DEPARTMENT OF REGULATORY AGENCIES

Colorado Medical Board

MEDICAL RULES AND REGULATIONS

3 CCR 713-1

[Editor's Notes follow the text of the rules at the end of this CCR Document.]

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1.9 DEMONSTRATION OF CONTINUED COMPETENCY BY PHYSICIAN ASSISTANT APPLICANTS FOR LICENSURE, LICENSURE PURSUANT TO THE OCCUPATIONAL CREDENTIAL PORTABILITY PROGRAM, REINSTATEMENT OF AN EXPIRED LICENSE, OR REACTIVATION OF A LICENSE

A. Basis: The authority for promulgation of these rules and regulations by the Colorado Medical Board ("Board") is set forth in sections 24-4-103, 12-20-204(1), 12-240-119, 12-240-106(1)(a), 12-240-120(1)(d), 12-20-202(2)(c)(II), and 12-240-141(5), C.R.S.

B. Purpose: The purpose of these rules and regulations is to set forth the process by which a physician assistant may demonstrate continued competency for the purpose of complying with the statutory sections referenced above to obtain a Colorado physician assistant license; demonstrate qualifications substantially equivalent for licensure by endorsement in this state pursuant to the Occupational Credential Portability Program as set forth in section 12-20-202, C.R.S.; demonstrate at least one year of having practiced as a physician assistant in another jurisdiction with a scope of practice substantially similar to the scope of practice in this state for licensure by endorsement pursuant to the Occupational Credential Portability Program as set forth in section 12-20-202, C.R.S.; reinstate an expired license; or reactivate an existing Colorado physician assistant license. The Board finds that if a physician assistant has ceased clinical practice for two or more years, the nature of the physician assistant/physician collaborating relationship in and of itself cannot compensate for potential knowledge and clinical deficiencies, which may exist due to the lack of practice experience for an extended period of time.

C. LICENSURE BY ENDORSEMENT PURSUANT TO THE OCCUPATIONAL CREDENTIAL PORTABILITY PROGRAM PURSUANT TO SECTION 12-20-202(3), C.R.S.

1. For the purpose of licensure by endorsement through the occupational credential portability program, "substantially equivalent experience or credentials" means the applicant holds a current, valid, and unrestricted license in another U.S. jurisdiction that requires qualifications substantially equivalent to the qualifications for licensure in this state; the applicant submits written verification they have actively practiced as a physician assistant in another jurisdiction for the last two years or has otherwise maintained continued competency as determined by the Board; and submits proof satisfactory to the Board and attests that they have not been and are not subject to final or pending disciplinary or other action by any state or jurisdiction in which the applicant is or has been previously licensed except that, if the applicant is or has been subject to action, the Board may review the action to determine whether the underlying conduct warrants refusal of a license pursuant to section 12-240-120, C.R.S.

2. To demonstrate continued competency for purposes of complying with section 12-20-202(3), C.R.S., a physician assistant may:

   a. Submit proof satisfactory to the Board of active practice as a physician assistant in another jurisdiction for the one-year period immediately preceding the filing of the application. If the physician assistant has practiced as a physician assistant only for a portion of the one-year period immediately preceding the filing of the application, the Board may determine on a case by case basis in its discretion whether the physician assistant has adequately demonstrated continued competency to practice as a physician assistant;

   a. Submit proof satisfactory to the Board of having held for at least one year a current and valid physician assistant license in another jurisdiction with a scope of practice that is substantially similar to the scope of practice for physician assistants as specified in section 12-240-107, C.R.S.

   c. Submit to the Board the following: (a) proof satisfactory to the Board that the physician assistant has been out of practice as a physician assistant for less than two years; (b) proof of current certification by the National Commission on Certification of Physician Assistants, Inc. (“NCCPA”); (c) proof of 100 hours of continuing medical education within the past two years, including twenty-five hours of category I continuing medical education in the past twelve months; and (d) a written plan satisfactory to the Board, documenting the nature, extent, and duration of collaboration that will be undertaken by the physician assistant with a collaborating physician as the physician assistant makes the transition back into clinical practice; or

   d. Submit to the Board proof of participation in numerous professional activities, including but not limited to: maintenance of certification (MOC) activities; successful completion of the National Commission on Certification of Physician Assistants (NCCPA); category 1 approved CME educational courses with relevance to practice; teaching/lecturing/mentoring activities; non-patient care hospital or organization committee participation, including quality, safety, pharmacy and therapeutics, peer review, tumor board or other clinically relevant activities; clinically applicable research; surveying on behalf of accreditation organizations; or volunteer medical care provided overseas or in other jurisdictions. The Board’s Licensing Panel shall have discretion to consider an applicant’s activities on a case-by-case basis and may determine an applicant has met continued competency through a combination of any of the above activities or other relevant professional activities.

