in section 38 of the bill;
- ! Clarifies the conditions under which a physician licensed

in another state may engage in the occasional practice of medicine in Colorado without first obtaining a Colorado license; and

! Allows physicians to supervise up to 3 physician assistants, rather than 2.

**Section 24** of the bill streamlines the process for issuing a license by endorsement to a physician who holds a current, valid license from another jurisdiction by allowing the medical board to rely on the verification of the applicant that he or she has actively practiced medicine in the other jurisdiction for 5 of the last 7 years or has otherwise maintained competency and the submission of proof satisfactory to the medical board that the applicant has not been subject to final or pending disciplinary action in another jurisdiction.

Section 25 of the bill imposes a 2-year waiting period for application for a license to practice medicine or as a physician assistant for a physician, physician assistant, or other health care professional whose license has been revoked or who has surrendered his or her license to avoid discipline.

Sections 26 and 27 of the bill allow a physician or physician assistant who suffers from a physical or mental illness or disability that limits his or her ability to practice to enter into a confidential agreement with the medical board whereby the licensee agrees to limit his or her practice in a manner consistent with the limitations of the disability. The licensee is obligated to inform the medical board when he or she suffers from such an illness or disability, and failure to so inform the board, to act within his or her limitations based on the illness or disability, or to comply with the terms of the confidential agreement constitutes unprofessional conduct subject to discipline by the medical board.

Section 28 of the bill requires a licensee to report to the medical board any adverse action taken against him or her within 30 days of the action, and makes failure to so report unprofessional conduct subject to discipline. Section 28 also restates the grounds for disciplining a licensee on the basis of alcohol or drug abuse to specify that the use or abuse of alcohol or drugs must be habitual or excessive.

Section 29 of the bill expands the medical board's authority to impose fines by eliminating the requirement that fines may only be imposed in lieu of license suspension.

**Section 30** of the bill increases the minimum level of professional liability coverage physicians are required to maintain from \$500,000 per incident to \$1 million per incident, and from \$1.5 million annual aggregate per year to \$3 million annual aggregate per year.

**Section 31** of the bill requires physicians and physician assistants to make arrangements for the safekeeping of patient medical records in their custody if the physician or physician assistant ceases practice. Each physician and physician assistant is required to develop a plan detailing these arrangements, certify to the medical board that he or she has developed the plan, and notify patients as to how to access their records if the physician or physician assistant is unavailable to provide the records.

Sections 32 through 35 of the bill create a separate and distinct license for physician assistants while maintaining the same qualifications and licensing requirements for physician assistants. These sections also relocate provisions concerning distinguished foreign teaching physician licenses and temporary licenses to separate and distinct sections in the act.

**Section 36** of the bill consolidates provisions concerning unauthorized practice under the act and clarifies that physician assistants are also subject to penalties for engaging in the unauthorized practice as a physician assistant.

Section 37 of the bill limits the time period for which physicians must report their licensing histories to the prior 10 years and makes conforming changes necessitated by the medical board name change.

Sections 38 through 41 of the bill create a new definition section in the act to which defined terms throughout the act are relocated and make corresponding conforming amendments.

Sections 42 through 44 of the bill repeal outdated and obsolete provisions in the act.

Sections 45 through 84 of the bill are conforming amendments related mostly to the medical board name change and the creation of separate licenses pursuant to sections 32 through 35 of the bill.

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| I  | Be it enacted by the General Assembly of the State of Colorado:              |
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| 2  | SECTION 1. 12-36-103 (6) (b), Colorado Revised Statutes, is                  |
| 3  | amended to read:   |
| 4  | 12-36-103. Colorado medical board - immunity - subject to                    |
| 5  | termination - repeal of article. (6) (b) This article is repealed, effective |
| 6  | July 1, <del>2010</del> 2019.  |
| 7  | <b>SECTION 2. Repeal.</b> 24-34-104 (41) (b) (I), Colorado Revised           |
| 8  | Statutes, is repealed as follows:  |
| 9  | 24-34-104. General assembly review of regulatory agencies                    |
| 10 | and functions for termination, continuation, or reestablishment.             |
| 11 | (41) The following agencies, functions, or both, shall terminate on July     |
|    |  |

1 1, 2010:

2 (b) The following boards in the division of registrations in the3 department of regulatory agencies:

4 (I) The Colorado state board of medical examiners, created by 5 article 36 of title 12, C.R.S.;

6 SECTION 3. 24-34-104 (50), Colorado Revised Statutes, is
7 amended BY THE ADDITION OF A NEW PARAGRAPH to read:

8 24-34-104. General assembly review of regulatory agencies
9 and functions for termination, continuation, or reestablishment.
10 (50) The following agencies, functions, or both, shall terminate on July

11 1, 2019:

12 (e) THE COLORADO MEDICAL BOARD, CREATED BY ARTICLE 36 OF
13 TITLE 12, C.R.S.

SECTION 4. Part 1 of article 36.5 of title 12, Colorado Revised
Statutes, is amended BY THE ADDITION OF A NEW SECTION to
read:

17 **12-36.5-107. Repeal of article.** This ARTICLE IS REPEALED,
18 EFFECTIVE JULY 1, 2012. PRIOR TO SUCH REPEAL, THE FUNCTIONS OF
19 PROFESSIONAL REVIEW COMMITTEES AND THE COMMITTEE ON
20 ANTICOMPETITIVE CONDUCT SHALL BE REVIEWED IN ACCORDANCE WITH
21 SECTION 24-34-104, C.R.S.

SECTION 5. 24-34-104 (43), Colorado Revised Statutes, is
amended BY THE ADDITION OF THE FOLLOWING NEW
PARAGRAPHS to read:

25 24-34-104. General assembly review of regulatory agencies
26 and functions for termination, continuation, or reestablishment.
27 (43) The following agencies, functions, or both, shall terminate on July

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1 1, 2012:

2 (f) THE FUNCTIONS OF PROFESSIONAL REVIEW COMMITTEES 3 PURSUANT TO ARTICLE 36.5 OF TITLE 12, C.R.S.; 4 (g) THE FUNCTIONS OF THE COMMITTEE ON ANTICOMPETITIVE 5 CONDUCT PURSUANT TO ARTICLE 36.5 OF TITLE 12, C.R.S. 6 SECTION 6. 25-3.5-103, Colorado Revised Statutes, 7 is amended BY THE ADDITION OF A NEW SUBSECTION to read: 8 **25-3.5-103.** Definitions. As used in this article, unless the context 9 otherwise requires: (7.5) "EMERGENCY MEDICAL PRACTICE ADVISORY COUNCIL" OR 10 11 "ADVISORY COUNCIL" MEANS THE EMERGENCY MEDICAL PRACTICE 12 ADVISORY COUNCIL CREATED IN SECTION 25-3.5-206. 13 **SECTION 7.** 25-3.5-201 (1), Colorado Revised Statutes, is amended to read: 14 15 **25-3.5-201.** Training programs. (1) The department shall 16 design and establish specialized curricula for personnel who respond 17 routinely to emergencies. Each curriculum shall be approved by the 18 council in consultation with the state board of medical examiners. The 19 board of county commissioners may select from the various curricula 20 available those courses meeting the minimum requirements established 21 by said board. 22 **SECTION 8.** 25-3.5-203 (1) (a), Colorado Revised Statutes, is 23 amended, and the said 25-3.5-203 (1) is further amended BY THE 24 ADDITION OF A NEW PARAGRAPH, to read: 25-3.5-203. Emergency medical technicians - certification -25 26 renewal of certificate - duties of department - rules - criminal history 27 record checks - repeal. (1) (a) (I) PRIOR TO JANUARY 1, 2011, the duties 1 and functions of emergency medical technicians, including the acts that 2 they are authorized to perform subject to the medical direction of a 3 licensed physician, shall be regulated by rules adopted by the Colorado 4 state MEDICAL board. of medical examiners. The council shall advise and 5 make recommendations to said board concerning such rules before final 6 adoption. 7 (II) THIS PARAGRAPH (a) IS REPEALED, EFFECTIVE JANUARY 1, 8 2011. 9 (a.5) ON AND AFTER JANUARY 1, 2011, THE EXECUTIVE DIRECTOR

10 OR CHIEF MEDICAL OFFICER SHALL REGULATE THE ACTS EMERGENCY 11 MEDICAL TECHNICIANS ARE AUTHORIZED TO PERFORM SUBJECT TO THE 12 MEDICAL DIRECTION OF A LICENSED PHYSICIAN. THE EXECUTIVE 13 DIRECTOR OR CHIEF MEDICAL OFFICER, AFTER CONSIDERING THE ADVICE 14 AND RECOMMENDATIONS OF THE ADVISORY COUNCIL, SHALL ADOPT AND 15 REVISE RULES, AS NECESSARY, REGARDING THE REGULATION OF 16 EMERGENCY MEDICAL TECHNICIANS AND THEIR DUTIES AND FUNCTIONS. 17 THE EXECUTIVE DIRECTOR OR CHIEF MEDICAL OFFICER MAY ADOPT THE 18 RULES PRIOR TO JANUARY 1, 2011, BUT THE RULES SHALL NOT TAKE 19 EFFECT UNTIL JANUARY 1, 2011, OR LATER.

20 SECTION 9. 25-3.5-205 (5) (a), Colorado Revised Statutes, is
21 amended to read:

22 25-3.5-205. Emergency medical technicians - investigations 23 discipline. (5) For the purposes of this section:

(a) "Medical director" means a physician who supervises certified
 emergency medical technicians consistent with the rules adopted by the
 board of medical examiners BY THE EXECUTIVE DIRECTOR OR CHIEF
 MEDICAL OFFICER, AS APPLICABLE, PURSUANT TO SECTION 25-3.5-206.

| 1 | SECTION 10. Part 2 of article 3.5 of title 25, Colorado Revised |
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| 2 | Statutes, is amended BY THE ADDITION OF A NEW SECTION to        |
| 3 | read:   |

| 4  | 25-3.5-206. Emergency medical practice advisory council -            |
|----|--|
| 5  | creation - powers and duties - emergency medical technician scope of |
| 6  | practice rules. (1) THERE IS HEREBY CREATED WITHIN THE               |
| 7  | DEPARTMENT, AS A TYPE $2$ ENTITY UNDER THE DIRECTION OF THE          |
| 8  | EXECUTIVE DIRECTOR OF THE DEPARTMENT, THE EMERGENCY MEDICAL          |
| 9  | PRACTICE ADVISORY COUNCIL, REFERRED TO IN THIS PART $2$ AS THE       |
| 10 | "ADVISORY COUNCIL". THE ADVISORY COUNCIL IS RESPONSIBLE FOR          |
| 11 | ADVISING THE DEPARTMENT REGARDING THE APPROPRIATE SCOPE OF           |
| 12 | PRACTICE FOR EMERGENCY MEDICAL TECHNICIANS CERTIFIED PURSUANT        |
| 13 | TO SECTION 25-3.5-203.   |

14 (2) (a) THE EMERGENCY MEDICAL PRACTICE ADVISORY COUNCIL
15 SHALL CONSIST OF THE FOLLOWING ELEVEN MEMBERS:

16 (I) EIGHT VOTING MEMBERS APPOINTED BY THE GOVERNOR AS
17 FOLLOWS:

18 (A) TWO PHYSICIANS LICENSED IN GOOD STANDING IN COLORADO
 19 WHO ARE ACTIVELY SERVING AS EMERGENCY MEDICAL SERVICE MEDICAL

20 DIRECTORS AND ARE PRACTICING IN RURAL OR FRONTIER COUNTIES;

(B) TWO PHYSICIANS LICENSED IN GOOD STANDING IN COLORADO
 WHO ARE ACTIVELY SERVING AS EMERGENCY MEDICAL SERVICE MEDICAL

23 DIRECTORS AND ARE PRACTICING IN URBAN COUNTIES;

(C) ONE PHYSICIAN LICENSED IN GOOD STANDING IN COLORADO
WHO IS ACTIVELY SERVING AS AN EMERGENCY MEDICAL SERVICE MEDICAL
DIRECTOR IN ANY AREA OF THE STATE;

27 (D) ONE EMERGENCY MEDICAL TECHNICIAN CERTIFIED AT AN

1 ADVANCED LIFE SUPPORT LEVEL WHO IS ACTIVELY INVOLVED IN THE 2 PROVISION OF EMERGENCY MEDICAL SERVICES: 3 (E) ONE EMERGENCY MEDICAL TECHNICIAN CERTIFIED AT A BASIC 4 LIFE SUPPORT LEVEL WHO IS ACTIVELY INVOLVED IN THE PROVISION OF 5 EMERGENCY MEDICAL SERVICES; AND 6 (F) ONE EMERGENCY MEDICAL TECHNICIAN CERTIFIED AT ANY 7 LEVEL WHO IS ACTIVELY INVOLVED IN THE PROVISION OF EMERGENCY 8 MEDICAL SERVICES: 9 (II) ONE VOTING MEMBER WHO, AS OF THE EFFECTIVE DATE OF 10 THIS SECTION, IS A MEMBER OF THE STATE EMERGENCY MEDICAL AND 11 TRAUMA SERVICES ADVISORY COUNCIL, APPOINTED BY THE EXECUTIVE 12 DIRECTOR OF THE DEPARTMENT; AND 13 (III) TWO NONVOTING EX OFFICIO MEMBERS APPOINTED BY THE 14 EXECUTIVE DIRECTOR OF THE DEPARTMENT. 15 (b) MEMBERS OF THE ADVISORY COUNCIL SHALL SERVE 16 FOUR-YEAR TERMS; EXCEPT THAT, OF THE MEMBERS INITIALLY APPOINTED 17 TO THE ADVISORY COUNCIL BY THE GOVERNOR, FOUR MEMBERS SHALL 18 SERVE THREE-YEAR TERMS. A VACANCY ON THE ADVISORY COUNCIL 19 SHALL BE FILLED BY APPOINTMENT BY THE APPOINTING AUTHORITY FOR 20 THAT VACANT POSITION FOR THE REMAINDER OF THE UNEXPIRED TERM. 21 MEMBERS SERVE AT THE PLEASURE OF THE APPOINTING AUTHORITY AND 22 CONTINUE IN OFFICE UNTIL THE MEMBER'S SUCCESSOR IS APPOINTED. 23 (c) MEMBERS OF THE ADVISORY COUNCIL SHALL SERVE WITHOUT 24 COMPENSATION BUT SHALL BE REIMBURSED FROM THE EMERGENCY 25 MEDICAL SERVICES ACCOUNT, CREATED IN SECTION 25-3.5-603, FOR THEIR 26 ACTUAL AND NECESSARY TRAVEL EXPENSES INCURRED IN THE 27 PERFORMANCE OF THEIR DUTIES UNDER THIS ARTICLE.

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(d) THE ADVISORY COUNCIL SHALL ELECT A CHAIR AND
 VICE-CHAIR FROM ITS MEMBERS.

3 (e) THE ADVISORY COUNCIL SHALL MEET AT LEAST QUARTERLY
4 AND MORE FREQUENTLY AS NECESSARY TO FULFILL ITS OBLIGATIONS.

5 (f) THE DEPARTMENT SHALL PROVIDE STAFF SUPPORT TO THE
6 ADVISORY COUNCIL.

7 (g) AS USED IN THIS SUBSECTION (2), "LICENSED IN GOOD
8 STANDING" MEANS THAT THE PHYSICIAN HOLDS A CURRENT, VALID
9 LICENSE TO PRACTICE MEDICINE IN COLORADO THAT IS NOT SUBJECT TO
10 ANY RESTRICTIONS.

(3) THE ADVISORY COUNCIL SHALL PROVIDE GENERAL TECHNICAL
EXPERTISE ON MATTERS RELATED TO THE PROVISION OF PATIENT CARE BY
EMERGENCY MEDICAL TECHNICIANS AND SHALL ADVISE OR MAKE
RECOMMENDATIONS TO THE DEPARTMENT IN THE FOLLOWING AREAS:

15 (a) THE ACTS AND MEDICATIONS THAT CERTIFIED EMERGENCY
16 MEDICAL TECHNICIANS AT EACH LEVEL OF CERTIFICATION ARE
17 AUTHORIZED TO PERFORM OR ADMINISTER UNDER THE DIRECTION OF A
18 PHYSICIAN MEDICAL DIRECTOR;

(b) REQUESTS FOR WAIVERS TO THE SCOPE OF PRACTICE RULES
ADOPTED PURSUANT TO THIS SECTION AND SECTION 25-3.5-203 (1) (a.5);

(c) MODIFICATIONS TO EMERGENCY MEDICAL TECHNICIAN
 CERTIFICATION LEVELS AND CAPABILITIES; AND

23 (d) CRITERIA FOR PHYSICIANS TO SERVE AS EMERGENCY MEDICAL
24 SERVICE MEDICAL DIRECTORS.

(4) (a) THE EXECUTIVE DIRECTOR OR, IF THE EXECUTIVE DIRECTOR
IS NOT A PHYSICIAN, THE CHIEF MEDICAL OFFICER SHALL ADOPT RULES IN
ACCORDANCE WITH ARTICLE 4 OF TITLE 24, C.R.S., CONCERNING THE

1 SCOPE OF PRACTICE OF EMERGENCY MEDICAL TECHNICIANS FOR 2 PREHOSPITAL CARE. THE RULES SHALL INCLUDE, BUT NOT BE LIMITED TO, 3 THE FOLLOWING: 4 (I) ALLOWABLE ACTS FOR EACH LEVEL OF EMERGENCY MEDICAL 5 TECHNICIAN CERTIFICATION AND THE MEDICATIONS THAT EACH LEVEL OF 6 EMERGENCY MEDICAL TECHNICIAN CERTIFICATION CAN ADMINISTER; 7 (II) DEFINING THE PHYSICIAN MEDICAL DIRECTION THAT IS 8 REOUIRED FOR APPROPRIATE OVERSIGHT OF AN EMERGENCY MEDICAL 9 TECHNICIAN BY AN EMERGENCY MEDICAL SERVICES MEDICAL DIRECTOR; 10 (III) CRITERIA FOR REQUESTS TO WAIVE THE SCOPE OF PRACTICE 11 RULES AND THE CONDITIONS FOR SUCH WAIVERS; AND 12 (IV) MINIMUM STANDARDS FOR PHYSICIANS TO BE EMERGENCY 13 MEDICAL SERVICES MEDICAL DIRECTORS. 14 (b) RULES ADOPTED PURSUANT TO THIS SUBSECTION (4) 15 SUPERSEDE ANY RULES OF THE COLORADO MEDICAL BOARD REGARDING 16 THE MATTERS SET FORTH IN THIS SUBSECTION (4). 17 **SECTION 11.** 25-3.5-603 (3) (c) (I), Colorado Revised Statutes, 18 is amended to read: 19 25-3.5-603. Emergency medical services account - creation allocation of funds. (3) On and after July 1, 2002, moneys in the 20 21 emergency medical services account shall be appropriated: 22 (c) To the direct and indirect costs of planning, developing, 23 implementing, maintaining, and improving the statewide emergency 24 medical and trauma services system. Such costs shall include: 25  $(\mathbf{I})$ Providing technical assistance and support to local 26 governments, local emergency medical and trauma service providers, and 27 RETACs operating a statewide data collection system, coordinating local and state programs, providing assistance in selection and purchasing of
 medical and communication equipment, and administering the EMTS
 grant program, AND ESTABLISHING AND MAINTAINING SCOPE OF PRACTICE
 FOR CERTIFIED MEDICAL TECHNICIANS; and

5 **SECTION 12.** 25-3.5-706, Colorado Revised Statutes, is 6 amended to read:

7 25-3.5-706. Immunity from liability. The department, the board, 8 the council as defined in section 25-3.5-703 (3.5), a RETAC as defined 9 in section 25-3.5-703 (6.8), THE EMERGENCY MEDICAL PRACTICE 10 ADVISORY COUNCIL CREATED IN SECTION 25-3.5-206, key resource 11 facilities, any other public or private entity acting on behalf of or under 12 contract with the department, and counties and cities and counties shall 13 be immune from civil and criminal liability and from regulatory sanction for acting in compliance with the provisions of this part 7. Nothing in 14 15 this section shall be construed as providing any immunity to such entities 16 or any other person in connection with the provision of medical treatment, 17 care, or services that are governed by the medical malpractice statutes, 18 article 64 of title 13. C.R.S.

