First Regular Session Seventieth General Assembly STATE OF COLORADO

REVISED

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

LLS NO. 15-0864.02 Kristen Forrestal x4217

SENATE BILL 15-197

SENATE SPONSORSHIP

Crowder and Jahn, Baumgardner, Cooke, Garcia, Guzman, Hodge, Holbert, Lundberg, Martinez Humenik, Newell, Roberts, Todd, Ulibarri, Woods

HOUSE SPONSORSHIP

Fields and Willett, Ginal, Brown, Dore, Esgar, Landgraf, Lee, Primavera, Salazar, Singer

Senate Committees

Health & Human Services

House Committees

Health, Insurance, & Environment

A BILL FOR AN ACT

101 CONCERNING THE PRESCRIPTIVE AUTHORITY OF ADVANCED PRACTICE

102 NURSES.

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at http://www.leg.state.co.us/billsummaries.)

Current law requires an advanced practice nurse to complete 1,800 hours of prescribing in a preceptorship and to complete 1,800 hours of prescribing in a mentorship in order to achieve full prescriptive authority. The bill reduces the requirement to achieve full prescriptive authority to 1,000 practice hours.

Current law requires a licensed physician to mentor an advanced

HOUSE nd Reading Unamended April 10, 2015

SENATE 3rd Reading Unamended March 19, 2015

SENATE Amended 2nd Reading March 18, 2015

Shading denotes HOUSE amendment. <u>Double underlining denotes SENATE amendment.</u>

Capital letters indicate new material to be added to existing statute.

Dashes through the words indicate deletions from existing statute.

practice nurse. The bill allows the role of mentor to be filled by an advanced practice nurse with prescriptive authority and the same role and population focus as the applicant.

Current law prescribes the applicant's interaction with the preceptor and the mentor. The bills allows synchronous remote collaboration during the mentorship.

Current law requires completion of 1,800 hours in a preceptorship to obtain provisional prescriptive authority. The bill allows provisional prescriptive authority upon graduation and passage of the certification examination.

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

1

2 **SECTION 1.** In Colorado Revised Statutes, 12-38-103, add (1.5) 3 as follows: 4 **12-38-103. Definitions.** As used in this article, unless the context 5 otherwise requires: (1.5) "ADVANCED PRACTICE NURSE" MEANS AN ADVANCED 6 7 PRACTICE REGISTERED NURSE WHO IS A PROFESSIONAL NURSE AND IS 8 LICENSED TO PRACTICE PURSUANT TO THIS ARTICLE, WHO OBTAINS 9 SPECIALIZED EDUCATION OR TRAINING AS PROVIDED IN THIS SECTION, AND 10 WHO APPLIES TO AND IS ACCEPTED BY THE BOARD FOR INCLUSION IN THE 11 ADVANCED PRACTICE REGISTRY. 12 **SECTION 2.** In Colorado Revised Statutes, 12-38-108, amend 13 (1) (f) as follows: 14 12-38-108. Powers and duties of the board - rules. (1) The 15 board has the following powers and duties: 16 (f) To provide by regulation for the legal recognition of nurse 17 licensees from other states AND JURISDICTIONS; 18 **SECTION 3.** In Colorado Revised Statutes, 12-38-111.6, amend 19 (3) (a), (4.5) (b) introductory portion, (4.5) (b) (I), (4.5) (b) (II) introductory portion, (4.5) (c) (I), (4.5) (d) (I), ___ (4.5) (e); **repeal** (4.5) 20