D. REENTRY LICENSE

For those physician assistants who have been out of practice as a physician assistant for two or more years, (a) submit to the Board a personalized competency evaluation report prepared by a program approved by the Board, and (b) complete any education and/or training recommended by the program as a result of the evaluation prior to obtaining a license. In the discretion of the Board, the physician assistant may be able to receive a re-entry license prior to completing the education and/or training recommended by the program for the purpose of facilitating the completion of such education and/or training. All expenses resulting from the evaluation and/or any recommended education and/or training are the responsibility of the physician assistant and not of the Board.

The Board will consider an applicant to be ineligible for a reentry license if their period of inactive practice resulted from disciplinary action or unprofessional conduct. If a reentry license is issued, such a license is valid only for three years from the date of issue and is not renewable. Failure to

complete the training requirements before the end of the three-year period will result in the reentry license being administratively inactivated.

In the discretion of the Board, the physician assistant may be issued a re-entry license for the specific purpose of completing the education and/or training requirements. The re-entry license is valid for a single period of time not greater than three (3) years from the date of issue. Failure to complete the education and/or training requirements before the end of the three (3) year period for the re-entry license will result in the re-entry license being administratively inactivated.

E. CONVERSION OF REENTRY LICENSE

When an applicant has timely and successfully completed the training requirements, the applicant shall apply to the Licensing Panel of the Board to convert the reentry license to full licensure by submitting a letter to the Licensing Panel with documents that clearly establish timely and successful completion of the training requirements. If the Board determines that the applicant is competent and qualified to practice as a physician assistant, the Board will convert the reentry license to a full license to practice as a physician assistant. If the Board determines that the applicant is not competent nor qualified to practice as a physician assistant, the Board may require further assessment, training, or period of supervised practice in its discretion.

F. EXPENSES

All expenses resulting from the assessment and/or any training requirements are the responsibility of the applicant and not of the Board.

G. REINSTATEMENT OR REACTIVATION OF A LICENSE

In support of any application for reinstatement or reactivation of a license to practice as a physician assistant, for the purpose of complying with sections 12-20-202(2)(c)(II), 12-240-120(1)(d), or 12-240-141(5), C.R.S., a physician assistant may demonstrate continued competency in accordance with the methods identified in Rule 1.9(C)(2), identified above.

H. Where appropriate, the Board may determine that demonstration of continued competency requires an additional or different approach. For example, due to the length of time the physician assistant has been out of practice, the Board may require a written plan documenting the nature, extent, and duration of supervision that will be provided by the supervising physician to the physician assistant as the physician assistant makes the transition back into clinical practice. This written plan may be in addition to the personalized competency evaluation and/or recommended education and/or training. The decision as to the method of determining continued competency shall be at the discretion of the Board.

Adopted 8/15/02, Effective 10/30/02, Revised 2/13/03, Effective 4/30/03, Revised 4/14/05, Effective 6/30/05, Revised 5/17/07, Effective July 30, 2007; Revised 08/19/10; Effective 10/15/10.

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1.15 RULES AND REGULATIONS REGARDING THE LICENSURE OF AND PRACTICE BY PHYSICIAN ASSISTANTS

A. Basis: The authority for promulgation of Rule 1.15 (“these Rules”) by the Colorado Medical Board (“Board”) is set forth in sections 24-4-103, 12-240-106(1)(a),12-240-107(6) and 12-240-113, C.R.S.

B. Purpose: The purpose of these rules and regulations is to implement the requirements of sections 12-240-113 and 12-240-107(6), C.R.S., and provide clarification regarding the application of these Rules to various practice settings.