SECTION 13. 12-36-106 (3), Colorado Revised Statutes, is
amended BY THE ADDITION OF A NEW PARAGRAPH to read:

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

26 (w) THE RENDERING OF SERVICES BY AN EMERGENCY MEDICAL
27 TECHNICIAN CERTIFIED PURSUANT TO SECTION 25-3.5-203, C.R.S., AS

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LONG AS THE SERVICES RENDERED ARE CONSISTENT WITH RULES ADOPTED
 BY THE EXECUTIVE DIRECTOR OR CHIEF MEDICAL OFFICER, AS APPLICABLE,
 PURSUANT TO SECTION 25-3.5-206, C.R.S., DEFINING THE DUTIES AND
 FUNCTIONS OF EMERGENCY MEDICAL TECHNICIANS.

5 SECTION 14. 12-36-103 (1) (a), (2), (3), (4), (6) (a), and (7),
6 Colorado Revised Statutes, are amended to read:

12-36-103. Colorado medical board - immunity - subject to
termination - repeal of article. (1) (a) (I) There is hereby created the
Colorado state MEDICAL board, of medical examiners, referred to in this
article as the "board". which THE BOARD shall consist of nine SIXTEEN
MEMBERS APPOINTED BY THE GOVERNOR AND POSSESSING THE
QUALIFICATIONS SPECIFIED IN THIS ARTICLE AND AS FOLLOWS:

13 (A) ELEVEN physician members;

- 14 (B) ONE MEMBER LICENSED UNDER THIS ARTICLE AS A PHYSICIAN
  15 ASSISTANT; and
- (C) Four members from the public at large who have no financial
  or professional association with the medical profession. to be appointed
  by the governor and to have the qualifications provided in this article.

19 (II) The terms of the members of the board shall be four years. 20 For the two public member appointees added to the board during the 21 calendar year beginning January 1, 2000, the term for one public member 22 appointee shall expire May 3, 2002, and the other shall expire May 3, 23 FOR THE TWO PHYSICIAN AND ONE PHYSICIAN ASSISTANT  $\frac{2003}{2003}$ 24 APPOINTEES ADDED TO THE BOARD DURING THE CALENDAR YEAR 25 BEGINNING JANUARY 1, 2010, THE TERM FOR ONE OF THE PHYSICIAN MEMBER APPOINTEES SHALL EXPIRE FOUR YEARS AFTER THE 26 27 APPOINTMENT; THE TERM FOR THE OTHER PHYSICIAN MEMBER APPOINTEE

SHALL EXPIRE THREE YEARS AFTER THE APPOINTMENT; AND THE TERM FOR
 THE PHYSICIAN ASSISTANT APPOINTEE SHALL EXPIRE TWO YEARS AFTER
 THE APPOINTMENT. Thereafter, the terms of the members of the board
 shall be four years.

5 (2) The board shall be comprised at all times of seven 6 EIGHT members having the degree of doctor of medicine, and two THREE 7 members having the degree of doctor of osteopathy, all of whom shall 8 have been licensed IN GOOD STANDING and actively engaged in the 9 practice of their professions in this state for at least three years next 10 preceding their appointments, and shall have been residents of this state 11 for at least five years next preceding their appointments, and four FIVE 12 members of the public at large. In making appointments to the board, the 13 governor shall give due consideration to recommendations submitted by 14 the Colorado state medical society with respect to appointments to each 15 office, if any, to be filled by a physician holding the degree of doctor of 16 medicine and to recommendations submitted by the Colorado osteopathic 17 association with respect to appointments to each office, if any, to be filled 18 by a physician holding the degree of doctor of osteopathy.

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20 (3) In the event IF a vacancy in the membership of the board 21 occurs for any cause other than expiration of a term, the governor shall 22 appoint a successor to fill the unexpired portion of the term of such THE 23 member whose office has been so vacated and shall appoint such THE new 24 member in the same manner as members for a full term. Members of the 25 board shall remain in office until their successors have been appointed. 26 A member of the board <del>upon notice and hearing,</del> may be removed by the 27 governor for continued neglect of duty, incompetence, or unprofessional 1 or dishonorable conduct.

2 (4) The board shall elect biennially from its members a president 3 AND a vice-president. and a secretary. Regular Meetings of the board or 4 either ANY panel established pursuant to section 12-36-118, THIS ARTICLE 5 shall be held as scheduled by the board in the state of Colorado. Special 6 meetings of the board may be called by the president or by three members 7 of the board at any time on three days' prior notice by mail or, in case of 8 emergency, on twenty-four hours' notice by telephone or electronic 9 access, any such meetings to be held at the place designated in the call 10 therefor. Except as provided in section 12-36-118 (6), a majority of the 11 board shall constitute a quorum for the transaction of all business. All 12 meetings of the board shall be deemed to have been duly called and 13 regularly held, and all decisions, resolutions, and proceedings of the 14 board shall be deemed to have been duly authorized, unless the contrary 15 be proved.

(6) (a) The provisions of section 24-34-104, C.R.S., concerning
the termination schedule for regulatory bodies of the state unless extended
as provided in that section, are applicable to the Colorado state MEDICAL
board of medical examiners created by this section.

20 (7) After consultation with the board, the director of the division
21 of registrations shall appoint an executive administrator for the board and
22 such other personnel as are deemed necessary, pursuant to section 13 of
23 article XII of the state constitution. At least one member of the board
24 shall serve on any panel convened by the department of personnel to
25 interview candidates for the position of executive administrator.

26 SECTION 15. Part 1 of article 36 of title 12, Colorado Revised
27 Statutes, is amended BY THE ADDITION OF A NEW SECTION to

1 read:

12-36-111.3. Licensing panel. (1) (a) THE PRESIDENT OF THE
BOARD SHALL ESTABLISH A LICENSING PANEL CONSISTING OF THREE
MEMBERS OF THE BOARD AS FOLLOWS:

5 (I) ONE PANEL MEMBER SHALL BE A LICENSED PHYSICIAN HAVING
6 THE DEGREE OF DOCTOR OF MEDICINE;

7 (II) ONE PANEL MEMBER SHALL BE A LICENSED PHYSICIAN HAVING
8 THE DEGREE OF DOCTOR OF OSTEOPATHY; AND

9 (III) ONE PANEL MEMBER SHALL BE A PUBLIC MEMBER OF THE 10 BOARD.

(b) THE PRESIDENT MAY ROTATE THE LICENSING PANEL
MEMBERSHIP AND THE MEMBERSHIP ON THE INQUIRY AND HEARING
PANELS ESTABLISHED PURSUANT TO SECTION 12-36-118 SO THAT ALL
MEMBERS OF THE BOARD, INCLUDING THE BOARD PRESIDENT, MAY SERVE
ON EACH OF THE BOARD PANELS.

16 (c) IF THE PRESIDENT DETERMINES THAT THE BOARD LACKS A 17 MEMBER TO SERVE ON THE LICENSING PANEL THAT MEETS THE CRITERIA 18 SPECIFIED IN PARAGRAPH (a) OF THIS SUBSECTION (1), THE PRESIDENT MAY 19 APPOINT ANOTHER BOARD MEMBER TO FILL THE VACANCY ON THE PANEL. 20 (2)THE LICENSING PANEL SHALL REVIEW AND MAKE 21 DETERMINATIONS ON APPLICATIONS FOR A LICENSE UNDER THIS ARTICLE. 22 (3) THE LICENSING PANEL SHALL REVIEW AND RESOLVE MATTERS 23 RELATING TO THE UNLICENSED PRACTICE OF MEDICINE. IF IT APPEARS TO 24 THE LICENSING PANEL, BASED UPON CREDIBLE EVIDENCE IN A WRITTEN 25 COMPLAINT BY ANY PERSON OR UPON CREDIBLE EVIDENCE IN A MOTION OF 26 THE LICENSING PANEL, THAT A PERSON IS PRACTICING OR HAS PRACTICED 27 MEDICINE OR AS A PHYSICIAN ASSISTANT WITHOUT A LICENSE AS REQUIRED

1 BY THIS ARTICLE, THE LICENSING PANEL MAY ISSUE AN ORDER TO CEASE 2 AND DESIST THE UNLICENSED PRACTICE. THE ORDER SHALL SET FORTH 3 THE PARTICULAR STATUTES AND RULES THAT HAVE BEEN VIOLATED, THE 4 FACTS ALLEGED TO HAVE CONSTITUTED THE VIOLATION, AND THE 5 REQUIREMENT THAT ALL UNLICENSED PRACTICES IMMEDIATELY CEASE. 6 THE RESPONDENT MAY REQUEST A HEARING ON A CEASE-AND-DESIST 7 ORDER IN ACCORDANCE WITH SECTION 12-36-118 (14) (b). THE 8 PROVISIONS OF SECTION 12-36-118 (10), EXEMPTING BOARD DISCIPLINARY 9 PROCEEDINGS AND RECORDS FROM OPEN MEETINGS AND PUBLIC RECORDS 10 REQUIREMENTS, SHALL NOT APPLY TO A HEARING OR ANY OTHER 11 PROCEEDING HELD BY THE LICENSING PANEL PURSUANT TO THIS 12 SUBSECTION (3) REGARDING THE UNLICENSED PRACTICE OF MEDICINE. 13 THE PROCEDURES SPECIFIED IN SECTION 12-36-118 (15), (16), (17), AND 14 (18) SHALL APPLY TO ALLEGATIONS AND ORDERS REGARDING THE 15 UNLICENSED PRACTICE OF MEDICINE BEFORE THE LICENSING PANEL.

SECTION 16. 12-36-104 (1) (c), (1) (e), and (3), Colorado
Revised Statutes, are amended to read:

18 12-36-104. Powers and duties of board. (1) In addition to all
other powers and duties conferred and imposed upon the board by this
article, the board has the following powers and duties to:

21 (c) Adopt a seal which shall be affixed to all licenses issued by the
22 board;

(e) Aid the several district attorneys of this state LAW
ENFORCEMENT in the enforcement of this article and in the prosecution of
all persons, firms, associations, or corporations charged with the violation
of any of its provisions.

27 (3) To facilitate the licensure of qualified applicants AND ADDRESS

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1 THE UNLICENSED PRACTICE OF MEDICINE AND THE UNLICENSED PRACTICE 2 AS A PHYSICIAN ASSISTANT, the PRESIDENT OF THE board may, in its 3 discretion, SHALL establish a subcommittee of at least three board 4 members LICENSING PANEL IN ACCORDANCE WITH SECTION 12-36-111.3 5 to perform licensing functions in accordance with this article Three 6 subcommittee AND REVIEW AND RESOLVE MATTERS RELATING TO THE 7 UNLICENSED PRACTICE OF MEDICINE AND UNLICENSED PRACTICE AS A 8 PHYSICIAN ASSISTANT. TWO PANEL members shall constitute a quorum of 9 the subcommittee PANEL. Any action taken by a quorum of the 10 subcommittee PANEL shall constitute action by the board.

SECTION 17. 12-36-118 (5) (f), (7), (10), (13), and (14) (a),
Colorado Revised Statutes, are amended to read:

13 12-36-118. Disciplinary action by board - immunity. 14 (5) (f) Except as provided in subsection (1) of this section, an 15 administrative law judge shall preside at the hearing and he shall advise 16 the hearings panel, AS REQUESTED, on all such legal matters in connection 17 with the hearing. as the panel may request. He THE ADMINISTRATIVE LAW 18 JUDGE shall provide such advice or assistance as REQUESTED BY the 19 hearings panel may request in connection with its preparations of its 20 findings and recommendations or conclusions to be made. Such THE 21 administrative law judge shall have the authority to MAY administer oaths 22 and affirmations, sign and issue subpoenas, and perform such other duties 23 as AUTHORIZED BY the hearings panel. may authorize him to perform. 24 Such administrative law judge shall have the qualifications provided in 25 section 24-30-1003 (2), C.R.S., with five years' experience as a licensed 26 attorney.

27

(7) Upon the expiration of the term of suspension, the license shall

be reinstated by the board if the holder thereof furnishes the board with
evidence that he has complied with all terms of the suspension. If such
evidence shows he has not complied with all terms of the suspension, the
board shall revoke the license at a hearing, notice of which and the
procedure at which shall be as provided in this section.

6 (10) (a) Investigations, examinations, hearings, meetings, or any 7 other proceedings of the board conducted pursuant to the provisions of 8 this section shall be exempt from the provisions of any law requiring that 9 proceedings of the board be conducted publicly or that the minutes or 10 records of the board with respect to action of the board taken pursuant to 11 the provisions of this section be open to public inspection. THIS 12 SUBSECTION (10) SHALL NOT APPLY TO INVESTIGATIONS, EXAMINATIONS, 13 HEARINGS, MEETINGS, OR ANY OTHER PROCEEDINGS OR RECORDS OF THE 14 LICENSING PANEL CREATED PURSUANT TO SECTION 12-36-111.3 RELATED 15 TO THE UNLICENSED PRACTICE OF MEDICINE.

16 (b) FOR PURPOSES OF THE RECORDS RELATED TO A COMPLAINT
17 FILED PURSUANT TO THIS SECTION AGAINST A LICENSEE, THE BOARD SHALL
18 BE CONSIDERED A PROFESSIONAL REVIEW COMMITTEE, THE RECORDS
19 RELATED TO THE COMPLAINT SHALL INCLUDE ALL RECORDS DESCRIBED IN
20 SECTION 12-36.5-102 (4), AND SECTION 12-36.5-104 (10) SHALL APPLY TO
21 THOSE RECORDS.

(13) Within thirty days after the board takes final action, which is
of public record, to revoke or suspend a license or to place a licensee on
probation based on competence or professional conduct, the board shall
send notice thereof OF THE FINAL ACTION to any hospital in which the
licensee has clinical privileges, as indicated by the licensee. The board
shall post electronically, within thirty days after the entry of a final

judgment by a court of competent jurisdiction, notice of final judgment 1 2 in which it is alleged that malpractice or professional negligence has been 3 committed by a licensed physician or physician assistant and the licensed 4 physician or physician assistant is found to have committed malpractice 5 or be professionally negligent. The board shall also post electronically a 6 notice of final judgment entered by a court of competent jurisdiction in 7 another state at such time as the notice is submitted to the board by the 8 licensee or applicant. The board shall also make available to the public 9 malpractice judgment information by telephone within the same time 10 periods as the information is made available to the public electronically. 11 (14) (a) If it appears to the board, based upon credible evidence 12 as presented in a written complaint by any person OR IN ITS OWN MOTION, 13 that a licensee is acting in a manner that is an imminent threat to the 14 health and safety of the public, or a person is acting or has acted without 15 the required license, the board may issue an order to cease and desist such 16 activity. The order shall set forth the statutes and rules alleged to have 17 been violated, the facts alleged to have constituted the violation, and the 18 requirement that all unlawful acts or unlicensed practices immediately 19 cease.

20 SECTION 18. 12-36-106.4 (4) (b), Colorado Revised Statutes,
21 is amended to read:

12-36-106.4. Collaboration with advanced practice nurses with prescriptive authority - preceptorships - mentorships - board rules. (4) (b) (I) The director of the division of registrations 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 supercede 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.

6 (II) IF THE DIRECTOR DETERMINES THAT THE TWO BOARDS HAVE 7 ADOPTED COMPLEMENTARY RULES REGARDING THE PRESCRIPTIVE 8 AUTHORITY OF ADVANCED PRACTICE NURSES AND COLLABORATION 9 BETWEEN ADVANCED PRACTICE NURSES AND PHYSICIANS, THE DIRECTOR 10 SHALL NOT ADOPT RULES THAT SUPERSEDE AND REPLACE THE RULES OF 11 THE TWO BOARDS, BUT THE DIRECTOR SHALL REVIEW ANY AMENDMENTS 12 TO THOSE RULES BY EITHER BOARD TO ENSURE THAT THE RULES REMAIN 13 COMPLEMENTARY. IF THE DIRECTOR DETERMINES THAT AN AMENDMENT 14 TO THE RULES BY THE COLORADO MEDICAL BOARD OR THE STATE BOARD 15 OF NURSING RESULTS IN RULES ON PRESCRIPTIVE AUTHORITY AND 16 COLLABORATION THAT ARE NO LONGER COMPLEMENTARY, THE 17 AMENDMENT SHALL NOT TAKE EFFECT.

18 **SECTION 19.** 12-38-111.6 (4.5) (f), Colorado Revised Statutes,

is amended to read:

20 **12-38-111.6.** Prescriptive authority - advanced practice nurses 21 - rules - repeal. (4.5) (f) (I) Except as provided in subparagraph (II) of 22 this paragraph (f), the board shall adopt rules to implement this subsection 23 (4.5), which rules shall take effect on July 1, 2010. The board shall 24 consider the recommendations of the nurse-physician advisory task force 25 for Colorado health care submitted in accordance with section 24-34-109, 26 C.R.S., concerning prescriptive authority of advanced practice nurses. 27 The rules shall be complementary to rules adopted by the state COLORADO 1 MEDICAL board of medical examiners pursuant to section 12-36-106.4.

2 (II) (A) The director of the division of registrations in the 3 department of regulatory agencies shall review the rules adopted by the 4 board pursuant to this paragraph (f) prior to the effective date of the rules 5 to determine if the rules complement the rules of the state COLORADO MEDICAL board. of medical examiners. If the director determines that the 6 7 rules of the two boards are not complementary, the director shall adopt 8 rules that supercede SUPERSEDE and replace the rules of the two boards 9 regarding prescriptive authority of advanced practice nurses and 10 collaboration between advanced practice nurses and physicians, and such 11 rules shall take effect on July 2, 2010.

