



COLORADO

Department of
Regulatory Agencies

Division of Professions and Occupations

Division of Professions and Occupations Emergency Licensing Measures for Healthcare Professionals

Background

The Governor issued [Executive Order D2020 003](#) on March 11, 2020, confirming his verbal order on March 10, 2020, declaring the existence of a Disaster Emergency, pursuant to [§ 24-33.5-704\(4\), Colorado Revised Statutes](#), in the State of Colorado and activating the State Emergency Operations Plan (SEOP).

On March 13, 2020, the Governor directed DORA to take steps to expand workforce capacity for the healthcare system to assist communities in addressing the Disaster Emergency, and to protect the public health and safety in light of the risks associated with COVID-19.

Pursuant to § 24-33.5-704(7)(a), C.R.S., the Governor is authorized to temporarily suspend specific statutory or regulatory requirements if strict compliance would in any way prevent, hinder, or delay necessary action in coping with the Disaster Emergency.

Existing Statutory Authority For Emergency Assistance

Under existing law, the [Nurse Practice Act](#) allows for the rendering of nursing assistance in the case of an emergency via § 12-255-127(1)(c), C.R.S. This is generally regarded as a “good samaritan” law and allows for the provision of nursing assistance by appropriately trained individuals whose services are delivered in connection with a specific emergency. Similarly, the [Nurse Aide Practice Act](#) also allows a person to provide nurse aide services in connection with an emergency pursuant to §12-260-120(1)(c), C.R. S.

In light of these statutes that authorize nursing assistance in emergencies, DORA will waive licensing requirements and rules in order to allow for late renewals, reinstatements (for the emergency period), and reactivations (for the emergency period) of the volunteer nurses and other qualified licensed providers from out of state, so as to support measures to reduce or prevent the spread of COVID-19 and to protect the public. DORA anticipates that these provisions also will allow licensed practical nurses to conduct Coronavirus screening tests in appropriate testing centers.

Additionally, existing law allows a physician who is not currently licensed in Colorado to provide medical care in connection with an emergency so long as such services are “gratuitous,” that is, free of charge via § 12-240-107(3)(a), C.R.S. The [Medical Practice](#)

[Act](#) also currently allows for a physician licensed and lawfully practicing medicine in another state or territory without restrictions to provide occasional services in Colorado through § 12-240-107(3)(b). **This provision does require that the physician not have a regular practice in Colorado and maintain malpractice insurance.**

DORA Actions to Implement Governor's Directive

In addition to foregoing existing statutory authority for emergency assistance by healthcare professionals, and in light of the Governor's directive to take action to expand the healthcare workforce so as to address the Disaster Emergency, DORA has identified the following specific statutes and regulations as preventing, hindering, or delaying necessary action in coping with the Disaster Emergency identified in the Governor's Executive Order 20-003 and which therefore are **temporarily suspended** pursuant to § 24-33.5-704(7)(a), C.R.S.:

Nursing Board Rule:

- Suspension of [Nursing Board Rule 1.11.E.2](#), which will allow for clinical instruction to continue via simulation, thereby ensuring continued training and an accessible workforce, rather than the current requirements that no less than 16 hours of clinical instruction occur under the direct supervision of an RN or LPN.

Medical Practice Act and Colorado Medical Board Rules

- Suspension of the requirement in § 12-240-107(6)(b)(I), C.R.S., for licensed physicians to have a supervision limit of no more than eight physician assistants, and waiver of the requirements in § 12-240-107(6)(b)(II), C.R.S., that prevent remote supervision of physician assistants. See also § 12-240-114.5, C.R.S., and [Colorado Medical Board Rule 400](#).
- Suspension of § 12-240-107(5), C.R.S., to allow for expanded scope of practice and suspend the requirement that all licensees designated in § 12-240-107(3), C.R.S., must confine themselves strictly to the field for which they are licensed and to the scope of their respective licenses.
- Suspension of requirements for endorsement under § 12-240-110(1)(d)(I)(C), C.R.S., which requires active practice for at least five of the immediately preceding seven years.
- Suspension of requirement under § 12-240-118(1), C.R.S., that requires a physician to have been on inactive status for not more than two years prior to receiving a pro bono license.
- Suspension of requirements that patients must be located in Colorado at time of consultation to expand treatment for traveling Colorado citizens, as currently required under § 12-240-107(1)(g), C.R.S., which defines telemedicine as the

practice of medicine requiring a Colorado license to practice telemedicine on patients located in Colorado at time of consultation.

- Suspension of Colorado Medical Board Rules [120](#) and [410](#) requiring demonstration of continuing competency for licensure, reinstatement or reactivation for physicians and physician assistants to increase the workforce.

Pharmacy Practice Act and Pharmacy Board Rules

- Suspension of the ratio requirements for pharmacists/pharmacy technicians currently required under § 12-280-122, C.R.S.
- Suspension of Pharmacy Board Rule 5.00.60 and requirements around closure and notification, which deem a pharmacy to be closed if the compounding/dispensing area is not open for business the minimum number of hours specified in Rule 5.01.40(a).
- Suspension of Pharmacy Board Rule 5.01.40, which currently requires a minimum number of hours of operation for PDO's (prescription drug outlets).
- Suspension of Pharmacy Board Rule 6.00.30, which sets forth the qualifications for pharmacists to engage in drug therapy management and thereby restricts pharmacists from conducting screening tests for the Coronavirus, so as to ensure that pharmacists may conduct screening tests in pharmacies and other testing centers.
- Suspension of Pharmacy Board Rule 14.00.80(e) that currently requires consultant pharmacists to perform consultant pharmacist visits to inspect, and document the inspection, on a quarterly basis for the pharmacy they are managing.
- Suspension of Pharmacy Board Rule 17.00.30, which sets forth pharmacist qualifications for collaborative pharmacy practice, including the requirements for education.
- Suspension of Pharmacy Board Rule 19.01.10 regarding qualifications to give vaccines.
- Suspension of Pharmacy Board Rule 26.00.20(g) which outlines remote pharmacy practice requirements, thereby allowing remote practice without application.
- Suspension of Pharmacy Board Rule 21.20.90 (d)(e)(f) and requirements regarding Sterile Compounding and Shortages around garbing supplies so as to ensure compounding pharmacies have adequate supplies.
- Suspension of all requirements for pharmacy technician certification pursuant to § 12-280-115.5, C.R.S., and Pharmacy Board Rule 29.00.00 to allow additional time for certification.

Respiratory Practice Act and Program Rules

- Suspension of § 12-300-107, C.R.S., concerning original and reciprocity.
- Suspension of § 12-300-108, C.R.S., concerning renewal.
- Suspension of Program Rule 1.3, concerning the requirements for reinstatement.

It is anticipated the suspension of these laws and rules, particularly as they apply to out-of-state practitioners, shall last until the expiration of Executive Order D 2020-003, or unless additional directives are received by the Governor.

For inquiries or clarification on the emergency suspension of the above statutes and rules, please email dpo@state.co.us. We appreciate your patience as we work to address all questions.