
COLORADO REVISED STATUTES

Title 24 **Professions and Occupations**

Article 34 **Department of Regulatory Agencies**

Effective July 1, 2011

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24-34-109. Nurse-physician advisory task force for Colorado health care-creation-duties-definition-repeal

(1) There is hereby created, within the division of registrations in the department of regulatory agencies, the nurse-physician advisory task force for Colorado health care, referred to in this section as “NPATCH”. The purpose of the NPATCH is to promote public safety and improve health care in Colorado by supporting collaboration and communication between the practices of nursing and medicine. The NPATCH shall:

- (a) Promote patient safety and quality care;
- (b) Address issues of mutual concern at the interface of the practices of nursing and medicine;
- (c) Inform public policy-making; and
- (d) Make consensus recommendations to policy-making and rule-making entities, including:

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

(II) Recommendations to the executive director of the department of regulatory agencies.

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

(I) One member of the state board of nursing, appointed by the president of the board;

(II) One member of the Colorado medical board, appointed by the president of the board;

(III) Ten members appointed by the governor as follows:

(A) Three members recommended by and representing a statewide professional nursing organization;

(B) Three members recommended by and representing a statewide physicians' organization;

(C) One member representing the nursing community who may or may not be a member of a statewide professional nursing organization;

(D) One member representing the physician community who may or may not be a member of a statewide physicians' organization; and

(E) Two members representing consumers.

(b) The members of the NPATCH shall serve on a voluntary basis without compensation and shall serve three-year terms; except that, in order to ensure staggered terms of office, four of the initial appointees shall serve initial one-year terms and four of the initial appointees shall serve initial two-year terms.

(3) (a) Except as provided in paragraph (b) of this subsection (3), the NPATCH may develop its own bylaws and procedures to govern its operations.

(b) A recommendation of the NPATCH requires the consensus of the members of the task force. For purposes of this section, “consensus” means an agreement, decision, or recommendation that all members of the task force can actively support and that no member actively opposes.

(4) The division of registrations shall staff the NPATCH. The division's costs for administering and staffing the NPATCH shall be funded by an increase in fees for professional and advanced practice nursing and medical license renewal fees, as authorized in sections 12-38-108(1) (b) (I) and 12-36-123, C.R.S., with fifty percent of the funding derived from the physician license renewal fees and fifty percent

derived from the professional and advanced practice nursing fees.

(5) The NPATCH shall prioritize consideration of and make recommendations on the following topics:

(a) Facilitating a smooth transition to the articulated plan model, as described in sections 12-38-111.6 (4.5) and 12-36-106.4, C.R.S.;

(b) The framework for articulated plans, including creation of sample plans;

(c) Quality assurance mechanisms for all medication prescribers;

(d) Evidence-based guidelines;

(e) Decision support tools;

(f) Safe prescribing metrics for all medication prescribers;

(g) Methods to foster effective communication between health professions;

(h) Health care delivery system integration and related improvements;

(i) Physician standards, process, and metrics to ensure appropriate consultation, collaboration, and referral regarding advanced practice nurse prescriptive authority; and

(j) Prescribing issues regarding providers other than physicians and advanced practice nurses.

(6) (a) The NPATCH shall make recommendations to the state board of nursing and the Colorado medical board 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.

(b) The NPATCH shall make recommendations, other than those described in paragraph (a) of this subsection (6), to the executive director of the department of regulatory agencies.

(7) This section is repealed, effective July 1, 2014. Prior to such repeal, the functions of the NPATCH shall be reviewed as provided in section 2-3-1203, C.R.S.