12 (B) IF THE DIRECTOR DETERMINES THAT THE TWO BOARDS HAVE 13 ADOPTED COMPLEMENTARY RULES REGARDING THE PRESCRIPTIVE 14 AUTHORITY OF ADVANCED PRACTICE NURSES AND COLLABORATION 15 BETWEEN ADVANCED PRACTICE NURSES AND PHYSICIANS, THE DIRECTOR 16 SHALL NOT ADOPT RULES THAT SUPERSEDE AND REPLACE THE RULES OF 17 THE TWO BOARDS, BUT THE DIRECTOR SHALL REVIEW ANY AMENDMENTS 18 TO THOSE RULES BY EITHER BOARD TO ENSURE THAT THE RULES REMAIN 19 COMPLEMENTARY. IF THE DIRECTOR DETERMINES THAT AN AMENDMENT 20 TO THE RULES BY THE STATE BOARD OF NURSING OR THE COLORADO 21 MEDICAL BOARD RESULTS IN RULES ON PRESCRIPTIVE AUTHORITY AND 22 COLLABORATION THAT ARE NO LONGER COMPLEMENTARY, THE 23 AMENDMENT SHALL NOT TAKE EFFECT.

SECTION 20. Part 1 of article 36 of title 12, Colorado Revised
Statutes, is amended BY THE ADDITION OF A NEW SECTION to
read:

27

12-36-114.3. Pro bono license - qualifications - reduced fee -

-23-

rules. (1) NOTWITHSTANDING ANY OTHER PROVISION OF THIS ARTICLE,
 THE BOARD MAY ISSUE A PRO BONO LICENSE TO A PHYSICIAN TO PRACTICE
 MEDICINE IN THIS STATE FOR NOT MORE THAN SIXTY DAYS IN A CALENDAR
 YEAR IF THE PHYSICIAN:

5 (a) (I) HOLDS AN ACTIVE AND UNRESTRICTED LICENSE TO
6 PRACTICE MEDICINE IN COLORADO AND IS IN ACTIVE PRACTICE IN THIS
7 STATE;

8 (II) HAS BEEN ON INACTIVE STATUS PURSUANT TO SECTION
9 12-36-137 FOR NOT MORE THAN TWO YEARS; OR

(III) HOLDS AN ACTIVE AND UNRESTRICTED LICENSE TO PRACTICE
MEDICINE IN ANOTHER STATE OR TERRITORY OF THE UNITED STATES;

(b) ATTESTS TO THE BOARD THAT HE OR SHE:

12

(I) DOES NOT CHARGE FOR HIS OR HER SERVICES; EXCEPT THAT THE
FACILITY AT WHICH THE SERVICES ARE PROVIDED MAY CHARGE ON A
NOT-FOR-PROFIT BASIS FOR THE PROVISION OF SERVICES; OR

(II) WORKS FOR AND MAY BE COMPENSATED BY AN ORGANIZATION
 THAT DOES NOT CHARGE COLORADO PATIENTS FOR ITS SERVICES;

18 (c) HAS NEVER HAD A LICENSE TO PRACTICE MEDICINE IN THIS
19 STATE OR IN ANOTHER STATE OR TERRITORY REVOKED OR SUSPENDED, AS
20 VERIFIED BY THE APPLICANT IN THE MANNER PRESCRIBED BY THE BOARD;

21 (d) IS NOT THE SUBJECT OF AN UNRESOLVED COMPLAINT;

22 (e) MAINTAINS COMMERCIAL PROFESSIONAL LIABILITY INSURANCE

23 COVERAGE IN ACCORDANCE WITH SECTION 13-64-301, C.R.S.; AND

24 (f) PAYS THE FEE ESTABLISHED BY THE BOARD.

(2) THE BOARD SHALL ESTABLISH AND CHARGE AN APPLICATION
FEE FOR AN INITIAL AND RENEWAL PRO BONO LICENSE, NOT TO EXCEED
ONE-HALF THE AMOUNT OF THE FEE FOR A RENEWAL OF A PHYSICIAN'S

1 LICENSE AND NOT TO EXCEED THE COST OF ADMINISTERING THE LICENSE.

2 (3) A PRO BONO LICENSE IS SUBJECT TO THE RENEWAL
3 REQUIREMENTS SET FORTH IN SECTION 12-36-123.

4 (4) A PHYSICIAN GRANTED A PRO BONO LICENSE UNDER THIS
5 SECTION SHALL NOT SIMULTANEOUSLY HOLD A FULL LICENSE TO PRACTICE
6 MEDICINE ISSUED UNDER THIS ARTICLE.

7 (5) A PHYSICIAN GRANTED A PRO BONO LICENSE UNDER THIS
8 SECTION IS SUBJECT TO DISCIPLINE BY THE BOARD FOR COMMITTING
9 UNPROFESSIONAL CONDUCT, AS DEFINED IN SECTION 12-36-117, OR ANY
10 OTHER ACT PROHIBITED BY THIS ARTICLE.

11 (6) THE BOARD MAY REFRAIN FROM ISSUING A PRO BONO LICENSE
12 IN ACCORDANCE WITH SECTION 12-36-116.

13 (7) THE BOARD MAY ADOPT RULES AS NECESSARY TO IMPLEMENT
14 THIS SECTION.

15 SECTION 21. Repeal. 12-36-107 (5), Colorado Revised
16 Statutes, is repealed.

SECTION 22. Part 1 of article 36 of title 12, Colorado Revised
Statutes, is amended BY THE ADDITION OF A NEW SECTION to
read:

20 12-36-114.5. Reentry license. (1) NOTWITHSTANDING ANY 21 OTHER PROVISION OF THIS ARTICLE. THE BOARD MAY ISSUE A REENTRY 22 LICENSE TO A PHYSICIAN OR PHYSICIAN ASSISTANT WHO HAS NOT 23 ACTIVELY PRACTICED MEDICINE OR PRACTICED AS A PHYSICIAN 24 ASSISTANT, AS APPLICABLE, FOR THE TWO-YEAR PERIOD IMMEDIATELY 25 PRECEDING THE FILING OF AN APPLICATION FOR A REENTRY LICENSE, OR 26 WHO HAS NOT OTHERWISE MAINTAINED CONTINUED COMPETENCY DURING 27 SUCH PERIOD, AS DETERMINED BY THE BOARD. THE BOARD MAY CHARGE 1 A FEE FOR A REENTRY LICENSE.

(2) (a) IN ORDER TO QUALIFY FOR A REENTRY LICENSE, THE
PHYSICIAN OR PHYSICIAN ASSISTANT SHALL SUBMIT TO EVALUATIONS,
ASSESSMENTS, AND AN EDUCATIONAL PROGRAM AS REQUIRED BY THE
BOARD. THE BOARD MAY WORK WITH A PRIVATE ENTITY THAT
SPECIALIZES IN PHYSICIAN AND PHYSICIAN ASSISTANT ASSESSMENT TO:

7 (I) DETERMINE THE APPLICANT'S COMPETENCY AND AREAS IN
8 WHICH IMPROVEMENT IS NEEDED, IF ANY;

9 (II) DEVELOP AN EDUCATIONAL PROGRAM SPECIFIC TO THE 10 APPLICANT; AND

(III) UPON COMPLETION OF THE EDUCATIONAL PROGRAM,
CONDUCT AN EVALUATION TO DETERMINE THE APPLICANT'S COMPETENCY.
(b) (I) IF, BASED ON THE ASSESSMENT, THE BOARD DETERMINES
THAT THE APPLICANT REQUIRES A PERIOD OF SUPERVISED PRACTICE, THE
BOARD MAY ISSUE A REENTRY LICENSE, ALLOWING THE APPLICANT TO
PRACTICE MEDICINE OR AS A PHYSICIAN ASSISTANT, AS APPLICABLE,
UNDER SUPERVISION AS SPECIFIED BY THE BOARD.

(II) AFTER SATISFACTORY COMPLETION OF THE PERIOD OF
SUPERVISED PRACTICE, AS DETERMINED BY THE BOARD, THE REENTRY
LICENSEE MAY APPLY TO THE BOARD FOR CONVERSION OF THE REENTRY
LICENSE TO A FULL LICENSE TO PRACTICE MEDICINE OR TO PRACTICE AS A
PHYSICIAN ASSISTANT, AS APPLICABLE, UNDER THIS ARTICLE.

(c) IF, BASED ON THE ASSESSMENT AND AFTER COMPLETION OF AN
EDUCATIONAL PROGRAM, IF PRESCRIBED, THE BOARD DETERMINES THAT
THE APPLICANT IS COMPETENT AND QUALIFIED TO PRACTICE MEDICINE OR
TO PRACTICE AS A PHYSICIAN ASSISTANT, AS SPECIFIED IN THIS ARTICLE,
WITHOUT SUPERVISION, THE BOARD MAY CONVERT THE REENTRY LICENSE

TO A FULL LICENSE TO PRACTICE MEDICINE OR TO PRACTICE AS A
 PHYSICIAN ASSISTANT, AS APPLICABLE, UNDER THIS ARTICLE.

3 (3) A REENTRY LICENSE SHALL BE VALID FOR NO MORE THAN
4 THREE YEARS AND SHALL NOT BE RENEWABLE.

5 SECTION 23. 12-36-123.5 (3.5) (b) and (3.5) (e) (I), Colorado
6 Revised Statutes, are amended, and the said 12-36-123.5 (3.5) is further
7 amended BY THE ADDITION OF A NEW PARAGRAPH, to read:

8 12-36-123.5. Physicians' and physician assistants' peer health 9 assistance program. (3.5) (b) (I) Effective January 1, 1999, As a 10 condition of PHYSICIAN AND PHYSICIAN ASSISTANT licensure AND 11 RENEWAL in this state, and effective January 1, 1999, as a condition of 12 physician assistant certification every renewal applicant shall pay, to the 13 administering entity that has been selected by the board pursuant to the 14 provisions of paragraphs (d) and (e) of this subsection (3.5), an amount 15 set by the board not to exceed fifty SIXTY-ONE dollars per year, which 16 maximum amount may be adjusted on January 1, 2000 2011, and annually 17 thereafter by the board to reflect:

(A) Changes in the United States bureau of labor statistics
consumer price index for the Denver-Boulder consolidated metropolitan
statistical area for all urban consumers, all goods, or its successor index;

- 21 Such
- 22

#### (B) OVERALL UTILIZATION OF THE PROGRAM; AND

23 (C) DIFFERENCES IN PROGRAM UTILIZATION BY PHYSICIANS AND
24 PHYSICIAN ASSISTANTS.

(II) BASED ON DIFFERENCES IN UTILIZATION RATES BETWEEN
PHYSICIANS AND PHYSICIAN ASSISTANTS, THE BOARD MAY ESTABLISH A
DIFFERENT FEE AMOUNT FOR PHYSICIANS THAN THE AMOUNT CHARGED

1 PHYSICIAN ASSISTANTS.

7

(III) THE fee IMPOSED PURSUANT TO THIS PARAGRAPH (b) shall be
used to support designated providers that have been selected by the board
to provide assistance to physicians and physician assistants needing help
in dealing with physical, emotional, or psychological problems that may
be detrimental to their ability to practice medicine.

(e) The responsibilities of the administering entity shall be:

8 (I) To collect the required annual payments, EITHER DIRECTLY OR
9 THROUGH THE BOARD;

10 (g) THE BOARD MAY COLLECT THE REQUIRED ANNUAL PAYMENTS 11 FOR THE BENEFIT OF THE ADMINISTERING ENTITY AND SHALL TRANSFER 12 SUCH PAYMENTS TO THE ADMINISTERING ENTITY. ALL PAYMENTS 13 COLLECTED BY THE BOARD ARE CUSTODIAL FUNDS THAT ARE NOT SUBJECT 14 TO APPROPRIATION BY THE GENERAL ASSEMBLY, AND THE DISTRIBUTION 15 OF PAYMENTS TO THE ADMINISTERING ENTITY DOES NOT CONSTITUTE 16 STATE FISCAL YEAR SPENDING FOR PURPOSES OF SECTION 20 OF ARTICLE 17 X OF THE STATE CONSTITUTION.

SECTION 24. 12-36-106 (1) (b), (1) (g), and (2), the introductory
portion to 12-36-106 (3), 12-36-106 (3) (b) and (5) (b) (I), the
introductory portion to 12-36-106 (5) (b) (II), and 12-36-106 (5) (b) (II)
(B), Colorado Revised Statutes, are amended to read:

12-36-106. Practice of medicine defined - exemptions from
licensing requirements - unauthorized practice by physician
assistants - penalties - rules - repeal. (1) For the purpose of this article,
"practice of medicine" means:

(b) Suggesting, recommending, prescribing, or administering any
form of treatment, operation, or healing for the intended palliation, relief,

or cure of any physical or mental disease, ailment, injury, condition, or
 defect of any person; with the intention of receiving therefor, either
 directly or indirectly, any fee, gift, or compensation whatsoever;

4 (g) The delivery of telemedicine. which means the delivery of 5 medical services and any diagnosis, consultation, or treatment using 6 interactive audio, interactive video, or interactive data communication. 7 Nothing in this paragraph (g) shall be construed to authorize AUTHORIZES 8 physicians to deliver services outside their scope of practice nor to limit 9 OR LIMITS the delivery of health services by other licensed professionals, 10 within the professional's scope of practice, using advanced technology, 11 including, but not limited to, interactive audio, interactive video, or 12 interactive data communication.

13 (2) If any A person who does not possess and has not filed a 14 license to practice medicine within OR PRACTICE AS A PHYSICIAN 15 ASSISTANT IN this state, as provided in this article, and who is not exempted from the licensing requirements under this section, shall do 16 17 ARTICLE, PERFORMS any of the acts mentioned in this section as 18 constituting THAT CONSTITUTE the practice of medicine he AS DEFINED IN 19 THIS SECTION, THE PERSON shall be deemed to be practicing medicine 20 without complying with the provisions of this article and OR PRACTICING 21 AS A PHYSICIAN ASSISTANT in violation thereof OF THIS ARTICLE.

(3) Nothing in this section shall be construed to prohibit, or to
require A PERSON MAY ENGAGE IN, AND SHALL NOT BE REQUIRED TO
OBTAIN a license or a physician training license under this article with
respect to, any of the following acts:

(b) The OCCASIONAL rendering of services in this state by aphysician IF THE PHYSICIAN:

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(I) IS LICENSED AND lawfully practicing medicine in another state
 or territory whether or not such physician is in Colorado, but if any such
 physician does not limit such services to an occasional consultation or
 case or if such physician has OF THE UNITED STATES WITHOUT
 RESTRICTIONS OR CONDITIONS ON THE PHYSICIAN'S LICENSE;

6 (II) DOES NOT HAVE any established or regularly used hospital
7 connections MEDICAL STAFF MEMBERSHIP OR CLINICAL PRIVILEGES in this
8 state; or if such physician

9 (III) Is NOT party to any contract, agreement, or understanding to 10 provide the services described in paragraph (a) of subsection (1) of this 11 section or if such physician maintains or is provided with for his or her 12 regular use any IN THIS STATE ON A REGULAR OR ROUTINE BASIS;

(IV) DOES NOT MAINTAIN AN office or other place for the
 rendering of such services; such physician shall possess a license to
 practice medicine in this state

16 (V) HAS MEDICAL LIABILITY INSURANCE COVERAGE IN THE 17 AMOUNTS REQUIRED PURSUANT TO SECTION 13-64-302, C.R.S., FOR THE 18 SERVICES RENDERED IN THIS STATE; AND

19 (VI) LIMITS THE SERVICES PROVIDED IN THIS STATE TO AN20 OCCASIONAL CASE OR CONSULTATION.

(5) (b) (I) If the authority to perform an act is delegated pursuant
to paragraph (a) of this subsection (5), the act shall not be performed
except under the personal and responsible direction and supervision of a
person licensed under the laws of this state to practice medicine. and said
person shall not A LICENSED PHYSICIAN MAY be responsible for the
direction and supervision of more than two UP TO FOUR physician
assistants at any one time, without specific approval of the board AND

MAY BE RESPONSIBLE FOR THE DIRECTION AND SUPERVISION OF MORE
 THAN FOUR PHYSICIAN ASSISTANTS UPON RECEIVING SPECIFIC APPROVAL
 FROM THE BOARD. The board, BY RULE, may define WHAT CONSTITUTES
 appropriate direction and supervision pursuant to rules and regulations OF
 A PHYSICIAN ASSISTANT.

6 (II) For purposes of this subsection (5), "personal and responsible 7 direction and supervision" means that the direction and supervision of a 8 physician assistant must be IS personally rendered by a licensed physician 9 practicing in the state of Colorado and IS not RENDERED through 10 intermediaries. The extent of direction and supervision shall be 11 determined by rules and regulations promulgated by the board and as 12 otherwise provided in this paragraph (b); except that, when a physician 13 assistant is performing a delegated medical function in an acute care 14 hospital, the board shall allow supervision and direction to be performed 15 without the physical presence of the physician during the time the 16 delegated medical functions are being implemented if:

17 (B) The licensed supervising physician reviews the quality of
18 medical services rendered by the physician assistant every two working
19 days by reviewing the medical records to assure compliance with the
20 physicians' directions; and

SECTION 25. The introductory portion to 12-36-107 (1) and
12-36-107 (1) (b), (1) (d), (2) (b), and (2) (c), Colorado Revised Statutes,
are amended, and the said 12-36-107 (1) is further amended BY THE
ADDITION OF A NEW PARAGRAPH, to read:

12-36-107. Qualifications for licensure. (1) Subject to the other
conditions and provisions of this article, a license to practice medicine
shall be granted by the board to an applicant therefor only upon the basis

1 of:

2 (b) A certification of record or other certificate of examination 3 issued to or for the applicant THE APPLICANT'S PASSAGE OF 4 EXAMINATIONS CONDUCTED by the national board of medical examiners, 5 the national board of examiners for osteopathic physicians and surgeons, 6 or the federation of state medical boards, OR ANY SUCCESSOR TO SAID 7 ORGANIZATIONS, AS APPROVED BY THE BOARD; certifying that the 8 applicant has passed examinations, including but not limited to 9 examinations in the basic sciences, given by the respective boards;

(d) A valid, unsuspended, and unrevoked license or certificate
issued to the applicant on the basis of an examination, by a duly
constituted examining board, under the laws of any other state or of any
territory of the United States or of the District of Columbia whose
licensing standards at the time such license or certificate was issued were
not substantially lower than those of the state of Colorado at that time for
the granting of a license to practice medicine if:

(I) Under the scope of such license or certificate the applicant was
 authorized to practice medicine in all its branches, as defined in this
 article;

(II) Such examining board grants licenses, without further
 examination and otherwise on a substantially equal reciprocal basis, to
 applicants who possess a license to practice medicine granted by the
 board or heretofore granted by the state board of medical examiners as
 constituted under any prior law of this state;

25 (III) The medical school from which the applicant graduated was
 approved by this or such prior board at the time of the issuance of such
 license or certificate.