-2-

1	(a) (V) and (4.5) (f); and add (4.5) (a) (VI) \underline{and} (4.5) (a) (VII) as follows:
2	12-38-111.6. Prescriptive authority - advanced practice nurses
3	- rules. (3) (a) An advanced practice nurse may be granted authority to
4	prescribe prescription drugs and controlled substances to provide
5	treatment to clients WITHIN THE ROLE AND POPULATION FOCUS OF THE
6	ADVANCED PRACTICE NURSE.
7	(4.5) (a) On or after July 1, 2010, or, if the director of the division
8	of professions and occupations adopts rules pursuant to subparagraph (II)
9	of paragraph (f) of this subsection (4.5), on or after July 2, 2010, An
10	advanced practice nurse applying for prescriptive authority shall provide
11	evidence to the board of the following:
12	(V) (A) Completion of a mutually structured, post-graduate
13	preceptorship, as defined by the board by rule, consisting of not less than
14	one thousand eight hundred documented hours, to be completed within
15	the immediately preceding five-year period. The preceptorship shall be
16	conducted either with a physician or a physician and an advanced practice
17	nurse who has prescriptive authority and experience in prescribing
18	medications. The physician and, if applicable, advanced practice nurse
19	serving as a preceptor to the applicant shall be actively practicing in this
20	state and shall have education, training, experience, and active practice
21	that corresponds with the role and population focus of the applicant.
22	(B) The physician and, if applicable, advanced practice nurse
23	serving as a preceptor shall not require payment or employment as a
24	condition of entering into the preceptorship relationship, but a preceptor
25	may request reimbursement of reasonable expenses and time spent as a
26	result of the preceptorship relationship.
27	(VI) INCLUSION ON THE ADVANCED PRACTICE REGISTRY PURSUANT

-3-

TO SECTION <u>12-38-111.5</u>; AND

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

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

(I) (A) Within five years after ONCE the provisional prescriptive authority is granted, the advanced practice nurse shall MUST obtain an additional one thousand eight hundred hours of documented experience in a mutually structured PRESCRIBING mentorship either with a physician or with a physician and AN advanced practice nurse who has FULL prescriptive authority and experience in prescribing medications. The mentorship need not be with the same persons who provided the preceptorship specified in subparagraph (V) of paragraph (a) of this subsection (4.5), but the mentor shall MUST be practicing in Colorado and have education, training, experience, and AN active practice that corresponds with the role and population focus of the advanced practice nurse.

-4- 197

(A.5) REMOTE COMMUNICATION WITH THE MENTOR IS PERMISSIBLE WITHIN THE MENTORSHIP AS LONG AS THE COMMUNICATION IS SYNCHRONOUS. SYNCHRONOUS COMMUNICATION DOES NOT INCLUDE COMMUNICATION BY EMAIL.

- (B) The physician and, if applicable, OR advanced practice nurse serving as a mentor shall not require payment or employment as a condition of entering into the mentorship relationship, but the mentor may request reimbursement of reasonable expenses and time spent as a result of the mentorship relationship.
- (C) Upon successful completion of the mentorship period, the mentor shall provide his or her signature AND ATTESTATION to verify that the advanced practice nurse has successfully completed the mentorship within the required period after the provisional prescriptive authority was granted.
- (D) If an advanced practice nurse with provisional prescriptive authority fails to complete the mentorship required by this subparagraph (I) within the specified period; THREE YEARS OR OTHERWISE FAILS TO DEMONSTRATE COMPETENCE AS DETERMINED BY THE BOARD, the advanced practice nurse's provisional prescriptive authority expires for failure to comply with the statutory requirements.
- (II) Within five years after obtaining provisional prescriptive authority, The advanced practice nurse WITH PROVISIONAL PRESCRIPTIVE AUTHORITY shall develop an articulated plan for safe prescribing that documents how the advanced practice nurse intends to maintain ongoing collaboration with physicians and other health care professionals in connection with the advanced practice nurse's practice of prescribing medication within his or her role and population focus. The articulated