C. EXTENT AND MANNER IN WHICH A PHYSICIAN ASSISTANT MAY PERFORM ACTS CONSTITUTING THE PRACTICE OF MEDICINE WITH A COLLABORATIVE AGREEMENT IN PLACE

1. The requirements for a Collaborative Agreement applies to all collaborating physicians and physician assistants as of August 7, 2023.

2. Responsibilities of the Physician Assistant

a. Compliance with these Rules. A physician assistant is responsible for implementing and complying with statutory requirements and the provisions of these Rules.

b. License. A physician assistant shall ensure that the individual's license to practice as a physician assistant is active and current prior to performing any acts requiring a license.

c. Collaborative Agreement. A physician assistant must keep on file their Collaborative Agreement at their primary location of practice and make it available to the Board upon request.

d. Identification As A Physician Assistant. While performing acts defined as the practice of medicine, a physician assistant shall clearly identify both visually (e.g. by nameplate or embroidery on a lab coat) and verbally as a physician assistant.

e. Chart Note. A physician assistant shall make a chart note for every patient for whom the physician assistant performs any act defined as the practice of medicine in section 12-240-107(1), C.R.S. When a physician assistant consults with any physician about a patient, the physician assistant shall document in the chart note the names of any physician consulted and the date of the consultation.

f. Documentation. A physician assistant shall keep such documentation as necessary to assist a collaborating or other physician in performing an adequate performance assessment as set forth below in Section (C)(3)(b) of this Rule.

g. Emergency Department Settings

(1) Collaborative Agreements entered into by physician assistants in emergency departments in hospitals with Level I or II trauma center settings shall take the form of a supervisory agreement as identified in section 12-240-114.5(2)(b)(IV)(A), C.R.S.

(2) For Collaborative Agreements entered into by physician assistants in emergency departments in hospitals other than with Level I or II trauma center settings, a supervising physician or physician group may increase the number of hours for which the Collaborative Agreement is a supervisory agreement, pursuant to section 12-240-114.5(2)(b)(IV)(B), C.R.S.

3. Requirements for Physicians and Physician Groups Entering into Collaborating Agreements

a. Physicians must be actively practicing medicine in Colorado by means of a regular and reliable physical presence in Colorado. For purposes of this Rule, to practice medicine based primarily on telecommunication devices or other telehealth technologies does not constitute "actively practicing medicine in Colorado."

b. Performance Evaluation

(1) A physician or physician group who has entered into a Collaborating Agreement with a physician assistant shall develop and carry out a periodic Performance Evaluation as required by these Rules and section 12-240-114.5(1)(c), C.R.S. The Performance Evaluation should include domains of competency relevant to the particular practice and utilize more than one modality of assessment to evaluate those domains of competency. The Performance Evaluation should take into account the education, training, experience, competency, and knowledge of the individual physician assistant for whatever practice area in which the physician assistant is engaged.

(2) The statutory relationship between the physician or physician group and physician assistant is by its nature a team relationship. The purpose of the Performance Evaluation is to enhance the collaborative nature of the team relationship, promote public safety, clarify expectations, and facilitate the professional development of an individual physician assistant.

(3) The domains of competency may be dependent upon the type of practice the physician assistant is engaged in and may include but are not limited to:

(a) Medical knowledge;

(b) Ability to perform an appropriate history and physical examination;

(c) Ability to manage, integrate and understand objective data, such as laboratory studies, radiographic studies, and consultations;

(d) Clinical judgment, decision-making and assessment of patients;

(e) Accurate and appropriate patient management;

(f) Communication skills (patient communication and communication with other care providers);

(g) Documentation and record keeping; (h) Collaborative practice and professionalism;

(i) Procedural and technical skills appropriate to the practice.

(4) The modalities of assessment to evaluate domains of competency may include but are not limited to:

(a) Co-management of patients;

(b) Direct observation;

(c) Chart review with identification of charts reviewed;

(d) Feedback from patients and other identified providers.

(5) Performance evaluations must occur with at least the minimum frequency required in section 12-240-114.5(2)(b)(I)(C), C.R.S.

(6) A physician or physician group must maintain accurate records and documentation of the Performance Evaluations, including the initial Performance Evaluation and periodic Performance Evaluations for each physician assistant with whom they have entered into a Collaborative Agreement.

(7) The Board may audit a physician's or physician group's performance assessment records. Upon request, the physician or physician group shall produce records of the performance assessments as required by the Board.