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1 (e) (I) ENDORSEMENT, IF THE APPLICANT FOR LICENSURE BY 2 ENDORSEMENT:

3 (A) FILES AN APPLICATION AND PAYS A FEE AS PRESCRIBED BY THE
4 BOARD;

5 (B) HOLDS A CURRENT, VALID LICENSE IN A JURISDICTION THAT 6 REQUIRES QUALIFICATIONS SUBSTANTIALLY EQUIVALENT TO THE 7 QUALIFICATIONS FOR LICENSURE IN THIS STATE AS SPECIFIED IN THIS 8 SECTION;

9 (C) SUBMITS WRITTEN VERIFICATION THAT HE OR SHE HAS 10 ACTIVELY PRACTICED MEDICINE IN ANOTHER JURISDICTION FOR AT LEAST 11 FIVE OF THE IMMEDIATELY PRECEDING SEVEN YEARS OR HAS OTHERWISE 12 MAINTAINED CONTINUED COMPETENCY AS DETERMINED BY THE BOARD; 13 AND

14 (D) SUBMITS PROOF SATISFACTORY TO THE BOARD THAT HE OR 15 SHE HAS NOT BEEN AND IS NOT SUBJECT TO FINAL OR PENDING 16 DISCIPLINARY OR OTHER ACTION BY ANY STATE OR JURISDICTION IN WHICH 17 THE APPLICANT IS OR HAS BEEN PREVIOUSLY LICENSED; EXCEPT THAT, IF 18 THE APPLICANT IS OR HAS BEEN SUBJECT TO SUCH ACTION, THE BOARD 19 MAY REVIEW THE ACTION TO DETERMINE WHETHER THE UNDERLYING 20 CONDUCT WARRANTS REFUSAL OF A LICENSE PURSUANT TO SECTION 21 12-36-116.

(II) UPON RECEIPT OF ALL DOCUMENTS REQUIRED BY THIS
PARAGRAPH (e), THE BOARD SHALL REVIEW THE APPLICATION AND MAKE
A DETERMINATION OF THE APPLICANT'S QUALIFICATION TO BE LICENSED BY
ENDORSEMENT.

26 (2) No person shall be granted a license to practice medicine as
27 provided by subsection (1) of this section unless such person:

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(b) Is a graduate of an approved medical college; as defined in
 section 12-36-108; and

3 (c) Has completed either an approved internship of at least one
4 year as defined in section 12-36-109, or at least one year of postgraduate
5 training approved by the board.

6 SECTION 26. 12-36-118 (5), Colorado Revised Statutes, is
7 amended BY THE ADDITION OF A NEW PARAGRAPH to read:

8 12-36-118. Disciplinary action by board - immunity. 9 (5) (i) ANY PERSON WHOSE LICENSE TO PRACTICE MEDICINE OR TO 10 PRACTICE AS A PHYSICIAN ASSISTANT IS REVOKED OR WHO SURRENDERS 11 HIS OR HER LICENSE TO AVOID DISCIPLINE SHALL NOT BE ELIGIBLE TO 12 APPLY FOR ANY LICENSE FOR TWO YEARS AFTER THE DATE THE LICENSE IS 13 REVOKED OR SURRENDERED. THE TWO-YEAR WAITING PERIOD APPLIES TO 14 ANY PERSON WHOSE LICENSE TO PRACTICE MEDICINE, TO PRACTICE AS A 15 PHYSICIAN ASSISTANT, OR TO PRACTICE ANY OTHER HEALTH CARE 16 OCCUPATION IS REVOKED BY ANY OTHER LEGALLY QUALIFIED BOARD.

SECTION 27. 12-36-117 (1) (o), Colorado Revised Statutes, is
amended to read:

19 12-36-117. Unprofessional conduct - repeal.
20 (1) "Unprofessional conduct" as used in this article means:

(o) Such FAILING TO NOTIFY THE BOARD, AS REQUIRED BY SECTION
12-36-118.5 (1), OF A PHYSICAL OR MENTAL ILLNESS OR CONDITION THAT
IMPACTS THE LICENSEE'S ABILITY TO PERFORM A MEDICAL SERVICE WITH
REASONABLE SKILL AND WITH SAFETY TO PATIENTS, FAILING TO ACT
WITHIN THE LIMITATIONS CREATED BY A physical or mental disability as
to render ILLNESS OR CONDITION THAT RENDERS the licensee unable to
perform A medical services SERVICE with reasonable skill and with safety

to the patient, OR FAILING TO COMPLY WITH THE LIMITATIONS AGREED TO
 UNDER A CONFIDENTIAL AGREEMENT ENTERED PURSUANT TO SECTION
 12-36-118.5;

4 SECTION 28. Part 1 of article 36 of title 12, Colorado Revised
5 Statutes, is amended BY THE ADDITION OF A NEW SECTION to
6 read:

7 12-36-118.5. Confidential agreements to limit practice -8 violation grounds for discipline. (1) IF A PHYSICIAN OR PHYSICIAN 9 ASSISTANT SUFFERS FROM A PHYSICAL OR MENTAL ILLNESS OR CONDITION 10 THAT RENDERS THE LICENSEE UNABLE TO PRACTICE MEDICINE OR 11 PRACTICE AS A PHYSICIAN ASSISTANT WITH REASONABLE SKILL AND WITH 12 SAFETY TO PATIENTS, THE PHYSICIAN OR PHYSICIAN ASSISTANT SHALL 13 NOTIFY THE BOARD OF THE ILLNESS OR CONDITION IN A MANNER AND 14 WITHIN A PERIOD DETERMINED BY THE BOARD. THE BOARD MAY REQUIRE 15 THE LICENSEE TO SUBMIT TO AN EXAMINATION OR REFER THE LICENSEE TO 16 A PEER HEALTH ASSISTANCE PROGRAM PURSUANT TO SECTION 12-36-123.5 17 TO EVALUATE THE EXTENT OF THE ILLNESS OR CONDITION AND ITS 18 IMPACT ON THE LICENSEE'S ABILITY TO PRACTICE WITH REASONABLE SKILL 19 AND WITH SAFETY TO PATIENTS.

20 (2) (a) UPON DETERMINING THAT A PHYSICIAN OR PHYSICIAN 21 ASSISTANT WITH A PHYSICAL OR MENTAL ILLNESS OR CONDITION IS ABLE 22 TO RENDER LIMITED MEDICAL SERVICES WITH REASONABLE SKILL AND 23 WITH SAFETY TO PATIENTS, THE BOARD MAY ENTER INTO A CONFIDENTIAL 24 AGREEMENT WITH THE PHYSICIAN OR PHYSICIAN ASSISTANT IN WHICH THE 25 PHYSICIAN OR PHYSICIAN ASSISTANT AGREES TO LIMIT HIS OR HER 26 PRACTICE BASED ON THE RESTRICTIONS IMPOSED BY THE ILLNESS OR 27 CONDITION, AS DETERMINED BY THE BOARD.

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(b) AS PART OF THE AGREEMENT, THE LICENSEE SHALL BE SUBJECT
 TO PERIODIC REEVALUATIONS OR MONITORING AS DETERMINED
 APPROPRIATE BY THE BOARD. THE BOARD MAY REFER THE LICENSEE TO
 THE PEER ASSISTANCE HEALTH PROGRAM FOR REEVALUATION OR
 MONITORING.

6 (c) THE PARTIES MAY MODIFY OR DISSOLVE THE AGREEMENT AS
7 NECESSARY BASED ON THE RESULTS OF A REEVALUATION OR OF
8 MONITORING.

9 (3) BY ENTERING INTO AN AGREEMENT WITH THE BOARD 10 PURSUANT TO THIS SECTION TO LIMIT HIS OR HER PRACTICE, THE LICENSEE 11 SHALL NOT BE DEEMED TO BE ENGAGING IN UNPROFESSIONAL CONDUCT, 12 AND THE AGREEMENT SHALL BE CONSIDERED AN ADMINISTRATIVE ACTION 13 AND SHALL NOT CONSTITUTE A RESTRICTION OR DISCIPLINE BY THE BOARD. 14 HOWEVER, IF THE LICENSEE FAILS TO COMPLY WITH THE TERMS OF AN 15 AGREEMENT ENTERED INTO PURSUANT TO THIS SECTION, SUCH FAILURE 16 CONSTITUTES UNPROFESSIONAL CONDUCT PURSUANT TO SECTION 17 12-36-117 (1) (0), AND THE LICENSEE SHALL BE SUBJECT TO DISCIPLINE IN 18 ACCORDANCE WITH SECTION 12-36-118.

(4) THIS SECTION SHALL NOT APPLY TO A LICENSEE ENGAGING IN
UNPROFESSIONAL CONDUCT AS DESCRIBED IN SECTION 12-36-117 (1) (i).
SECTION 29. 12-36-117 (1) (i), (1) (y), (1) (z), and (1) (bb) (II),

22 Colorado Revised Statutes, are amended to read:

2312-36-117.Unprofessional conduct - repeal.24(1) "Unprofessional conduct" as used in this article means:

(i) Habitual intemperance or excessive use of any OR ABUSE OF
ALCOHOL, A habit-forming drug, or any A controlled substance as defined
in section 12-22-303 (7);

1 (y) Failing to report to the board, <del>any</del> WITHIN THIRTY DAYS AFTER 2 AN ADVERSE ACTION, THAT AN adverse action HAS BEEN taken against the 3 licensee by another licensing agency in another state or country, any A 4 peer review body, any A health care institution, any A professional or 5 medical society or association, any A governmental agency, any A law 6 enforcement agency, or any A court for acts or conduct that would 7 constitute grounds for DISCIPLINARY OR ADVERSE action as described in 8 this article:

9 (z) Failing to report to the board, WITHIN THIRTY DAYS, the 10 surrender of a license or other authorization to practice medicine in 11 another state or jurisdiction or the surrender of membership on any 12 medical staff or in any medical or professional association or society 13 while under investigation by any of those authorities or bodies for acts or 14 conduct similar to acts or conduct that would constitute grounds for 15 action as <del>defined</del> DESCRIBED in this article;

16 (bb) (II) In determining which activities and practices are not 17 consistent with the standard of care or are contrary to recognized 18 standards of the practice of medicine, the board of medical examiners 19 shall utilize, in addition to its own expertise, the standards developed by 20 recognized and established accreditation or review organizations which 21 organizations THAT meet requirements established by the board by rule. 22 and regulation. Such determinations shall include but not be limited to 23 appropriate ordering of laboratory tests and studies, appropriate ordering 24 of diagnostic tests and studies, appropriate treatment of the medical 25 condition under review, appropriate use of consultations or referrals in 26 patient care, and appropriate creation and maintenance of patient records. 27 **SECTION 30.** The introductory portion to 12-36-118 (5) (g) (III),

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1 Colorado Revised Statutes, is amended to read:

2 12-36-118. Disciplinary action by board - immunity. 3 (5)(g) (III) If the hearings panel finds the charges proven and orders that 4 discipline be imposed, it shall also determine the extent of such 5 discipline, which shall be in the form of a letter of admonition, 6 suspension for a definite or indefinite period, or revocation of license to 7 practice. In lieu of a suspension, The hearings panel ALSO may impose 8 a fine not to exceed ten OF UP TO FIVE thousand dollars PER VIOLATION. 9 In determining appropriate disciplinary action, the hearings panel shall 10 first consider sanctions that are necessary to protect the public. Only after 11 the panel has considered such sanctions may it consider and order 12 requirements designed to rehabilitate the licensee or applicant. If 13 discipline other than revocation of a license to practice is imposed, the 14 hearings panel may also order that the licensee be granted probation and 15 allowed to continue to practice during the period of such probation. The hearings panel may also include in any disciplinary order that allows the 16 17 licensee to continue to practice such conditions as the panel may deem 18 appropriate to assure that the licensee is physically, mentally, morally, 19 and otherwise qualified to practice medicine or practice as a physician 20 assistant in accordance with generally accepted professional standards of 21 practice, including any or all of the following:

SECTION 31. The introductory portion to 13-64-301 (1) and 13-64-301 (1) (a), (1) (c), (3), and (4), Colorado Revised Statutes, are amended, and the said 13-64-301 (1) is further amended BY THE ADDITION OF A NEW PARAGRAPH, to read:

26 13-64-301. Financial responsibility. (1) As a CONDITION OF
27 ACTIVE LICENSURE OR AUTHORITY TO PRACTICE IN THIS STATE, every

1 physician or dentist, and every health care institution as defined in section 2 13-64-202, except as provided in section 13-64-303.5, which provide 3 THAT PROVIDES health care services shall establish financial 4 responsibility, as follows:

5 (a) (I) If a physician or dentist, by maintaining no later than 6 January 1, 1990, as a condition of active licensure or authority to practice 7 in this state, commercial professional liability insurance coverage with an 8 insurance company authorized to do business in this state in a minimum 9 indemnity amount of five hundred thousand dollars per incident and one 10 million five hundred thousand dollars annual aggregate per year; except 11 that this requirement is not applicable to a health care professional 12 DENTIST who is a public employee under the "Colorado Governmental 13 Immunity Act", ARTICLE 10 OF TITLE 24, C.R.S.

14 (II) The board of medical examiners and the board of dental 15 examiners may, by rule, exempt from or establish lesser financial 16 responsibility standards than those prescribed in this section for classes 17 of license holders DENTISTS who:

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(A) Perform medical or dental services as employees of the United 19 States government; who

20 (B) Render limited or occasional medical or dental services; who 21 (C) Perform less than full-time active medical or dental services 22 because of administrative or other nonclinical duties or partial or 23 complete retirement; or who

24 (D) Provide uncompensated health DENTAL care to patients but do 25 not otherwise provide any compensated health DENTAL care to patients. 26 or

27 (III) THE BOARD OF DENTAL EXAMINERS MAY EXEMPT FROM OR

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ESTABLISH LESSER FINANCIAL RESPONSIBILITY STANDARDS FOR A DENTIST
 for other reasons OTHER THAN THOSE DESCRIBED IN SUBPARAGRAPH (II)
 OF THIS PARAGRAPH (a) that render the limits provided in SUBPARAGRAPH
 (I) OF this paragraph (a) unreasonable or unattainable. but

5 (IV) Nothing in this paragraph (a) shall preclude or otherwise 6 prohibit a licensed <del>physician or</del> dentist from rendering appropriate patient 7 care on an occasional basis when the circumstances surrounding the need 8 for care so warrant.

9 IF A PHYSICIAN, BY MAINTAINING COMMERCIAL (a.5) (I) 10 PROFESSIONAL LIABILITY INSURANCE COVERAGE WITH AN INSURANCE 11 COMPANY AUTHORIZED TO DO BUSINESS IN THIS STATE IN A MINIMUM 12 INDEMNITY AMOUNT OF ONE MILLION DOLLARS PER INCIDENT AND THREE 13 MILLION DOLLARS ANNUAL AGGREGATE PER YEAR; EXCEPT THAT THIS 14 REQUIREMENT IS NOT APPLICABLE TO A PHYSICIAN WHO IS A PUBLIC 15 EMPLOYEE UNDER THE "COLORADO GOVERNMENTAL IMMUNITY ACT", 16 ARTICLE 10 OF TITLE 24, C.R.S.

17 (II) THE COLORADO MEDICAL BOARD MAY, BY RULE, EXEMPT
18 FROM OR ESTABLISH LESSER FINANCIAL RESPONSIBILITY STANDARDS THAN
19 THOSE PRESCRIBED IN THIS PARAGRAPH (a.5) FOR CLASSES OF PHYSICIANS
20 WHO:

21 (A) PERFORM MEDICAL SERVICES AS EMPLOYEES OF THE UNITED
22 STATES GOVERNMENT;

23 (B) RENDER LIMITED OR OCCASIONAL MEDICAL SERVICES;

24 (C) PERFORM LESS THAN FULL-TIME ACTIVE MEDICAL SERVICES
25 BECAUSE OF ADMINISTRATIVE OR OTHER NONCLINICAL DUTIES OR PARTIAL
26 OR COMPLETE RETIREMENT; OR

27 (D) PROVIDE UNCOMPENSATED HEALTH CARE TO PATIENTS BUT DO

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1 NOT OTHERWISE PROVIDE ANY COMPENSATED HEALTH CARE TO PATIENTS.

(III) THE COLORADO MEDICAL BOARD MAY EXEMPT FROM OR
ESTABLISH LESSER FINANCIAL RESPONSIBILITY STANDARDS FOR A
PHYSICIAN FOR REASONS OTHER THAN THOSE DESCRIBED IN
SUBPARAGRAPH (II) OF THIS PARAGRAPH (a.5) THAT RENDER THE LIMITS
PROVIDED IN SUBPARAGRAPH (I) OF THIS PARAGRAPH (a.5)
UNREASONABLE OR UNATTAINABLE.

8 (IV) NOTHING IN THIS PARAGRAPH (a.5) SHALL PRECLUDE OR 9 OTHERWISE PROHIBIT A LICENSED PHYSICIAN FROM RENDERING 10 APPROPRIATE PATIENT CARE ON AN OCCASIONAL BASIS WHEN THE 11 CIRCUMSTANCES SURROUNDING THE NEED FOR CARE SO WARRANT.

(c) In the alternative, by maintaining a surety bond in a form
acceptable to the commissioner of insurance in the amounts set forth in
paragraph (a) PARAGRAPH (a), (a.5), or (b) of this subsection (1);

15 (3) Notwithstanding the minimum amount specified in paragraph 16 (a) (a.5) of subsection (1) of this section, if THE COLORADO MEDICAL 17 BOARD RECEIVES two or more reports are received by the board of 18 medical examiners pursuant to section 13-64-303 during any one-year 19 TWELVE-MONTH period as to any REGARDING A physician, the minimum 20 amount of financial responsibility FOR THAT PHYSICIAN shall be two times 21 that so TWICE THE AMOUNT specified however IN PARAGRAPH (a.5) OF 22 SUBSECTION (1) OF THIS SECTION. THE COLORADO MEDICAL BOARD MAY 23 REDUCE THE ADDITIONAL AMOUNT IF THE PHYSICIAN, upon motion, filed 24 by the physician and PRESENTS sufficient evidence presented to the 25 COLORADO MEDICAL board that one or more of such THE reports involved 26 an action or claim which THAT did not represent any substantial failure to 27 adhere to accepted professional standards of care. The board may reduce

such THE additional amount to that which AN AMOUNT THAT would be fair
 and conscionable.

3 (4) Each physician, dentist, or health care institution, subject to 4 the provisions of this section, shall pay, in addition to any license fee, 5 certification fee, or fee for such other authority, an additional fee in an amount to be determined by the appropriate authority which issues or 6 7 administers such license, certification, or other authority, not to exceed 8 fifteen dollars. Such fee shall be transmitted to the state treasurer, who 9 shall credit the same to the division of registrations cash fund, which 10 moneys shall be used exclusively for the purposes of this article as 11 annually appropriated by the general assembly.