-5-

plan shall guide the advanced practice nurse's prescriptive practice. The physician or physician and advanced practice nurse that mentored the advanced practice nurse SERVES AS A MENTOR as described in subparagraph (I) of this paragraph (b) shall provide his or her signature AND ATTESTATION ON THE ARTICULATED PLAN to verify that the advanced practice nurse has developed an articulated plan. The advanced practice nurse shall retain the articulated plan on file, shall review the plan annually, and shall update the plan as necessary. The articulated plan is subject to review by the board, and the advanced practice nurse shall provide the plan to the board upon request. If an advanced practice nurse with provisional prescriptive authority fails to develop the required articulated plan within the specified period THREE YEARS OR OTHERWISE FAILS TO DEMONSTRATE COMPETENCE AS DETERMINED BY THE BOARD, the advanced practice nurse's provisional prescriptive authority expires for failure to comply with the statutory requirements. An articulated plan developed pursuant to this subparagraph (II) shall MUST include at least the following:

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

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

(I) (A) Except as provided in sub-subparagraph (B) of this subparagraph (I), no later than July 1, 2011, The advanced practice nurse shall develop an articulated plan as specified in subparagraph (II) of paragraph (b) of this subsection (4.5); except that to verify development of an articulated plan, the advanced practice nurse shall obtain the signature of either a physician or AN advanced practice nurse who has prescriptive authority and experience in prescribing medications, is

-6-

practicing in Colorado, and has education, training, experience, and active practice that corresponds with the role and population focus of the advanced practice nurse developing the plan. If an advanced practice nurse with prescriptive authority granted prior to July 1, 2010, fails to develop the required articulated plan within the specified period, the advanced practice nurse's prescriptive authority expires for failure to comply with the statutory requirements.

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

(d) (<u>H</u>) On or after July 1, 2010, or, if the director of the division of professions and occupations adopts rules pursuant to subparagraph (H) of paragraph (f) of this subsection (4.5), on or after July 2, 2010, IN ORDER TO OBTAIN PROVISIONAL PRESCRIPTIVE AUTHORITY AND OBTAIN AND RETAIN FULL PRESCRIPTIVE AUTHORITY IN THIS STATE, an advanced practice nurse who has obtained prescriptive authority from another state may obtain provisional prescriptive authority in this state the advanced practice nurse satisfies the following requirements: ANOTHER STATE MUST MEET THE REQUIREMENTS OF THIS SECTION 12-38-111.6 OR SUBSTANTIALLY EQUIVALENT REQUIREMENTS, AS DETERMINED BY THE BOARD.

-7-

1	(A) The advanced practice harse satisfies the requirements of
2	subparagraphs (I), (II), (III), and (IV) of paragraph (a) of this subsection
3	(4.5); and
4	(B) The advanced practice nurse has three thousand six hundred
5	hours of documented experience prescribing medications without
6	significant adverse prescribing issues, as determined by the board.
7	(II) Once an advanced practice nurse with prescriptive authority
8	from another state obtains provisional prescriptive authority in this state,
9	the advanced practice nurse shall satisfy the following requirements in
10	order to obtain and maintain full prescriptive authority in this state:
11	(A) Within one year after obtaining provisional prescriptive
12	authority in this state, the advanced practice nurse shall develop an
13	articulated plan, as described in subparagraph (I) of paragraph (c) of this
14	subsection (4.5); except that, if the advanced practice nurse with
15	prescriptive authority from another state fails to develop the required
16	articulated plan within the specified period, the advanced practice nurse's
17	provisional prescriptive authority expires for failure to comply with the
18	statutory requirements; and
19	(B) The advanced practice nurse shall maintain national
20	certification, as specified in subparagraph (III) of paragraph (a) of this
21	subsection (4.5), unless the board grants an exception.
22	(e) During the second year of implementation of this subsection
23	(4.5) and rules adopted pursuant to paragraph (f) of this subsection (4.5),
24	The board shall conduct random audits of articulated plans to ensure
25	THAT the plans satisfy the requirements of this subsection (4.5) and rules
26	adopted pursuant to paragraph (f) of this subsection (4.5) BY THE BOARD.
27	(f) (I) Except as provided in subparagraph (II) of this paragraph

-8-

(f), the board shall adopt rules to implement this subsection (4.5), which rules shall take effect on July 1, 2010. The board shall consider the recommendations of the nurse-physician advisory task force for Colorado health care submitted in accordance with section 24-34-109, C.R.S., concerning prescriptive authority of advanced practice nurses. The rules shall be complementary to rules adopted by the Colorado medical board pursuant to section 12-36-106.4.