4. Waiver of Provisions of these Rules

a. Criteria for Obtaining Waivers.

(1) Upon a showing of good cause, the Board may permit waivers of any provision of these Rules.

(2) Factors to be considered in granting such waivers include, but are not limited to: whether the physician assistant is located in an underserved or rural area; the quality of protocols setting out the responsibilities of a physician assistant in the particular practice; any disciplinary history on the part of the physician assistant or the physician entering into a Collaborating Agreement; and whether the physician assistant in question works less than a full schedule.

(3) All such waivers shall be in the sole discretion of the Board. All waivers shall be strictly limited to the terms provided by the Board. No waivers shall be granted if in conflict with state law.

b. Procedure for Obtaining Waivers.

(1) Applicants for waivers must submit a written application on forms approved by the Board detailing the basis for the waiver request.

(2) The written request should address the pertinent factors listed in Section (C)(4)(a)(2) of this Rule and include a copy of any written protocols in place for the supervision of physician assistants.

(3) Upon receipt of the waiver request and documentation, the matter will be considered at the next available Board meeting.

D. PRESCRIPTION AND DISPENSING OF DRUGS.

1. Prescribing Provisions:

a. A physician assistant may issue a prescription order for any drug or controlled substance provided that:

(1) Each prescription and refill order is entered on the patient's chart.

(2) For each written prescription issued by a physician assistant, the prescription shall contain, in legible form imprinted on the prescription, the physician assistant's name and the address of the health facility where the physician assistant is practicing.

(a) If the health facility is a multi-specialty organization, the name and address of the specialty clinic within the health facility where the physician assistant is practicing must be imprinted on the prescription.

(3) A physician assistant may not issue a prescription order for any controlled substance unless the physician assistant has received a registration from the United States Drug Enforcement Administration.

(4) For the purpose of this Rule electronic prescriptions are considered written prescription orders.

(5) The dispensing of prescription medication by a physician assistant is subject to section 12-280-120(6)(a), C.R.S.

2. Obtaining Prescription Drugs or Devices to Prescribe, Dispense, Administer or Deliver

a. No drug that a physician assistant is authorized to prescribe, dispense, administer, or deliver shall be obtained by said physician assistant from a source other than a collaborating physician, pharmacist, or pharmaceutical representative.

b. No device that a physician assistant is authorized to prescribe, dispense, administer, or deliver shall be obtained by said physician assistant from a source other than a collaborating physician, pharmacist, or pharmaceutical representative.

E. REPORTING REQUIREMENTS

1. Collaborative Agreements.

a. A Collaborative Agreement must be in writing and maintained at the main practice location for the physician assistant.

b. The Collaborative Agreement must include the requirements set forth in section 12-240-114.5(2)(a), C.R.S.

c. The form shall be signed by the physician and the physician assistant.

d. Collaborative Agreements for physician assistants with fewer than five thousand practice hours, or for physician assistants changing practice areas with fewer than three thousand hours in the new practice area shall be a supervisory agreement and include the additional requirements set forth in section 12-240-114.5(2)(b), C.R.S.

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Editor's Notes

History

Entire rule eff. 10/15/2010.

Entire rule repealed eff. 07/15/2013.

Entire rule recodified from rules 3 CCR 713-2, 3 CCR 713-7, 3 CCR 713-8, 3 CCR 713-11, 3 CCR 713-12, 3 CCR 713-17, 3 CCR 713-18, 3 CCR 713-20, 3 CCR 713-22, 3 CCR 713-26, 3 CCR 713-28, 3 CCR 713-29, 3 CCR 713-30, 3 CCR 713-31, 3 CCR 713-32, 3 CCR 713-33, 3 CCR 713-36, 3 CCR 713-38, 3 CCR 713-39, 3 CCR 713-40, 3 CCR 713-41, 3 CCR 713-42, 3 CCR

713-43, 3 CCR 713-44, 3 CCR 713-47, 3 CCR 713-48, 3 CCR 713-49, 3 CCR 713-50 eff. 07/15/2023.

Rule 1.15 emer. rule eff. 08/17/2023.

Rule 1.32 emer. rule eff. 10/01/2023.

Rules 1.15, 1.32 eff. 10/15/2023.

Rule 1.5 D.1 eff. 07/15/2025.