SECTION 32. Part 1 of article 36 of title 12, Colorado Revised
Statutes, is amended BY THE ADDITION OF A NEW SECTION to
read:

15 12-36-140. Protection of medical records - licensee's
obligations - verification of compliance - noncompliance grounds for
discipline - rules. (1) EACH LICENSED PHYSICIAN AND PHYSICIAN
ASSISTANT SHALL DEVELOP A WRITTEN PLAN TO ENSURE THE SECURITY OF
PATIENT MEDICAL RECORDS. THE PLAN SHALL ADDRESS AT LEAST THE
FOLLOWING:

21 (a) THE STORAGE AND PROPER DISPOSAL, IF APPROPRIATE, OF
22 PATIENT MEDICAL RECORDS;

(b) THE DISPOSITION OF PATIENT MEDICAL RECORDS IN THE EVENT
THE LICENSEE DIES, RETIRES, OR OTHERWISE CEASES TO PRACTICE OR
PROVIDE MEDICAL CARE TO PATIENTS; AND

26 (c) THE METHOD BY WHICH PATIENTS MAY ACCESS OR OBTAIN
27 THEIR MEDICAL RECORDS PROMPTLY IF ANY OF THE EVENTS DESCRIBED IN

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1 PARAGRAPH (b) OF THIS SUBSECTION (1) OCCURS.

2 (2) UPON INITIAL LICENSURE UNDER THIS ARTICLE AND UPON
3 RENEWAL OF A LICENSE, THE APPLICANT OR LICENSEE, AS APPLICABLE,
4 SHALL ATTEST TO THE BOARD THAT HE OR SHE HAS DEVELOPED A PLAN IN
5 COMPLIANCE WITH THIS SECTION.

6 (3) A LICENSEE SHALL INFORM EACH PATIENT, IN WRITING, OF THE
7 METHOD BY WHICH THE PATIENT MAY ACCESS OR OBTAIN HIS OR HER
8 MEDICAL RECORDS IF AN EVENT DESCRIBED IN PARAGRAPH (b) OF
9 SUBSECTION (1) OF THIS SECTION OCCURS.

10 (4) A LICENSEE WHO FAILS TO COMPLY WITH THIS SECTION SHALL
11 BE SUBJECT TO DISCIPLINE IN ACCORDANCE WITH SECTION 12-36-118.

12 (5) THE BOARD MAY ADOPT RULES AS NECESSARY TO IMPLEMENT13 THIS SECTION.

SECTION 33. 12-36-106 (5) (a), (5) (c), (5) (d), (5) (e), (5) (f),
(5) (g), (5) (i), (5) (j), and (5) (k), Colorado Revised Statutes, are
amended to read:

17 12-36-106. Practice of medicine defined - exemptions from 18 licensing requirements - unauthorized practice by physician 19 **assistants - penalties - repeal.** (5) (a) A person licensed under the laws 20 of this state to practice medicine may delegate to a physician assistant 21 licensed by the board PURSUANT TO SECTION 12-36-107.3 the authority to 22 perform acts that constitute the practice of medicine to the extent and in 23 the manner authorized by rules and regulations promulgated by the board, 24 including the authority to prescribe medication, including controlled 25 substances, and dispense only such drugs as designated by the board. 26 Such acts shall be consistent with sound medical practice. Each 27 prescription issued by a physician assistant licensed by the board shall have BE imprinted thereon WITH the name of his or her supervising physician. Nothing in this subsection (5) shall limit the ability of otherwise licensed health personnel to perform delegated acts. The dispensing of prescription medication by a physician assistant shall be subject to the provisions of section 12-22-121 (6).

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(c) To become licensed, a physician assistant shall have:

7 (I) Successfully completed an education program for physician
8 assistants which conforms to standards approved by the board, which
9 standards may be established by utilizing the assistance of any responsible
10 accrediting organization; and

(II) Successfully completed the national certifying examination for assistants to the primary care physician which is administered by the national commission on certification of physician assistants or successfully completed any other examination approved by the board; and (III) Applied to the board on the forms and in the manner designated by the board and paid the appropriate fee established by the board pursuant to section 24-34-105, C.R.S.; and

(IV) Attained the age of twenty-one years.

19 (d) The board may determine whether any applicant for licensure 20 as a physician assistant possesses education, experience, or training in 21 health care that is sufficient to be accepted in lieu of the qualifications 22 required for licensure under subparagraph (I) of paragraph (c) of this 23 subsection (5). Every person who desires to qualify for practice as a 24 physician assistant within this state shall file with the secretary of the 25 board his or her written application for licensure, on which application he 26 or she shall list any act the commission of which would be grounds for 27 disciplinary action against a licensed physician assistant under section 12-36-117, along with an explanation of the circumstances of such act.
 The board may deny licensure to any applicant who has performed any act
 that constitutes unprofessional conduct, as defined in section 12-36-117.

4 (e) No person licensed as a physician assistant may perform any 5 act that constitutes the practice of medicine within a hospital or nursing 6 care facility that is licensed pursuant to part 1 of article 3 of title 25, 7 C.R.S., or that is required to obtain a certificate of compliance pursuant 8 to section 25-1.5-103 (1) (a) (II), C.R.S., without authorization from the 9 governing board of the hospital or nursing care facility. Such governing 10 board shall have the authority to grant, deny, or limit such authority to its 11 own established procedures.

(f) The board may take any disciplinary action with respect to a
physician assistant license as it may with respect to the license of a
physician, in accordance with procedures established pursuant to this
article.

(g) Pursuant to the provisions of section 12-36-132 12-36-129(6),
the board may apply for an injunction to enjoin any person from
performing delegated medical acts which THAT are in violation of this
section or of any rules and regulations promulgated by the board.

(i) The board shall license and keep a record of physician
assistants who have been licensed pursuant to paragraph (c) of this
subsection (5) and shall establish renewal fees and schedules subject to
the provisions of section 24-34-102 (8), C.R.S. Every licensed physician
assistant shall pay to the secretary of the board a registration fee to be
determined and collected pursuant to section 24-34-105, C.R.S., and shall
obtain a registration certificate for the current calendar year.

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(j) This subsection (5) is repealed, effective July 1, 2010.

1 (k) Any person who practices or offers or attempts to practice as 2 a physician assistant without an active license issued under this article 3 commits a class 2 misdemeanor and shall be punished as provided in 4 section 18-1.3-501, C.R.S., for the first offense, and, for the second or 5 any subsequent offense, the person commits a class 6 felony and shall be 6 punished as provided in section 18-1.3-401, C.R.S. 7 SECTION 34. Repeal of provisions being relocated in this act. 8 12-36-107 (3) and (4), Colorado Revised Statutes, are repealed. 9 **SECTION 35.** Part 1 of article 36 of title 12, Colorado Revised Statutes, is amended BY THE ADDITION OF THE FOLLOWING NEW 10 11 SECTIONS CONTAINING RELOCATED PROVISIONS, WITH 12 AMENDMENTS, to read: 13 12-36-107.2. [Formerly 12-36-107 (3)] Distinguished foreign 14 license teaching physician qualifications. 15 (3) (a) (I) Notwithstanding any other provision of this article, an 16 applicant of noteworthy and recognized professional attainment who is 17 a graduate of a foreign medical school and who is licensed in a foreign 18 jurisdiction, if that jurisdiction has a licensing procedure, may be granted 19 a distinguished foreign teaching physician license to practice medicine in 20 this state, upon application to the board in the manner determined by the 21 board, if the following conditions are met: 22 (A) (a) The applicant has been invited by a medical school in this 23 state to serve as a full-time member of its academic faculty for the period 24 of his OR HER appointment, at a rank equal to an associate professor or 25 above HIGHER; 26  $(\mathbf{B})$  (b) The applicant's medical practice is limited to that required

by his OR HER academic position, and the limitation is so designated on

the license in accordance with board procedure, and THE MEDICAL
 PRACTICE is also limited to the core teaching hospitals affiliated with the
 medical school, as identified by the board, on which he THE APPLICANT
 is serving as a faculty member.

5 (H) (2) An applicant who meets the qualifications and conditions 6 set forth in subparagraph (I) SUBSECTION (1) of this paragraph (a) 7 SECTION but is not offered the rank of associate professor or above 8 HIGHER may be granted a temporary license, for one year only, to practice 9 medicine in this state, as a member of the academic faculty, at the 10 discretion of the board and in the manner determined by the board. but 11 if such person IF THE APPLICANT is granted a temporary license, he OR SHE 12 shall practice only under the direct supervision of a person who has the 13 rank of associate professor or above HIGHER.

14 (b) (3) Such A distinguished foreign teaching physician license 15 shall remain IS EFFECTIVE AND in force only while the holder is serving 16 on the academic staff of a medical school. Such THE license shall expire 17 EXPIRES one year after its THE date of issuance and may be renewed 18 annually only after it THE BOARD has specifically determined that the 19 conditions specified in paragraph (a) of this subsection (3) (1) OF THIS 20 SECTION will continue during the ensuing period of licensure. The board 21 may require an applicant for licensure under this subsection (3) SECTION 22 to present himself or herself to the board for an interview. The board may 23 withdraw licensure granted by these provisions UNDER THIS SECTION prior 24 to the expiration of such THE license for unprofessional conduct as 25 defined in section 12-36-117.

26 (4) The board may establish and charge a fee for such A
27 distinguished foreign teaching physician license pursuant to section

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24-34-105, C.R.S., not to exceed the amount of the fee for a two-year
 renewal of a physician's license.

3 (c) (5) The board shall promulgate rules specifying standards
4 related to the qualification and supervision of distinguished foreign
5 teaching physicians.

6 12-36-107.3. [Formerly 12-36-107 (4)] Temporary license 7 rules. (4) (a) (1) Notwithstanding any other provision of this article, an
8 applicant lawfully practicing medicine in another state or territory may be
9 granted a temporary license to practice medicine in this state, upon
10 application to the board in the manner determined by the board, if:

(f) (a) The applicant has been invited by the United States olympic
 committee to provide medical services at the olympic training center at
 Colorado Springs or to provide medical services at an event in this state
 sanctioned by such THE OLYMPIC committee; and

(II) (b) The United States olympic committee certifies to the board
the name of the applicant, the state or territory of the applicant's licensure,
and the dates within ON which the applicant has been invited to provide
medical services; and

(HI) (c) The applicant's practice is limited to that required by the
 United States olympic committee. Such THE APPLICANT SHALL PROVIDE
 medical services shall only be provided to athletes or team personnel
 registered to train at the olympic training center or registered to compete
 in an event conducted under the sanction of the United States olympic
 committee.

(b) (2) Such A temporary license shall remain IS EFFECTIVE AND
 in force while the holder is providing medical services at the invitation of
 the United States olympic committee and only during the time certified

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to the board, but not longer than TO EXCEED ninety days without UNLESS
 THE BOARD GRANTS AN extension. by the board.

3 (3) The board may establish and charge such A fee for a temporary
4 license pursuant to section 24-34-105, C.R.S., not to exceed one-half the
5 amount of the fee for a two-year renewal of a physician's license. No A
6 physician shall NOT be required to pay more than one temporary license
7 fee in each calendar year.

8 (4) Physicians temporarily licensed under this subsection (4)
9 SECTION are subject to discipline by the board for unprofessional conduct
10 as defined in section 12-36-117.

11 (5) THE BOARD MAY ADOPT RULES AS NECESSARY TO IMPLEMENT
12 THIS SECTION.

12-36-107.4. [Formerly 12-36-106 (5) (c), (5) (d), (5) (e), (5) (f),
and (5) (i)] Physician assistant license - qualifications. (5) (c) (1) To
become BE licensed AS a physician assistant UNDER THIS ARTICLE, AN
APPLICANT SHALL BE AT LEAST TWENTY-ONE YEARS OF AGE AND shall
have:

(f) (a) Successfully completed an education program for physician
assistants which THAT conforms to standards approved by the board,
which standards may be established by utilizing the assistance of any
responsible accrediting organization; and

(H) (b) Successfully completed the national certifying examination
 for PHYSICIAN assistants to the primary care physician which THAT is
 administered by the national commission on certification of physician
 assistants OR A SUCCESSOR ORGANIZATION or successfully completed any
 other examination approved by the board; and

27 (III) (c) Applied SUBMITTED AN APPLICATION to the board on the

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forms and in the manner designated by the board and paid the appropriate
 fee established by the board pursuant to section 24-34-105, C.R.S. and

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## (IV) Attained the age of twenty-one years.

4 (d) (2) The board may determine whether any applicant for
5 licensure as a physician assistant possesses education, experience, or
6 training in health care that is sufficient to be accepted in lieu of the
7 qualifications required for licensure under subparagraph (I) of paragraph
8 (c) of this subsection (5). Every person who desires to qualify for (1) OF
9 THIS SECTION.

10 (3) A PERSON APPLYING FOR A LICENSE TO practice as a physician 11 assistant within IN this state shall file with the secretary of NOTIFY the 12 board, IN CONNECTION WITH his or her written application for licensure, 13 on which application he or she shall list any act OF the commission of 14 which ANY ACT THAT would be grounds for disciplinary action against a 15 licensed physician assistant under section 12-36-117, along with an explanation of the circumstances of <del>such</del> THE act. The board may deny 16 17 licensure to any applicant who has performed any act that constitutes 18 unprofessional conduct, as defined AS SET FORTH in section 12-36-117 19 12-36-116.

20 (e) (4) No A person licensed as a physician assistant may SHALL 21 NOT perform any act that constitutes the practice of medicine within a 22 hospital or nursing care facility that is licensed pursuant to part 1 of 23 article 3 of title 25, C.R.S., or that is required to obtain a certificate of 24 compliance pursuant to section 25-1.5-103 (1) (a) (II), C.R.S., without 25 authorization from the governing board of the hospital or nursing care 26 facility. Such THE governing board shall have the authority to MAY grant, 27 deny, or limit such authority to A PHYSICIAN ASSISTANT'S AUTHORIZATION

1 BASED ON its own established procedures.

2 (f) (5) The board may take any disciplinary action with respect to
3 a physician assistant license as it may with respect to the license of a
4 physician, in accordance with procedures established pursuant to this
5 article SECTION 12-36-118.

6 (i) (6) The board shall license and keep a record of physician 7 assistants who have been licensed pursuant to paragraph (c) of this 8 subsection (5) and shall establish renewal fees and schedules subject to 9 the provisions of section 24-34-102 (8), C.R.S. Every THIS SECTION. A 10 licensed physician assistant shall pay to the secretary of the board a 11 registration fee to be determined and collected pursuant to section 12 24-34-105, C.R.S., and shall obtain a registration certificate for the 13 current calendar year RENEW HIS OR HER LICENSE IN ACCORDANCE WITH 14 SECTION 12-36-123.

15 SECTION 36. 12-36-129 (1), Colorado Revised Statutes, is
amended to read:

17 **12-36-129. Unauthorized practice - penalties.** (1) Any 18 person who practices or offers or attempts to practice medicine OR 19 PRACTICE AS A PHYSICIAN ASSISTANT within this state without an active 20 license issued under this article commits a class 2 misdemeanor and shall 21 be punished as provided in section 18-1.3-501, C.R.S., for the first 22 offense, and, any person committing a second or subsequent offense 23 commits a class 6 felony and shall be punished as provided in section 24 18-1.3-401, C.R.S.

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26 **SECTION 37.** 12-36-129 (2), (3), and (4), Colorado Revised 27 Statutes, are amended, and the said 12-36-129 is further amended BY

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1 THE ADDITION OF A NEW SUBSECTION, CONTAINING 2 **RELOCATED PROVISIONS, WITH AMENDMENTS, to read:** 3 **12-36-129.** Unauthorized practice - penalties. (2) Any person 4 who ENGAGES IN ANY OF THE FOLLOWING ACTIVITIES COMMITS A CLASS 5 6 FELONY AND SHALL BE PUNISHED AS PROVIDED IN SECTION 18-1.3-401, 6 C.R.S.: 7 (a) Presents as his or her own the diploma, license, certificate, or 8 credentials of another: or who 9 (b) Gives either false or forged evidence of any kind to the board 10 or any BOARD member thereof, in connection with an application for a 11 license to practice medicine or who PRACTICE AS A PHYSICIAN ASSISTANT; 12 (c) Practices medicine OR PRACTICES AS A PHYSICIAN ASSISTANT 13 under a false or assumed name; or who 14 (d) Falsely impersonates another licensee of a like or different 15 name. commits a class 6 felony and shall be punished as provided in 16 section 18-1.3-401, C.R.S. 17 (3) No action may be maintained against an individual who has 18 been the recipient of services constituting the unlawful practice of 19 medicine OR THE UNLAWFUL PRACTICE OF A PHYSICIAN ASSISTANT for the 20 breach of a contract involving the unlawful practice of medicine OR THE 21 UNLAWFUL PRACTICE OF A PHYSICIAN ASSISTANT or the recovery of 22 compensation for services rendered under such a contract. 23 (4) When an individual has been the recipient of services 24 constituting the unlawful practice of medicine OR THE UNLAWFUL 25 PRACTICE OF A PHYSICIAN ASSISTANT, whether or not he THE INDIVIDUAL 26 knew that the rendition of the services was unlawful: 27

(a) He or his THE INDIVIDUAL OR THE INDIVIDUAL'S personal

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representative is entitled to recover the amount of any fee paid for the
 services; and

3 (b) He or his THE INDIVIDUAL OR THE INDIVIDUAL'S personal
4 representative may also recover a reasonable attorney fee as fixed by the
5 court, to be taxed ASSESSED as part of the costs of the action.

6 (6) (a) [Formerly 12-36-132] (1) The board may, in the name of 7 the people of the state of Colorado AND through the attorney general of 8 the state of Colorado, apply for an injunction in any court of competent 9 jurisdiction to enjoin any person from committing any act prohibited by 10 the provisions of THIS article. 13, 30, 34, 36, 39, or 41 of this title.

(2) (b) If it is established THE BOARD ESTABLISHES that the
defendant has been or is committing an act prohibited by said articles
THIS ARTICLE, the court shall enter a decree perpetually enjoining said THE
defendant from further committing said THE act.

15 (3) (c) Such AN injunctive proceedings shall be PROCEEDING MAY
16 BE BROUGHT PURSUANT TO THIS SECTION in addition to, and not in lieu of,
17 all penalties and other remedies provided in this article.

18 SECTION 38. 12-36-111.5 (2) (b), (3) (a), and (5), Colorado
19 Revised Statutes, are amended to read:

20 12-36-111.5. Michael Skolnik medical transparency act -21 **disclosure of information about licensees - rules.** (2) (b) The general 22 assembly further finds and declares that it is important to make 23 information about persons engaged in the practice of medicine available 24 to the public in a manner that is efficient, cost-effective, and maintains 25 the integrity of the information, and to that end, the general assembly 26 encourages persons to file the required information with the state 27 COLORADO MEDICAL board of medical examiners electronically, to the

1 extent possible.

