



SB 23-083: EXPANSION OF A PA'S ABILITY TO PRACTICE IN COLORADO



SB 23-083 became effective August 7, 2023. SB 83 removes the provisions in the Medical Practice Act that only allow physician assistants (PAs) to perform acts that constitute the practice of medicine if those acts are delegated by a physician and performed under the personal and responsible direction and supervision of a licensed physician.

COLLABORATIVE AGREEMENT

Under the new law, a PA may not provide care unless the PA has entered into a **collaborative agreement** with a physician licensed in good standing or a physician group. With a collaborative agreement in place, a PA may perform acts within the PA's education, experience, and competency that constitute the practice of medicine and acts that physicians are authorized by law to perform to the extent and in the manner authorized by medical board rules including prescribing and dispensing medication, including controlled substances.

"Collaboration" means, as indicated by the patient's condition, community standards of care, and a PA's education, training, and experience:

- Consultation between the PA and a physician or a physician group; or
- referral by the PA to a physician or, if the referral is to a physician practicing in a different practice area than the PA, a physician's practice group.

"Collaborative agreement" means a written agreement that describes the manner in which a PA collaborates with a physician or a physician group. The physician entering into a collaborative agreement must be actively practicing in Colorado with a regular and reliable physical presence in Colorado.

The collaborative agreement must include:

- The PA's name, license number, and primary location of practice,
- The signature of the PA and the physician or physician group with whom the PA has entered into the collaborative agreement,
- A description of the PA's process for collaboration, the degree of which must be based on the PA's primary location and area of practice and may include:
 - Decisions made by the physician or physician group with whom the PA has entered into a collaborative agreement, and
 - The credentialing or privileging requirements of the PA's primary location of practice.
- A description of the performance evaluation process, which may be completed by the PA's employer in accordance with a performance evaluation and review process established by the employer, and
- Any additional requirements specific to the PA's practice required by the physician entering into the collaborative agreement, including additional levels of oversight, limitations on autonomous judgment, and the designation of a primary contact for collaboration.

SUPERVISORY AGREEMENTS

PAs with <5,000 practice hours or PAs changing practice areas with <3,000 practice hours in the new practice area

For PAs with fewer than 5,000 practice hours or PAs changing practice areas with fewer than 3,000 practice hours in the new practice area, the collaborative agreement is a **supervisory agreement**. In addition to the requirements for all collaborative agreements (above), the supervisory agreement must also:

- Require that collaboration during the first 160 practice hours be completed in person or through technology as permitted by the physician or physician group with whom the PA has entered into the collaborative agreement.

- Incorporate elements defining the expected nature of collaboration including:
 - the PA's expected area of practice
 - expectations regarding support and consultation from the physician or physician group
 - methods and modes of communication and collaboration, and
 - any other pertinent elements of collaborative, team-based practice applicable to the PA's practice or established by the employer; and

CONTINUED ON PAGE 2



Expansion of a PA's Ability to Practice in Colorado

- Require a **performance evaluation** and discussion of the performance evaluation with the PA after the PA has worked with the employer for six months, again after the PA has worked with the employer for 12 months, and additional evaluation thereafter as determined by the physician or physician group

with whom the PA has entered into the collaborative agreement.

After a PA has completed the required practice hours, the PA would work under a collaborative agreement and these three additional requirements no longer apply.

PERFORMANCE EVALUATION

(at 6 months and 12 months and per the collaborative agreement)

The elements of the performance evaluation have not changed from the prior statute except “specialty” has been changed to “practice area” throughout the law. This was to avoid confusion with physician specialty board certification. A “performance evaluation” is a document that:

- Includes domains of competency relevant to the practice of a PA,
- Uses more than one modality of assessment to evaluate the domains, and
- Includes consideration of the PA’s education, training, experience, competency, and knowledge of the practice area in which the PA is engaged.

The medical board rules (Colorado Medical Board Rule 1.15) regarding the requirements for a performance evaluation have not changed. The statutory relationship between the physician and PA is by its nature a team relationship. Under Rule 1.15, 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 PA. The domains of competency may be dependent upon the type of practice the PA is engaged in and may include but are not limited to:

- Medical knowledge;
- Ability to perform an appropriate history and physical examination;
- Ability to manage, integrate and understand objective data, such as laboratory studies, radiographic studies, and consultations;
- Clinical judgment, decision-making and assessment of patients;
- Accurate and appropriate patient management;

- Communication skills (patient communication and communication with other care providers);
- Documentation and record keeping;
- Collaborative practice and professionalism;
- Procedural and technical skills appropriate to the practice.

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

- Co-management of patients;
- Direct observation;
- Chart review with identification of charts reviewed;
- Feedback from patients and other identified providers.

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 PA with whom they have entered into a collaborative agreement.

PA’s with a collaborative agreement with a physician/physician group in the ED of a hospital with a Level I or Level II trauma center

For PAs working with a physician/physician group in the emergency department of a hospital with a level I or level II trauma center, the collaborative agreement remains a supervisory agreement indefinitely.

For a PA changing practice areas to practice in an emergency department of a hospital that is not a level I or level II trauma center, the supervising physician or physician group may increase the number of hours for which the collaborative agreement is a supervisory agreement (i.e. greater than 3,000 hours).

CONTINUED ON PAGE 3



ADDITIONAL CONSIDERATIONS

For PAs:

- A PA is required to comply with the financial responsibility requirements under the Health Care Availability Act, subject to the exemptions in that statute and board rules.
- The collaborative agreement must be kept on file at the PA's primary location of practice.
- An act by a PA that constitutes the practice of medicine must be consistent with generally accepted standards of medical practice. A PA is required to collaborate with the appropriate healthcare provider as indicated by the condition of the patient, the standard of care, and the PA's education, experience, and competence.
- All prescriptions issued by a PA must include the PA's name, the name and address of the health facility, and, if the health facility is a multispecialty organization, the name and address of the specialty clinic within the health facility where the PA is practicing.
- While performing acts included in the practice of medicine, a PA is required to clearly identify oneself, both visually and verbally, as a PA. An employer, physician, or physician group must identify to patients that a PA providing care is a PA.
- A PA is liable for the care the PA provides.
- A PA is not authorized to own a majority of a medical practice.
- Under Rule 1.15, a PA shall make a chart note for every patient for whom the PA performs any act defined as the practice of medicine. When a PA consults with any physician about a patient, the PA shall document in the chart note the names of any physician consulted and the date of the consultation.

For physicians:

- An employer shall not require a licensed physician to enter into a collaborative agreement as a condition of the physician's employment.
- A physician entering into a collaborative agreement with a PA must be actively practicing in Colorado with a regular and reliable presence in Colorado.
- A physician training licensee shall not enter into a collaborative agreement with a PA.

The provisions for PAs working in the area of podiatry mirror those for PAs working in medicine.