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

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

-9-

1	SECTION 4. In Colorado Revised Statutes, 12-38-111.5, repeal
2	(2); and amend (5) as follows:
3	12-38-111.5. Requirements for advanced practice nurse
4	registration - legislative declaration - definition - advanced practice
5	registry. (2) As used in this section, "advanced practice nurse" means a
6	professional nurse who is licensed to practice pursuant to this article, who
7	obtains specialized education or training as provided in this section, and
8	who applies to and is accepted by the board for inclusion in the advanced
9	practice registry.
10	(5) A nurse who meets the definition of advanced practice nurse,
11	as defined in subsection (2) of this section 12-38-103, and the
12	requirements of section 12-38-111.6, may be granted prescriptive
13	authority as a function in addition to those defined in section 12-38-103
14	<u>(10).</u>
15	SECTION 5. In Colorado Revised Statutes, 12-36-106.4, amend
16	(1) (a) introductory portion and (1) (b); and repeal (4) as follows:
17	12-36-106.4. Collaboration with advanced practice nurses
18	with prescriptive authority - mentorships - board rules. (1) (a) A
19	physician licensed pursuant to this article may, and is encouraged to,
20	serve as a preceptor or mentor to an advanced practice nurse who is
21	applying for prescriptive authority pursuant to section 12-38-111.6 (4.5).
22	A physician who serves as a preceptor or mentor to an advanced practice
23	nurse seeking prescriptive authority shall:
24	(b) A physician serving as a preceptor or mentor to an advanced
25	practice nurse pursuant to section 12-38-111.6 (4.5) shall not require
26	payment or employment as a condition of entering into the preceptorship
27	or mentorship relationship, but the physician may request reimbursement

-10-

of reasonable expenses and time spent as a result of the preceptorship or mentorship relationship.

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

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

(II) If the director determines that the two boards have adopted complementary rules regarding the prescriptive authority of advanced practice nurses and collaboration between advanced practice nurses and physicians, the director shall not adopt rules that supersede and replace the rules of the two boards, but the director shall review any amendments to those rules by either board to ensure that the rules remain complementary. If the director determines that an amendment to the rules

-11-

1	by the Colorado medical board or the state board of nursing results in
2	rules on prescriptive authority and collaboration that are no longer
3	complementary, the amendment shall not take effect.
4	SECTION 6. In Colorado Revised Statutes, 12-38-117, add (1)
5	(bb) as follows:
6	12-38-117. Grounds for discipline. (1) "Grounds for discipline",
7	as used in this article, means any action by any person who:
8	(bb) Has verified by signature the articulated plan
9	DEVELOPED BY AN ADVANCED PRACTICE NURSE PURSUANT TO SECTIONS
10	12-36-106.4 AND 12-38-111.6 (4.5) IF THE ARTICULATED PLAN FAILS TO
11	COMPLY WITH THE REQUIREMENTS OF SECTION $12-38-111.6$ (4.5) (b) (II);
12	SECTION 7. Act subject to petition - effective date. This act
13	takes effect September 1, 2015; except that, if a referendum petition is
14	filed pursuant to section 1 (3) of article V of the state constitution against
15	this act or an item, section, or part of this act within the ninety-day period
16	after final adjournment of the general assembly, then the act, item,
17	section, or part will not take effect unless approved by the people at the
18	general election to be held in November 2016 and, in such case, will take
19	effect on the date of the official declaration of the vote thereon by the
20	governor.

-12-