(3) On and after January 1, 2008, any person applying for a new
license or to renew, reinstate, or reactivate a license to practice medicine
in this state shall provide the following information to the board, in a
form and manner determined by the board that is consistent with the
requirements of section 12-36-111 (1) or 12-36-123 (1):

7 (a) The applicant's full name, including any known aliases; current 8 address of record and telephone number; information pertaining to any 9 license to practice medicine held by the applicant at any time DURING THE 10 IMMEDIATELY PRECEDING TEN YEARS, including the license number, type, 11 status, original issue date, last renewal date, and expiration date; any 12 board certifications and specialties, if applicable; any affiliations with 13 hospitals or health care facilities; any health care-related business 14 ownership interests; and information pertaining to any health care-related 15 employment contracts or contracts establishing an independent contractor 16 relationship with any entities if the annual aggregate value of the 17 contracts exceeds five thousand dollars, as adjusted by the board during 18 each license renewal cycle to reflect changes in the United States 19 department of labor, bureau of labor statistics, consumer price index for 20 Denver-Boulder-Greeley, all items, all urban consumers, or its successor 21 index:

(5) When disclosing information regarding a licensee or applicant
to the public, the board shall include the following statement or a similar
statement that communicates the same meaning:

Some studies have shown that there is no significant correlation
between malpractice history and a doctor's competence. At the
same time, the state COLORADO MEDICAL board of medical

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examiners believes that consumers should have access to
 malpractice information. To make the best health care decisions,
 you should view this information in perspective. You could miss
 an opportunity for high quality care by selecting a doctor based
 solely on malpractice history. When considering malpractice data,
 please keep in mind:

Malpractice histories tend to vary by specialty. Some specialties
are more likely than others to be the subject of litigation.

9 You should take into account how long the doctor has been in10 practice when considering malpractice averages.

11 The incident causing the malpractice claim may have happened 12 years before a payment is finally made. Sometimes, it takes a long 13 time for a malpractice lawsuit to move through the legal system. 14 Some doctors work primarily with high-risk patients. These 15 doctors may have malpractice histories that are higher than 16 average because they specialize in cases or patients who are at 17 very high risk for problems.

Settlement of a claim may occur for a variety of reasons that do
not necessarily reflect negatively on the professional competence
or conduct of the physician. A payment in settlement of a medical
malpractice action or claim should not be construed as creating a
presumption that medical malpractice has occurred.

You may wish to discuss information provided by the board, andmalpractice generally, with your doctor.

The information posted on the state board of medical examiner's
COLORADOMEDICAL BOARD'S web site was provided by applicants
for a medical license and applicants for renewal, reinstatement, or

1 reactivation of a medical license.

2 **SECTION 39.** Part 1 of article 36 of title 12, Colorado Revised 3 Statutes, is amended BY THE ADDITION OF A NEW SECTION, 4 WITH RELOCATED PROVISIONS, WITH AMENDMENTS, to read: **12-36-102.5. Definitions.** As used in this article, unless the 5 6 CONTEXT OTHERWISE REQUIRES: 7 (1) (a) [Formerly 12-36-110.5] An "Approved fellowship" is 8 MEANS a program that meets the following criteria: 9 (a) (I) Is specialized, clearly defined, and delineated; 10 (b) (II) Follows the completion of an approved residency; 11 (c) (III) Provides additional training in a medical specialty or 12 subspecialty; and 13 (d) (IV) Is either: 14 (H) (A) Performed in a hospital conforming to the minimum 15 standards for fellowship training established by the accreditation council 16 for graduate medical education or the American osteopathic association, 17 or by a successor to OF either of said organizations ORGANIZATION; or 18 (II) (B) Any other program that is approved by the accreditation 19 council for graduate medical education or the American osteopathic 20 association or a successor to OF either of said organizations 21 ORGANIZATION. 22 "APPROVED FELLOWSHIP" INCLUDES ANY OTHER (2) (b) 23 FELLOWSHIP THAT the board, has the authority, upon its own investigation, 24 to approve any other fellowship APPROVES for purposes of issuing a 25 physician training license PURSUANT TO SECTION 12-36-122. 26 (2) (a) [Formerly 12-36-109] (1) An "Approved internship" is 27 MEANS an internship:

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(a) (I) Of at least one year in a hospital conforming to the
 minimum standards for intern training established by the accreditation
 council for graduate medical education or any THE AMERICAN
 OSTEOPATHIC ASSOCIATION OR A successor OF EITHER organization; or by
 the American osteopathic association or

6 (b) (II) Approved by either of such THE organizations SPECIFIED
7 IN SUBPARAGRAPH (I) OF THIS PARAGRAPH (a).

8 (2) (b) "APPROVED INTERNSHIP" INCLUDES ANY OTHER INTERNSHIP
9 APPROVED BY the board has the authority, upon its own investigation. to
10 approve any other internship.

11

12

(3) (a) [Formerly 12-36-108] An "Approved medical college" is MEANS a college which THAT:

(I) Conforms to the minimum educational standards for medical
colleges as established by the liaison committee on medical education or
any successor organization that is the official accrediting body of
educational programs leading to the degree of doctor of medicine and
recognized for such purpose by the federal department of education and
the council on postsecondary accreditation; or

(II) CONFORMS TO THE MINIMUM EDUCATION STANDARDS for
osteopathic colleges as established by the American osteopathic
association or a college which ANY SUCCESSOR ORGANIZATION THAT IS
THE OFFICIAL ACCREDITING BODY OF EDUCATION PROGRAMS LEADING TO
THE DEGREE OF DOCTOR OF OSTEOPATHY; OR

(III) Is approved by either of such organizations OF THE
ORGANIZATIONS SPECIFIED IN SUBPARAGRAPHS (I) AND (II) OF THIS
PARAGRAPH (a).

27 (b) "APPROVED MEDICAL COLLEGE" INCLUDES ANY OTHER

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1 MEDICAL COLLEGE APPROVED BY the board shall have the authority, upon 2 its own investigation of the educational standards and facilities thereof, 3 to approve any other OF THE medical college.

4

(4) (a) [Formerly 12-36-110] (1) An "Approved residency" is 5 MEANS a residency:

6 (a) (I) Performed in a hospital conforming to the minimum 7 standards for residency training established by the accreditation council 8 for graduate medical education OR THE AMERICAN OSTEOPATHIC 9 ASSOCIATION or any successor OF EITHER organization; or by the 10 American osteopathic association; or

11 (b) (II) Approved by either of such THE organizations SPECIFIED 12 IN SUBPARAGRAPH (I) OF THIS PARAGRAPH (a).

13 (2) (b) "APPROVED RESIDENCY" MEANS ANY OTHER RESIDENCY 14 APPROVED BY the board has the authority, upon its own investigation. to 15 approve any other residency.

16 (5) "BOARD" MEANS THE COLORADO MEDICAL BOARD CREATED IN 17 SECTION 12-36-103 (1).

18 (6) "LICENSE" MEANS THE AUTHORITY TO PRACTICE MEDICINE OR 19 PRACTICE AS A PHYSICIAN ASSISTANT UNDER THIS ARTICLE.

20 (7) [Formerly 12-36-106 (6)] "Licensee" as used in this part 1, 21 means any physician or physician assistant who is licensed pursuant to 22 this section ARTICLE.

23 (8) "TELEMEDICINE" MEANS THE DELIVERY OF MEDICAL SERVICES 24 AND ANY DIAGNOSIS, CONSULTATION, OR TREATMENT USING INTERACTIVE 25 AUDIO, INTERACTIVE VIDEO, OR INTERACTIVE DATA COMMUNICATION.

26 **SECTION 40.** The introductory portion to 12-36-107.6 (1), 27 Colorado Revised Statutes, is amended to read:

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1 12-36-107.6. Foreign medical school graduates - degree 2 **equivalence.** (1) For graduates of schools other than those approved by 3 the liaison committee for medical education or the American osteopathic 4 association, OR THE SUCCESSOR OF EITHER ENTITY, the board may require 5 three years of postgraduate clinical training approved by the board. An 6 applicant whose foreign medical school is other than as defined in section 7 12-36-108 shall be NOT AN APPROVED MEDICAL COLLEGE IS eligible for 8 licensure at the discretion of the board if the applicant meets all other 9 requirements for licensure and holds specialty board certification, current 10 at the time of application for licensure, conferred by a regular member 11 board of the American board of medical specialties or the American 12 osteopathic association. The factors to be considered by the board in the 13 exercise of its discretion in determining the qualifications of such 14 applicants shall include the following:

15 SECTION 41. 12-36-122.5, Colorado Revised Statutes, is
16 amended BY THE ADDITION OF A NEW SUBSECTION, WITH
17 RELOCATED PROVISIONS, WITH AMENDMENTS, to read:

18 12-36-122.5. Intern, resident, or fellow reporting. 19 (3) [Formerly 12-36-122 (9)] Licensed physicians responsible for the 20 supervision of interns, residents, or fellows in graduate training programs 21 shall promptly report to the board anything concerning a physician 22 training licensee in such programs THE GRADUATE TRAINING PROGRAM 23 that would constitute a violation of this article. Such THE physicians shall 24 also report to the board any physician training licensee who has not 25 progressed satisfactorily in the program The phrase "not progressed 26 satisfactorily in the program" refers to those physician training licensees who have BECAUSE THE LICENSEE HAS been dismissed, suspended, or 27

placed on probation for reasons that constitute unprofessional conduct as
 defined in section 12-36-117, unless such THE conduct has been reported
 to the peer health assistance program set forth in PURSUANT TO section
 12-36-123.5.

5 SECTION 42. Repeal of provisions being relocated in this act.
6 12-36-106 (5) (k) and (6), 12-36-108, 12-36-109, 12-36-110,
7 12-36-110.5, 12-36-122 (9), and 12-36-132, Colorado Revised Statutes,
8 are repealed.

9 SECTION 43. Repeal. 12-36-111 (2), Colorado Revised
10 Statutes, is repealed as follows:

11 12-36-111. Applications for license. (2) (a) An applicant for a
 12 license on the basis of an examination by the board shall file an
 13 application at least ninety days prior to the announced date of the
 14 examination.

15 (b) If an applicant is not a graduate of an approved medical 16 college at the time of filing an application, such applicant shall submit to 17 the board, in lieu of required evidence of graduation, a written statement 18 from the dean or other authorized representative of the approved medical college in which such applicant is in attendance stating that the applicant 19 20 will receive a diploma at the end of the then current school term; except 21 that the applicant shall not be permitted to take the examination until 22 acceptable evidence of graduation has been filed with the board and the 23 applicant has complied with the requirements of subsection (1) of this 24 section. No license shall be issued to an applicant until the board is 25 satisfied that such applicant has completed at least one year of approved 26 internship or approved postgraduate training and has otherwise met the 27 requirements for the issuance of a license under this article.

SECTION 44. Repeal. 12-36-113, Colorado Revised Statutes,
 is repealed as follows:

3 12-36-113. Examinations. (1) Examinations for a license to 4 practice medicine shall be held not less than twice in each year at such 5 times and places as may be specified by the board, if there are applicants 6 desiring to be examined. The examination shall be conducted in the 7 English language and shall cover the basic and clinical sciences and such 8 other subjects as the board may prescribe. The examinations shall be fair 9 and impartial and practical in character. The examination papers shall not 10 disclose the name of any applicant but shall be identified by a number to 11 be assigned.

(2) The board shall be responsible for determining the passing
score to reflect a standard of minimum competency for the practice of
medicine. If an applicant fails to meet such minimum passing score, such
applicant may be reexamined at any subsequent scheduled examination
upon paying a fee to be determined and collected pursuant to section
24-34-105, C.R.S.

18 <del>(3) Repealed.</del>

SECTION 45. Repeal. 12-36-121, Colorado Revised Statutes,
is repealed as follows:

12-36-121. Duplicates of license. The board is authorized to issue a duplicate license to any licensee, upon application, properly verified by oath, establishing to the satisfaction of the board that the original license has been lost or destroyed and upon payment to the board of a fee to be determined by regulation adopted by the board. No person shall be entitled to a duplicate license unless he or she is a licensee in good standing. SECTION 46. 12-36-134 (1) (b), (1) (d), and (1) (f), the
 introductory portion to 12-36-134 (1) (g), and 12-36-134 (1) (g) (I), (1)
 (g) (II), (1) (g) (III), (3), (4), and (5), Colorado Revised Statutes, are
 amended to read:

5 12-36-134. Professional service corporations, limited liability 6 companies, and registered limited liability partnerships for the 7 practice of medicine - definitions. (1) Persons licensed to practice 8 medicine by the board may form professional service corporations for such persons' practice of medicine under the "Colorado Business 9 Corporation Act", articles 101 to 117 of title 7, C.R.S., if such 10 11 corporations are organized and operated in accordance with the 12 provisions of this section. The articles of incorporation of such 13 corporations shall contain provisions complying with the following 14 requirements:

(b) The corporation shall be IS organized solely for the purpose of
permitting individuals to conduct the practice of medicine through a
corporate entity, so long as all the individuals are actively licensed by the
board to practice medicine PHYSICIANS OR PHYSICIAN ASSISTANTS in the
state of Colorado.

20 (d) All shareholders of the corporation shall be ARE persons 21 licensed by the board to practice medicine in the state of Colorado and 22 who at all times own their shares in their own right; They EXCEPT THAT 23 ONE OR MORE PERSONS LICENSED BY THE BOARD AS A PHYSICIAN 24 ASSISTANT MAY BE A SHAREHOLDER OF THE CORPORATION AS LONG AS 25 THE PHYSICIAN SHAREHOLDERS MAINTAIN MAJORITY OWNERSHIP OF THE 26 CORPORATION. THE SHAREHOLDERS shall be individuals who, except for 27 illness, accident, time spent in the armed services, on vacations, and on

leaves of absence not to exceed one year, are actively engaged in the
 practice of medicine OR AS A PHYSICIAN ASSISTANT in the offices of the
 corporation.

4 (f) The president shall be a shareholder and a director and, to the 5 extent possible, all other directors and officers shall be persons having the 6 qualifications described in paragraph (d) of this subsection (1). Lay 7 directors and officers shall not exercise any authority whatsoever over the 8 independent medical judgment of persons licensed by the board to 9 practice medicine in this state. Notwithstanding sections 7-108-103 to 10 7-108-106, C.R.S., relating to the terms of office and classification of 11 directors, a professional service corporation for the practice of medicine 12 may provide in the articles of incorporation or the bylaws that the 13 directors may have terms of office of up to six years and that the directors 14 may be divided into either two or three classes, each class to be as nearly 15 equal in number as possible, with the terms of each class staggered to 16 provide for the periodic but not less than annual, election of less than all 17 the directors. Nothing in this article shall be construed to cause a 18 professional service corporation to be vicariously liable to a patient or 19 third person for the professional negligence or other tortious conduct of 20 a physician who is a shareholder or employee of a professional service 21 corporation.

(g) The articles of incorporation shall provide PROVIDES and all
shareholders of the corporation shall agree that all shareholders of the
corporation shall be ARE jointly and severally liable for all acts, errors,
and omissions of the employees of the corporation or that all shareholders
of the corporation shall be ARE jointly and severally liable for all acts,
errors, and omissions of the employees of the corporation, except during

1 periods of time when each person licensed by the board to practice 2 medicine in Colorado LICENSEE who is a shareholder or any employee of 3 the corporation has a professional liability policy insuring himself or 4 herself and all employees who are not licensed to practice medicine PURSUANT TO THIS ARTICLE who act at his or her direction, in the amount 5 6 of fifty thousand dollars for each claim and an aggregate top limit of 7 liability per year for all claims of one hundred fifty thousand dollars, or 8 the corporation maintains in good standing professional liability insurance 9 which shall meet THAT MEETS the following minimum standards:

10 (I) The insurance shall insure INSURES the corporation against 11 liability imposed upon the corporation by law for damages resulting from 12 any claim made against the corporation arising out of the performance of 13 professional services for others by those officers and employees of the 14 corporation who are <del>licensed</del> by the board to practice medicine 15 LICENSEES.

(II) Such THE policies shall insure the corporation against liability
 imposed upon it by law for damages arising out of the acts, errors, and
 omissions of all nonprofessional employees.

19 (III) The insurance shall be IS in an amount for each claim of at 20 least fifty thousand dollars multiplied by the number of persons licensed 21 to practice medicine LICENSEES employed by the corporation. The policy 22 may provide for an aggregate top limit of liability per year for all claims 23 of one hundred fifty thousand dollars also multiplied by the number of 24 persons licensed to practice medicine LICENSEES employed by the 25 corporation, but no firm shall be required to carry insurance in excess of 26 three hundred thousand dollars for each claim with an aggregate top limit 27 of liability for all claims during the year of nine hundred thousand dollars.

(3) The corporation shall do nothing which THAT, if done by a
 person licensed to practice medicine in the state of Colorado, LICENSEE
 employed by it THE CORPORATION, would violate the standards of
 professional conduct as provided for in section 12-36-117. Any violation
 OF THIS SECTION by the corporation of this section shall be IS grounds for
 the board to terminate REVOKE or suspend the LICENSE OF THE person or
 persons responsible for the violation. from the practice of medicine.

8 (4) Nothing in this section shall be deemed to diminish or change 9 DIMINISHES OR CHANGES the obligation of each person licensed to practice 10 medicine LICENSEE employed by the corporation to conduct his OR HER 11 practice in accordance with the standards of professional conduct 12 provided for in section 12-36-117. Any person licensed by the board to 13 practice medicine LICENSEE who, by act or omission, causes the 14 corporation to act or fail to act in a way which THAT violates such THE 15 standards of professional conduct, including any provision of this section, 16 shall be deemed IS personally responsible for such act or omission and 17 shall be IS subject to discipline therefor FOR THE ACT OR OMISSION.

18 (5) Nothing in this section shall be deemed to modify MODIFIES
19 the physician-patient privilege specified in section 13-90-107 (1) (d),
20 C.R.S.

21 SECTION 47. 10-1-120, Colorado Revised Statutes, is amended
22 to read:

10-1-120. Reporting of medical malpractice claims. (1) Each
insurance company licensed to do business in this state and engaged in
the writing of medical malpractice insurance for licensed practitioners
shall send to the Colorado state MEDICAL board, of medical examiners, in
the form prescribed by the commissioner of insurance, information

relating to each medical malpractice claim against a licensed practitioner
 that is settled or in which judgment is rendered against the insured.

3 (2) The insurance company shall provide such information as is
4 deemed necessary by the Colorado state MEDICAL board of medical
5 examiners to conduct a further investigation and hearing.

