

SB 23-083 LEGISLATIVE SUMMARY



A QUICK GLANCE AT COLORADO'S NEW PA RULES & REGULATIONS

SUPERVISION **COLLABORATION**



The bill takes effect on
AUGUST 7, 2023

SB 23-083 changes the legal PA/Physician relationship from "supervision" to "collaboration."

- PA Practice in Colorado is now defined by the PA's education, experience, and competency, not that of "supervising" physicians. PAs are no longer "supervised."
- This bill replaces all past practice laws.
- PAs with more than 5,000 hours of experience will enter into a collaborative agreement with a physician or physician group.
- PAs who have less than 5,000 practice hours, or who work in a Level I or II trauma center, or who switch practice areas (specialties) with less than 3k hours in the new practice area must have a collaborative agreement that includes:
 - First 160 hours completed in-person or through technology with a physician or physician group.
 - 6 and 12 month performance evaluations.



- PAs will be required to identify themselves verbally & visually as PAs.
- Employers must inform patients that care is being provided by a PA.



- PAs are still required to carry malpractice insurance and will be liable for the care they provide. Malpractice insurance is typically provided by employers.



- Through rulemaking, the Colorado Medical Board will determine additional requirements for documentation to be filed with the Dept. of Regulatory Agencies.
- CAPA will advocate for PAs with the CMB to ensure Rule 400 accurately reflects new legislation.

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SB 23-083: ASKED & ANSWERED



FREQUENTLY ASKED QUESTIONS ABOUT COLORADO'S NEW PA LAW

Can I work independently without a supervising physician?

PAs will no longer be required to have a supervising physician. PAs will now collaborate with a physician or physician group. PA scope of practice is now defined by the training and experience of the PA, not the skillset of a "supervising" physician.

When will the bill go into effect?

August 7, 2023

Am I allowed to use the term physician associate?

Colorado law does not recognize or use the title of Physician Associate. All state laws currently use Physician Assistant. It is not advised to use the Physician Associate title in clinical, contracting, insurance or formal medical conversation.

Do I need to start carrying malpractice insurance/anticipated increases in malpractice charges?

There are no expected changes to malpractice coverage requirements for PAs in Colorado. It is recommended that you review your current policy and speak with your employer about any questions.

Can a PA work in a rural setting without an MD on the premises?

Yes, but it will depend on what the physician or physician group, employer and PA sets forth in the collaborative agreement. According to statute, PAs are currently able to practice without an MD on the premises.

What collaboration will be required for experienced PAs in telemedicine?

The collaborative agreement will be set forth by the employer, physician or physician group.

Will we need to list a supervising physician on controlled substance prescriptions anymore?

No.

How is Rule 400 affected?

Rule 400 will need to be updated to reflect the new legislation. The Colorado Medical Board is responsible for updating Rule 400.

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SB 23-083: ASKED & ANSWERED



FREQUENTLY ASKED QUESTIONS ABOUT COLORADO'S NEW PA LAW

If I own and/or work in a business that is not a medical practice, what are the effects on collaboration?

These situations are typically not predicated by a collaboration agreement but may come under "conflict of interest" disclosure agreements with your employer. Please contact your employer with any questions about conflict-of-interest disclosure.

Will an employer now have more authority over practice decisions rather than the PA and collaborating physician?

No. These relationships will likely continue, but you will not be limited by your collaborating physician's scope of practice. Your employer will be free to implement collaborative agreements that allow all professionals to work at the top of their license, training, and experience.

Is there a requirement for keeping a collaborative agreement on file with DORA?

Through the rulemaking process, the Colorado Medical Board will determine additional requirements for documentation to be filed with the Department of Regulatory Agencies (DORA).

Is CAPA working with COPIC to put out additional information to risk manager/hospital practice leadership?

Nothing formal is in the works currently, but we expect that there will be conversations around this. COPIC offers services in Utah and North Dakota. Both of these states recently modernized their PA practice laws, so COPIC is familiar with this process.

Will my charts need to say that a physician was present & available in office?

Not by statute, but your practice may include this in collaborative agreement guidelines. We expect some verbiage around this to continue in Level I and Level II trauma centers as supervisory agreements are still required in those settings.

Will there be any effects on reimbursement?

We do not anticipate any change to reimbursement. We expect that reimbursement will continue as it currently exists, and we will continue to advocate for direct reimbursement for PAs from all payors.

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SB 23-083: ASKED & ANSWERED



FREQUENTLY ASKED QUESTIONS ABOUT COLORADO'S NEW PA LAW

What if I am retired and working with different agencies?

You will maintain PA credentials and DEA registration as currently required by regulations. Each employer will arrange for collaboration to remain in compliance with state law.

Will this bill change licensing rules requiring a supervising physician before obtaining an active license?

This will likely just be replaced by the collaborative agreement.

Are there any rules stating the PAs cannot perform a procedure for a patient under anesthesia (i.e., D&C and polypectomy)?

The scope of PA practice, including which procedures may be done by a PA and in what setting, will be decided at the practice level through credentialing processes and collaborative agreements put in place by the physician, physician group or employer.

Can I open my own practice?

Yes, you can own 49% of a practice with a physician owning 51%, as is current law. There were no changes with this current legislation.

I have two medical supervisors: One for family practice and one for an aesthetic medical spa - can I use the same medical director for both now?

It depends on the employer, as they may still require a collaborating agreement in each setting. You will most likely need a collaborative agreement for each distinct practice location.

Can we practice in a non-physician group (i.e. owned by an NP)?

The collaborating agreement must be with a physician or physician group.

How can this bill help any discussions regarding NP versus PA privileges in certain hospitals?

The collaborative agreement must be with a physician or physician group. Privileging and practice protocols will be decided by the clinic, hospital, or medical system.

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