6

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**SECTION 48.** 10-16-104 (1.4) (a) (II) (A), (1.4) (a) (VIII), and (1.4) (a) (IX), Colorado Revised Statutes, are amended to read:

8 10-16-104. Mandatory coverage provisions - definitions.
9 (1.4) Autism spectrum disorders. (a) As used in this subsection (1.4),
10 unless the context otherwise requires:

(II) "Autism services provider" means any person who provides
direct services to a person with autism spectrum disorder, is licensed,
certified, or registered by the applicable state licensing board or by a
nationally recognized organization, and who meets one of the following:
(A) Has a doctoral degree with a specialty in psychiatry, medicine,

or clinical psychology, is actively licensed by the state COLORADO
MEDICAL board, of medical examiners, and has AT LEAST one year of
direct experience in behavioral therapies that are consistent with best
practice and research on effectiveness for people with autism spectrum
disorders;

(VIII) "Pharmacy care" means medications prescribed by a
physician licensed by the state COLORADO MEDICAL board of medical
examiners under the "Colorado Medical Practice Act", article 36 of title
12, C.R.S.

(IX) "Psychiatric care" means direct or consultative services
provided by a psychiatrist licensed by the state COLORADO MEDICAL
board of medical examiners under the "Colorado Medical Practice Act",

1 article 36 of title 12, C.R.S.

2 SECTION 49. 11-70-102, Colorado Revised Statutes, is amended
3 to read:

4 11-70-102. Title to property of trusts - liability of trust and 5 **trustees.** The trustees of trusts established pursuant to this article shall 6 hold the legal title to all property at any time belonging to the trusts. 7 They shall have control over such property, as well as the control and 8 management of the business and affairs of the trust. Liability to third 9 persons for any act, omission, or obligation of a trustee of a trust, when 10 acting in such capacity, shall extend to the whole of the trust estate, or so 11 much thereof as may be necessary to discharge such obligation, but no 12 trustee shall be personally liable for any such act, omission, or obligation. 13 The trustees shall have such powers as to the investment of the trust estate 14 as may be set out in the declaration of trust, without regard to the type of 15 investments to which trustees generally are restricted by the provisions of 16 part 8 of article 1 of title 15, C.R.S., nor shall such trustees be subject to 17 the provisions of title 10, C.R.S., concerning the regulation of insurance; 18 except that the trustees shall report any malpractice claim against a 19 licensed practitioner which THAT is settled or in which judgment is 20 rendered against the insured to the Colorado state MEDICAL board, of 21 medical examiners, which board shall provide statistical data concerning 22 such claims to the commissioner of insurance. Without limiting the 23 generality of the foregoing, the trustees shall have any powers, whether 24 conferred upon them by the agreement of trust or otherwise, to perform 25 all acts necessary or desirable to the conduct of the business of a public 26 liability insurer.

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**SECTION 50.** 12-22-703 (1) (c), Colorado Revised Statutes, is

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1 amended to read:

2 **12-22-703.** Advisory committee - duties - repeal. (1) There is 3 hereby created within the division, the prescription controlled substance 4 abuse monitoring advisory committee. The committee shall consist of the 5 following eleven members: 6 (c) Three physicians appointed by the state COLORADO MEDICAL 7 board, of medical examiners, one of which is a pain specialist or addiction 8 specialist; 9 SECTION 51. 12-30-101 (5), Colorado Revised Statutes, is 10 amended to read: 11 **12-30-101. Definitions.** As used in this article, unless the context 12 otherwise requires: 13 (5) "Licensed physician or osteopath" means a person licensed to 14 practice medicine under the provisions of article 36 of this title, by the 15 Colorado state MEDICAL board of medical examiners or its successor. 16 **SECTION 52.** 12-32-102 (1), Colorado Revised Statutes, is 17 amended to read: 18 12-32-102. Podiatry license required - professional liability 19 **insurance required - exceptions.** (1) It is unlawful for any person to 20 practice podiatry within the state of Colorado who does not hold a license 21 to practice medicine issued by the Colorado state MEDICAL board of 22 medical examiners or a license to practice podiatry issued by the 23 Colorado podiatry board as provided by this article. A podiatry license 24 is not required for a person serving a one-year or two-year approved 25 residency program. Such persons must register with the Colorado 26 podiatry board in such manner and form as such THE board shall 27 prescribe. As used in this section, an "approved residency" is a residency in a hospital conforming to the minimum standards for residency training
 established or approved by the Colorado podiatry board, which has the
 authority, upon its own investigation, to approve any residency.

4 SECTION 53. 12-32-109.3 (1) and (3), Colorado Revised 5 Statutes, are amended to read:

6 **12-32-109.3.** Use of physician assistants. (1) A person licensed 7 under the laws of this state to practice podiatry may delegate to a 8 physician assistant licensed by the Colorado state MEDICAL board of 9 medical examiners pursuant to section 12-36-106 (5) SECTION 10 12-36-107.3 the authority to perform acts which THAT constitute the 11 practice of podiatry to the extent and in the manner authorized by rules 12 and regulations promulgated by the Colorado podiatry board, including 13 the authority to prescribe, on a case-by-case basis and per-patient-visit 14 basis as approved by the supervising podiatrist, and dispense only such 15 drugs as designated by the Colorado podiatry board. Such acts shall be 16 consistent with sound practices of podiatry. Each prescription issued by 17 a physician assistant shall have imprinted thereon the name of his OR HER 18 supervising podiatrist, and under no circumstances shall a physician 19 assistant write prescriptions unless countersigned by the supervising 20 podiatrist. Nothing in this section shall limit the ability of otherwise 21 licensed health personnel to perform delegated acts. The dispensing of 22 prescription medication by a physician assistant shall be subject to the 23 provisions of section 12-22-121 (6).

(3) The provisions set forth in section OF SECTIONS 12-36-106 (5)
 which govern AND 12-36-107.3 GOVERNING physician assistants under the
 "Colorado Medical Practice Act" shall apply to physician assistants under
 this section.

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SECTION 54. 12-32-119, Colorado Revised Statutes, is amended
 to read:

3 **12-32-119.** Existing licenses and proceedings. (1) Nothing in 4 the act contained in chapter 105, Session Laws of Colorado 1979, shall 5 be construed to invalidate the license of any person holding a valid, 6 unrevoked, and unsuspended license on June 30, 1979, to practice 7 podiatry in this state or to affect any disciplinary proceeding or appeal 8 pending on June 30, 1979, or any appointment to the Colorado state 9 MEDICAL board of medical examiners or the Colorado podiatry board or 10 an inquiry panel or hearings panel thereof made on or before June 30, 11 1979.

12 (2) Nothing in the act contained in chapter 107, Session Laws of 13 Colorado 1985, shall be construed to invalidate the license of any person 14 holding a valid, unrevoked, and unsuspended license on June 30, 1985, 15 to practice podiatry in this state or to affect any disciplinary proceeding 16 or appeal pending on June 30, 1985, or any appointment to the Colorado 17 state MEDICAL board of medical examiners or the Colorado podiatry board 18 or any inquiry panel or hearings panel thereof made on or before June 30, 19 1985.

20 **SECTION 55.** 12-36-106.5, Colorado Revised Statutes, is 21 amended to read:

12-36-106.5. Child health associates - scope of practice. On
and after July 1, 1990, any person who, on June 30, 1990, was certified
only as a child health associate under the laws of this state shall, upon
application to the board, be granted licensure as a physician assistant.
The practice of any such person shall be subject to the provisions of
section 12-36-106 (5) AND 12-36-107.3; except that such practice shall be

1 limited to patients under the age of twenty-one.

2 SECTION 56. 12-36-114 (1), Colorado Revised Statutes, is
3 amended to read:

12-36-114. Issuance of licenses - prior practice prohibited.
(1) If the board determines that an applicant possesses the qualifications
required by this article, and is entitled thereto the board shall issue TO THE
APPLICANT a license to practice medicine. which shall be signed by the
president or vice-president, attested by the secretary, and sealed with the
seal of the board.

SECTION 57. Repeal. 12-36-124, Colorado Revised Statutes,
is repealed as follows:

12 12-36-124. Certification of licensing. Upon request therefor and 13 the payment of a fee determined pursuant to section 24-34-105, C.R.S., 14 the secretary of the board shall issue its certificate or endorsement with 15 respect to the licensing of, and the official record of the board relating to, 16 any licensee to whom a license has been issued by this or any prior board; 17 and, upon request therefor and the payment of a fee determined pursuant 18 to section 24-34-105, C.R.S., the secretary shall issue a certificate 19 evidencing that any such licensee is duly licensed.

## 20 **SECTION 58.** 12-36-201 (2), Colorado Revised Statutes, is 21 amended to read:

12-36-201. Legislative declaration. (2) It is the intent of the general assembly that physicians licensed to practice medicine utilizing unlicensed persons in their practices provide those persons with a minimum level of education and training before allowing them to operate machine sources of ionizing radiation; however, it is not the general assembly's intent to discourage education and training beyond this minimum. It is further the intent of the general assembly that established
minimum training and education requirements correspond as closely as
possible to the requirements of each particular work setting as determined
by the Colorado state MEDICAL board of medical examiners pursuant to
this part 2.

6 SECTION 59. 12-36-202 (1) (a), Colorado Revised Statutes, is
7 amended to read:

8 12-36-202. Board authorized to issue rules. (1) (a) The 9 Colorado state MEDICAL board of medical examiners shall adopt rules and 10 regulations prescribing minimum standards for the qualifications, 11 education, and training of unlicensed persons operating machine sources 12 of ionizing radiation and administering such radiation to patients for 13 diagnostic medical use. No licensed physician shall allow any unlicensed 14 person to operate any machine source of ionizing radiation or to 15 administer any such radiation to any patient unless such person has met 16 the standards then in effect under rules and regulations adopted pursuant 17 to this section. The board may adopt rules and regulations allowing a 18 grace period in which newly hired operators of machine sources of 19 ionizing radiation shall receive the training required pursuant to this 20 section.

21 **SECTION 60.** 12-36.5-101, Colorado Revised Statutes, is 22 amended to read:

12-36.5-101. Legislative declaration. (1) The general assembly
hereby finds, determines, and declares that the Colorado state MEDICAL
board of medical examiners created pursuant to article 36 of this title acts
for the state in its sovereign capacity to govern licensure, discipline, and
professional review of persons licensed to practice medicine in this state.

1 The general assembly further finds, determines, and declares that the 2 authority to practice medicine in this state is a privilege granted by the 3 legislative authority of the state and that it is necessary for the health, 4 safety, and welfare of the people of this state that the COLORADO MEDICAL board of medical examiners exercise its authority to protect the 5 6 people of this state from the unauthorized practice of medicine and from 7 unprofessional conduct by persons licensed to practice medicine under 8 article 36 of this title.

9 (2) The general assembly recognizes that: Many patients of 10 persons licensed to practice medicine in this state have restricted choices 11 of physicians under a variety of circumstances and conditions; many 12 patients lack the knowledge, experience, or education to properly evaluate 13 the quality of medical practice or the professional conduct of those 14 licensed to practice medicine; and it is necessary and proper that the 15 COLORADO MEDICAL board of medical examiners exercise its regulatory 16 authority to protect the health, safety, and welfare of the people of this 17 state.

(3) The general assembly recognizes that, in the proper exercise of its authority and responsibilities under this article, the COLORADO MEDICAL board of medical examiners must, to some extent, replace competition with regulation and that such replacement of competition by regulation particularly with regard to physicians, is related to a legitimate state interest in the protection of the health, safety, and welfare of the people of this state.

25 SECTION 61. 12-36.5-102 (1), Colorado Revised Statutes, is
26 amended to read:

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12-36.5-102. Definitions. As used in this article, unless the

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1 context otherwise requires:

2 (1) "Board of medical examiners" "MEDICAL BOARD" means the
3 Colorado state MEDICAL board of medical examiners created pursuant to
4 section 12-36-103.

5 SECTION 62. 12-36.5-103 (1) and (3) (a), Colorado Revised 6 Statutes, are amended to read:

7 **12-36.5-103.** Use of professional review committees. (1) The 8 general assembly recognizes that the MEDICAL board, of medical 9 examiners, while assuming and retaining ultimate authority for licensure 10 and discipline in accordance with article 36 of this title and in accordance 11 with this article, cannot practically and economically assume 12 responsibility over every single allegation or instance of purported 13 deviation from the standards of quality for the practice of medicine, from 14 the standards of professional conduct, or from the standards of 15 appropriate care and that an attempt to exercise such oversight would 16 result in extraordinary delays in the determination of the legitimacy of 17 such allegations and would result in the inappropriate and unequal 18 exercise of its authority to license and discipline physicians. It is 19 therefore the intent of the general assembly that the MEDICAL board of 20 medical examiners utilize and allow professional review committees and 21 governing boards to assist it in meeting its responsibilities under article 22 36 of this title and under this article.

(3) (a) The use of professional review committees is declared to
be an extension of the authority of the MEDICAL board. of medical
examiners. However, except as otherwise provided in this article, nothing
in this article shall limit the authority of professional review committees
properly constituted under this article.

SECTION 63. The introductory portion to 12-36.5-104 (4) and
 12-36.5-104 (4) (d), (4) (f), (5), (6) (a) (I), (7) (f), (9), and (11), Colorado
 Revised Statutes, are amended to read:

12-36.5-104. Establishment of professional review committees
function - rules. (4) Any professional review committee established
by any of the following organizations, entities, or professional societies
shall be an approved professional review committee under this article if
it operates pursuant to written bylaws, policies, or procedures which THAT
are in compliance with this article and which THAT have been approved
by its governing board:

(d) A society or association of physicians licensed to practice and
residing in this state and specializing in a specific discipline of medicine,
whose society or association has been designated by the MEDICAL board
of medical examiners as the specialty society or association representative
of physicians practicing such specific discipline of medicine, if the
physician whose services are the subject of the review is a member of
such specialty society or association;

(f) A corporation authorized to insure physicians pursuant to
article 3 of title 10, C.R.S., or any other corporation authorized to insure
such physicians in this state when designated by the MEDICAL board of
medical examiners under subsection (5) of this section;

(5) The MEDICAL board of medical examiners may establish by
 rule or regulation procedures necessary to authorize other health care or
 physician organizations or professional societies to establish professional
 review committees.

26 (6) (a) A professional review committee acting pursuant to this
27 part 1 may investigate or cause to be investigated:

(I) The qualifications of any physician licensed under article 36
 of this title who seeks to subject himself OR HERSELF to the authority of
 any organization, entity, or professional society listed in subsection (4) of
 this section or any organization or professional society which THAT has
 been authorized by the MEDICAL board of medical examiners to establish
 a professional review committee pursuant to subsection (5) of this
 section; or

8 (7) The written bylaws, policies, or procedures of any professional
9 review committee shall provide for at least the following:

(f) A copy of any recommendations made pursuant to paragraph
(d) of this subsection (7) shall be promptly forwarded to the MEDICAL
board. of medical examiners.

(9) All governing boards which THAT are required to report their
final actions to the MEDICAL board of medical examiners are not
otherwise relieved of such obligations by virtue of any provision of this
article.

(11) At the request of the MEDICAL board, of medical examiners,
a governing board shall provide the MEDICAL board of medical examiners
with the complete record of all professional review proceedings,
including, but not limited to, the findings, recommendations, and actions
taken.

SECTION 64. 12-36.5-104.4 (3), Colorado Revised Statutes, is
amended to read:

12-36.5-104.4. Hospital professional review committees.
(3) Nothing in this section shall be deemed to extend the authority or
jurisdiction of the MEDICAL board of medical examiners to any individual
not otherwise subject to the jurisdiction of the board.

SECTION 65. 12-36.5-106 (1), (2), (9) (n), and (10) (b),
 Colorado Revised Statutes, are amended to read:

12-36.5-106. Committee on anticompetitive conduct. (1) There
shall be IS HEREBY established a permanent, independent committee of the
MEDICAL board, of medical examiners to be known as the committee on
anticompetitive conduct, ALSO referred to in this section as "the
committee".

8 (2) The committee shall be composed of five persons, none of 9 whom shall be a member of the MEDICAL board. of medical examiners. 10 Four members of the committee shall be licensed to practice medicine and 11 actively engaged in the practice of medicine in this state and shall be 12 appointed by the MEDICAL board. of medical examiners. No member 13 shall practice in the same medical subspecialty as any other member nor 14 conduct his OR HER primary practice in the same county as any other 15 member. One member shall be appointed by the governor and shall be an 16 attorney licensed to practice in this state who has particular expertise and 17 experience in the area of antitrust law.

(9) Review by the committee shall be in accordance with the
following procedures and, to the extent practicable, in accordance with
the procedures used in the district courts of this state:

(n) In any case presented to the committee where the medical
practice of the complainant constitutes a clear and present danger to
patients, the committee shall refer the case to the MEDICAL board of
medical examiners for such action as the board deems appropriate.

(10) (b) Following final administrative action by the committee,
any party aggrieved by the final action of a governing board who wishes
to challenge the action of such governing board, rather than the

committee's review of such action, shall have the right to seek de novo
 review on the merits in a district court in Colorado. In no event shall the
 MEDICAL board of medical examiners or the committee be made parties
 to such a district court action.

5 **SECTION 66.** 12-36.5-202, Colorado Revised Statutes, is 6 amended to read:

12-36.5-202. Rules - compliance with reporting requirements
of federal act. Upon implementation of the federal "Health Care Quality
Improvement Act of 1986", as amended, 42 U.S.C. secs. 11101 through
11152, and upon implementation of the federal data bank, the MEDICAL
board of medical examiners shall promulgate rules and regulations to
comply with such act, which rules and regulations are consistent with the
standards and the reporting requirements of such act.

14 **SECTION 67.** 12-38-111.6 (4) (d) (III) and (7), Colorado 15 Revised Statutes, are amended to read:

16 12-38-111.6. Prescriptive authority - advanced practice nurses
17 - rules - repeal. (4) An advanced practice nurse applying for
18 prescriptive authority before July 1, 2010, shall provide evidence to the
19 board of the following:

20 (d) (III) The nurse shall provide to the board the name and 21 appropriate identifier of the physician and shall keep such information 22 current with the board. This information shall also be available to the 23 COLORADO MEDICAL board, of medical examiners, the board of pharmacy, 24 and, except for identification numbers granted by the drug enforcement 25 administration, to the general public. The nurse and collaborating 26 physician shall advise each other of collaborative agreements signed with 27 other parties.

(7) An advanced practice nurse who obtains prescriptive authority
 pursuant to this section shall be assigned a specific identifier by the
 board. This identifier shall be available to the COLORADO MEDICAL board
 of medical examiners and the board of pharmacy. The board shall
 establish a mechanism to assure that the prescriptive authority of an
 advanced practice nurse may be readily verified.

7 SECTION 68. 13-4-102 (2) (f), Colorado Revised Statutes, is
8 amended to read:

9 13-4-102. Jurisdiction. (2) The court of appeals shall have
10 initial jurisdiction to:

(f) Review actions of the state COLORADO MEDICAL board of
medical examiners in refusing to grant or in revoking or suspending a
license or in placing the holder thereof on probation, as provided in
section 12-36-119, C.R.S.;

15 SECTION 69. 13-64-302.5 (1), Colorado Revised Statutes, is
amended to read:

17 13-64-302.5. Exemplary damages - legislative declaration -18 limitations - distribution of damages collected. (1) The general 19 assembly hereby finds, determines, and declares that it is in the public 20 interest to establish a consistent and uniformly applicable standard for the 21 determination, amount, imposition, and distribution of exemplary 22 monetary damages arising from civil actions and arbitration proceedings 23 alleging professional negligence in the practice of medicine. It is the 24 intent of the general assembly that any such exemplary damages serve the 25 public purposes of deterring negligent acts and where appropriate provide 26 a form of punishment that is in addition to the disciplinary and licensing 27 sanctions available to the state COLORADO MEDICAL board. of medical 1 examiners.

2 SECTION 70. The introductory portion to 13-90-107 (1) (d) and
3 13-90-107 (1) (d) (III) (C), and (2), Colorado Revised Statutes, are
4 amended to read:

5 **13-90-107. Who may not testify without consent.** (1) There are 6 particular relations in which it is the policy of the law to encourage 7 confidence and to preserve it inviolate; therefore, a person shall not be 8 examined as a witness in the following cases:

9 (d) A physician, surgeon, or registered professional nurse duly 10 authorized to practice his OR HER profession pursuant to the laws of this 11 state or any other state shall not be examined without the consent of his 12 OR HER patient as to any information acquired in attending the patient 13 which THAT was necessary to enable him OR HER to prescribe or act for 14 the patient, but this paragraph (d) shall not apply to:

(III) A review of a physician's or registered professional nurse's
services by any of the following:

17 (C) The state COLORADO MEDICAL board, of medical examiners,
18 the state board of nursing, or a person or group authorized by such board
19 to make an investigation in its behalf;

20 (2) The medical records produced for use in the review provided 21 for in subparagraphs (III), (IV), and (V) of paragraph (d) of subsection (1) 22 of this section shall not become public records by virtue of such use. The 23 identity of any patient whose records are so reviewed shall not be 24 disclosed to any person not directly involved in such review process, and 25 procedures shall be adopted by the state COLORADO MEDICAL board of 26 medical examiners or state board of nursing to ensure that the identity of 27 the patient shall be concealed during the review process itself.

SECTION 71. 17-1-101 (3) (b), Colorado Revised Statutes, is
 amended to read:

3 17-1-101. Executive director - creation - division heads -4 **medical personnel.** (3) (b) All such personnel as cannot satisfy all of 5 the requirements set forth in paragraph (a) of this subsection (3) shall be 6 exempt from the provisions of the "Colorado Medical Practice Act", 7 article 36 of title 12, C.R.S., with respect to services rendered to bona fide 8 patients or inmates at said institutions, if such personnel are of good 9 moral character, are graduates of an approved medical college as defined 10 in section 12-36-108 12-36-102.5, C.R.S., have completed an approved 11 internship of at least one year as defined in section 12-36-109 12 12-36-102.5, C.R.S., and, within a period of nine months of their 13 employment AFTER FIRST BEING EMPLOYED, pass the examinations 14 approved by the Colorado state MEDICAL board of medical examiners 15 under the provisions of the "Colorado Medical Practice Act" and the 16 national board of medical examiners, the national board of examiners for 17 osteopathic physicians and surgeons, or the federation of state medical 18 boards, OR THEIR SUCCESSOR ORGANIZATIONS, on subjects relating to the 19 basic sciences, are able to read, write, speak, and understand the English 20 language, and, in the case of personnel who are not citizens of the United 21 States, become such citizens within the minimum period of time within 22 which the particular individual can become a citizen according to the laws 23 of the United States and the regulations of the immigration and 24 naturalization service of the United States department of justice or within 25 such additional time as may be granted by said boards.

26 SECTION 72. 17-1-103 (3) (a) (III), Colorado Revised Statutes,
27 is amended to read:

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1 **17-1-103. Duties of the executive director.** (3) (a) (III) The 2 executive director shall determine the qualifications for appointment to 3 the panel of medical consultants; except that all members of the panel 4 shall be licensed by the state COLORADO MEDICAL board of medical 5 examiners pursuant to the provisions of article 36 of title 12, C.R.S., or 6 the state board of dental examiners pursuant to the provisions of article 7 35 of title 12, C.R.S.

8 SECTION 73. 17-2-201 (5.7) (d), Colorado Revised Statutes, is
9 amended to read:

10 **17-2-201. State board of parole.** (5.7) If, as a condition of 11 parole, an offender is required to undergo counseling or treatment, unless 12 the parole board determines that treatment at another facility or with 13 another person is warranted, such treatment or counseling shall be at a 14 facility or with a person:

(d) Licensed or certified by the division of adult services in the
department of corrections, the department of regulatory agencies, the
division of mental health in the department of human services, the state
board of nursing, or the state COLORADO MEDICAL board, of medical
examiners, whichever is appropriate for the required treatment or
counseling.

21 SECTION 74. 17-27.1-101 (5) (a) (IV), Colorado Revised
22 Statutes, is amended to read:

17-27.1-101. Nongovernmental facilities for offenders registration - notifications - penalties. (5) No private treatment
 program in Colorado shall admit or accept a supervised or unsupervised
 person into the program unless that program:

(a) Is registered with the administrator of the interstate compact,

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and, if the person is a supervised person, the private treatment program
 is:

(IV) Licensed or certified by the division of adult services in the
department of corrections, the department of regulatory agencies, the
division of mental health in the department of human services, the state
board of nursing, or the state COLORADO MEDICAL board of medical
examiners if the program provides treatment that requires such
certification or licensure;

9 SECTION 75. 18-1.3-204 (2) (c) (IV), Colorado Revised
10 Statutes, is amended to read:

11 **18-1.3-204.** Conditions of probation. (2) (c) If the court orders 12 counseling or treatment as a condition of probation, unless the court 13 makes a specific finding that treatment in another facility or with another 14 person is warranted, the court shall order that such treatment or 15 counseling be at a facility or with a person:

16 (IV) Licensed or certified by the division of adult services in the 17 department of corrections, the department of regulatory agencies, the 18 division of mental health in the department of human services, the state 19 board of nursing, or the state COLORADO MEDICAL board, of medical 20 examiners, whichever is appropriate for the required treatment or 21 counseling.

SECTION 76. 18-18-103, Colorado Revised Statutes, is amended
to read:

18-18-103. Special definition - board. As used in parts 1 and 2
of this article, "board" means the state board of pharmacy. As used in
parts 3, 4, 5, and 6 of this article, "board" means the respective licensing
board responsible for licensing and registering practitioners or other

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1 persons who are subject to registration pursuant to part 3 of this article. 2 For physicians the respective board is the Colorado state MEDICAL board, 3 of medical examiners, for podiatrists the respective board is the Colorado 4 podiatry board, for dentists the respective board is the state board of 5 dental examiners, for optometrists the respective board is the state board 6 of optometric examiners, for pharmacists and pharmacies the respective 7 board is the state board of pharmacy, for veterinarians the respective 8 board is the state board of veterinary medicine, and for manufacturers, 9 distributors, and humane societies the respective board is the state board 10 of pharmacy.

SECTION 77. 18-18-302 (1), Colorado Revised Statutes, is
amended to read:

13 18-18-302. Registration requirements. (1) Every person who 14 manufactures, distributes, or dispenses any controlled substance within 15 this state, or who proposes to engage in the manufacture, distribution, or 16 dispensing of any controlled substance within this state, shall obtain 17 annually or biannually, if applicable, a registration, issued by the 18 respective licensing board or the department in accordance with rules 19 adopted by such board or by the department. For purposes of this section 20 and this article, "registration" or "registered" means the licensing of 21 manufacturers, pharmacists, pharmacies, and humane societies located in 22 this state, and distributors located in or doing business in this state, by the 23 state board of pharmacy as set forth in parts 1 and 3 of article 22 of title 24 12, C.R.S., the licensing of physicians by the state COLORADO MEDICAL 25 board, of medical examiners, as set forth in article 36 of title 12, C.R.S., 26 the licensing of podiatrists by the Colorado podiatry board, as set forth in 27 article 32 of title 12, C.R.S., the licensing of dentists by the state board of dental examiners, as set forth in article 35 of title 12, C.R.S., the licensing
of optometrists by the state board of optometric examiners, as set forth in
article 40 of title 12, C.R.S., the licensing of veterinarians by the state
board of veterinary medicine, as set forth in article 64 of title 12, C.R.S.,
and the licensing of researchers and addiction programs by the
department of human services, as set forth in part 3 of article 22 of title
12, C.R.S.

8 **SECTION 78.** 23-20-114 (1), Colorado Revised Statutes, is 9 amended to read:

10 23-20-114. Employment of medical personnel. (1) The board 11 of regents of the university of Colorado has authority to employ medical 12 personnel WHO ARE not citizens of the United States at the university of 13 Colorado health sciences center, the university of Colorado psychiatric 14 hospital, and the medical division of the graduate school of the university 15 of Colorado. Medical personnel who are not citizens of the United States 16 are exempt from the licensure requirements of the "Colorado Medical 17 Practice Act", article 36 of title 12, C.R.S., with respect to services 18 performed in the course of such employment, but such personnel shall 19 first comply with all other requirements of said act, which includes the 20 taking and passing of examinations approved by the state COLORADO 21 MEDICAL board of medical examiners and by the national board of 22 medical examiners, the national board of examiners for osteopathic 23 physicians and surgeons, or the federation of state medical boards, OR 24 THEIR SUCCESSOR ORGANIZATIONS, on subjects relating to the basic 25 sciences as provided by law within three months of AFTER the date of 26 employment unless such examinations are not required by the provisions 27 of section 12-36-107 (1) (b), or (1) (d), C.R.S. Such exemptions from

1 licensure or provisions in this section provided for such personnel who 2 are not citizens of the United States shall continue only during the 3 minimum period of time within which the particular individual can 4 become a citizen according to the laws of the United States and the 5 regulations of the immigration and naturalization service of the United 6 States department of justice or such additional time thereto as may be 7 granted by such boards. The exemptions in this section are limited to 8 services performed in the course of employment with the university of 9 Colorado as limited in this section and shall terminate when such 10 employment terminates.

SECTION 79. 24-1-122 (3) (m) (I), Colorado Revised Statutes,
is amended to read:

13 24-1-122. Department of regulatory agencies - creation.
14 (3) The following boards and agencies are transferred by a type 1
15 transfer to the department of regulatory agencies and allocated to the
16 division of registrations:

(m) (I) Colorado state MEDICAL board, of medical examiners,
created by article 36 of title 12, C.R.S.;

SECTION 80. 24-34-109 (1) (d) (I), (2) (a) (II), and (6) (a),
Colorado Revised Statutes, are amended to read:

21 24-34-109. Nurse-physician advisory task force for Colorado
22 health care - creation - duties - definition - repeal. (1) There is hereby
23 created, within the division of registrations in the department of
24 regulatory agencies, the nurse-physician advisory task force for Colorado
25 health care, referred to in this section as "NPATCH". The purpose of
26 NPATCH is to promote public safety and improve health care in
27 Colorado by supporting collaboration and communication between the

1 practices of nursing and medicine. The NPATCH shall:

2 (d) Make consensus recommendations to policy-making and3 rule-making entities, including:

4 (I) Recommendations to the state board of nursing created in 5 section 12-38-104, C.R.S., and the Colorado state MEDICAL board of 6 medical examiners created in section 12-36-103, C.R.S., regarding the 7 transition to the articulated plan model and harmonizing language for 8 articulated plans; and

9 (2) (a) The NPATCH shall consist of twelve members appointed
10 as follows:

(II) One member of the state COLORADO MEDICAL board, of
 medical examiners, appointed by the president of the board;

(6) (a) The NPATCH shall make recommendations to the state
board of nursing and the state COLORADO MEDICAL board of medical
examiners to assist the boards in the development of independent rules,
consistent with sections 12-38-111.6 (4.5) and 12-36-106.4, C.R.S.,
regarding prescriptive authority of advanced practice nurses, articulated
plans, and the consultation or collaboration between advanced practice
nurses and physicians.

20 **SECTION 81.** 24-60-3101, Colorado Revised Statutes, is 21 amended to read:

22 **24-60-3101.** Legislative declaration. The general assembly 23 hereby finds that a lack of access to quality, affordable health care 24 services is an increasing problem, both in Colorado and nationwide, and 25 contributes to the spiraling costs of health care for individuals and 26 businesses. This problem could be alleviated by greater interstate 27 cooperation among, and mobility of, medical professionals through the 1 use of telemedicine and other means. Therefore, it is desirable to 2 authorize the executive director of the department of regulatory agencies, 3 together with the state COLORADO MEDICAL board of medical examiners 4 created in section 12-36-103, C.R.S., and the state board of nursing 5 created in section 12-38-104, C.R.S., and in consultation with 6 representatives of other relevant state agencies, to negotiate one or more 7 interstate compacts endorsing model legislation to facilitate the efficient 8 distribution of health care services across state lines.

9 SECTION 82. The introductory portion to 24-60-3103 (1),
10 Colorado Revised Statutes, is amended to read:

11 **24-60-3103.** Model legislation - compacts authorized. (1) The 12 executive director, together with the state COLORADO MEDICAL board of 13 medical examiners created in section 12-36-103, C.R.S., and the state 14 board of nursing created in section 12-38-104, C.R.S., and in consultation 15 with the executive director of the department of health care policy and 16 financing or his or her designee, the executive director of the department 17 of public health and environment or his or her designee, and 18 representatives of other state agencies whose participation the executive 19 director deems beneficial, is hereby authorized to develop, participate in 20 the development of, and negotiate for one or more interstate compacts on 21 behalf of the state of Colorado with other states and to recommend model 22 legislation that, if adopted in the respective signatory states, would 23 advance the following policy goals:

SECTION 83. 25-1-108.7 (6) (c), Colorado Revised Statutes, is
amended to read:

26 25-1-108.7. Health care credentials uniform application act 27 legislative declaration - definitions - state board of health rules.

(6) (c) The review committee shall be staffed by an entity approved by
 the COLORADO MEDICAL board of medical examiners to collect medical
 license registration fees pursuant to section 12-36-123.5, C.R.S.

4 SECTION 84. 25-3-107, Colorado Revised Statutes, is amended
5 to read:

6 **25-3-107.** Disciplinary actions reported to Colorado medical 7 board or podiatry board. (1) Any disciplinary action to suspend, 8 revoke, or otherwise limit the privileges of a licensed physician or 9 podiatrist which THAT is taken by the governing board of a hospital 10 required to be licensed or certified pursuant to this part 1 or required to 11 obtain a certificate of compliance pursuant to section 25-1.5-103 (1) (a) 12 (I) or (1) (a) (II) shall be reported to the Colorado state MEDICAL board of 13 medical examiners or the Colorado podiatry board, whichever board is 14 appropriate, in the form prescribed by said board.

(2) Said hospital shall provide such additional information as is
deemed necessary by the Colorado state MEDICAL board of medical
examiners or the Colorado podiatry board to conduct a further
investigation and hearing.

SECTION 85. 27-1-102 (2) (c), Colorado Revised Statutes, is
amended to read:

21 27-1-102. Executive director - division heads - interagency
22 council - advisory boards. (2) (c) All such personnel as cannot satisfy
23 all of the requirements set forth in paragraph (b) of this subsection (2)
24 shall be exempt from the provisions of the "Colorado Medical Practice
25 Act", article 36 of title 12, C.R.S., with respect to services rendered to
26 bona fide patients or inmates at said institutions, if such personnel are of
27 good moral character, are graduates of an approved medical college as

1 defined in section 12-36-108 12-36-102.5, C.R.S., have completed an 2 approved internship of at least one year as defined in section  $\frac{12-36-109}{12}$ 3 12-36-102.5, C.R.S., and, within a period of nine months of their 4 employment AFTER FIRST BEING EMPLOYED, pass the examinations 5 approved by the Colorado state MEDICAL board of medical examiners 6 under the provisions of the "Colorado Medical Practice Act" and the 7 national board of medical examiners, the national board of examiners for 8 osteopathic physicians and surgeons, or the federation of state medical 9 boards, OR THEIR SUCCESSOR ORGANIZATIONS, on subjects relating to the 10 basic sciences, are able to read, write, speak, and understand the English 11 language, and, in the case of personnel who are not citizens of the United 12 States, become such citizens within the minimum period of time within 13 which the particular individual can become a citizen according to the laws 14 of the United States and the regulations of the immigration and 15 naturalization service of the United States department of justice or within 16 such additional time as may be granted by said boards.

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**SECTION 86.** 27-1-103 (3) (a) (III), Colorado Revised Statutes, is amended to read:

19 27-1-103. Duties of executive director - governor acquire
20 water rights - rules. (3) (a) (III) The executive director shall determine
21 the qualifications for appointment to the board of medical consultants;
22 except that all members of the board shall be licensed by the state
23 COLORADO MEDICAL board of medical examiners pursuant to the
24 provisions of article 36 of title 12, C.R.S.

25 **SECTION 87.** Appropriation. (1) In addition to any other 26 appropriation, there is hereby appropriated, out of any moneys in the 27 division of registrations cash fund created in section 24-34-105 (2) (b) (I), Colorado Revised Statutes, not otherwise appropriated, to the department
 of regulatory agencies, for allocation to the division of registrations, for
 the fiscal year beginning July 1, 2010, the sum of twenty-nine thousand
 six hundred eighty-six dollars (\$29,686) cash funds, or so much thereof
 as may be necessary, for the implementation of this act.

6 (2)In addition to any other appropriation, there is hereby 7 appropriated to the department of law, for the fiscal year beginning July 8 1, 2010, the sum of sixteen thousand five hundred eighty-four dollars 9 (\$16,584) and 0.1 FTE, or so much thereof as may be necessary, for the 10 provision of legal services to the department of regulatory agencies 11 related to the implementation of this act. Said sum shall be from 12 reappropriated funds received from the department of regulatory agencies 13 out of the appropriation made in subsection (1) of this section.

14 (3) In addition to any other appropriation, there is hereby 15 appropriated, out of any moneys in the emergency medical services 16 account within the highway users tax fund created in section 25-3.5-603 17 (1) (a), Colorado Revised Statutes, not otherwise appropriated, to the 18 department of public health and environment, for allocation to the health 19 facilities and emergency medical services division, for the fiscal year 20 beginning July 1, 2010, the sum of sixty-eight thousand six hundred 21 fifty-seven dollars (\$68,657) cash funds and 0.9 FTE, or so much thereof 22 as may be necessary, for the implementation of this act.

(4) In addition to any other appropriation, there is hereby
appropriated to the department of law, for the fiscal year beginning July
1, 2010, the sum of six hundred seventy-eight dollars (\$678), or so much
thereof as may be necessary, for the provision of legal services to the
department of public health and environment related to the

implementation of this act. Said sum shall be from reappropriated funds
 received from the department of public health and environment out of the
 appropriation made in subsection (3) of this section.
 SECTION 88. Specified effective date. This act shall take effect
 July 1, 2010.

6 SECTION 89. Safety clause. The general assembly hereby finds,
7 determines, and declares that this act is necessary for the immediate
8 preservation of the public peace, health, and safety.