

## DEPARTMENT OF REGULATORY AGENCIES

### Office of Naturopathic Doctor Registration

## NATUROPATHIC DOCTORS RULES AND REGULATIONS

### 4 CCR 749-1

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

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#### Authority

Basis: These rules are promulgated pursuant to section 12-250-105(1)(a), C.R.S. The registration and regulation of naturopathic doctors is found in Title 12 ("Professions and Occupations"), Article 250 ("Naturopathic Doctors") of the Colorado Revised Statutes.

#### Scope and purpose

These rules were promulgated in order to carry out the powers and duties of the Director of the Division of Professions and Occupations, Department of Regulatory Agencies ("Director") pursuant to section 12-250-105(1)(a), C.R.S. These rules affect every person who practices as a naturopathic doctor in the state of Colorado.

#### 1.1 Process and form to report adverse actions by governmental agencies, convictions, judgments, civil actions, and illness or conditions (§ 12-250-113(1)(n),(o),and (p)(l), C.R.S.)

The purpose of this Rule is to clarify the process and form for reporting adverse actions, convictions, and judgments to the Director as required in sections 12-250-113(1)(n),(o), and (p)(l), C.R.S.

- A. A registered naturopathic doctor shall report to the Director within thirty days of receiving a diagnosis of a physical or mental illness or condition that affects the naturopathic doctor's ability to treat patients with reasonable skill and safety or that may endanger the health or safety of persons under his or her care.
- B. Report contents
  - 1. If the event is an adverse action by any governmental agency, the report to the Director must include the name of the agency, its jurisdiction, the case name, court docket, proceeding or case number by which the event is designated, and a copy of the consent decree, order, or decision.
  - 2. If the event is a criminal conviction, the report to the Director must include the court, its jurisdiction, the case name, the case number, a description of the matter or a copy of the indictment or charges, and any plea or verdict entered by the court. Within thirty days of the imposition of sentence for a felony conviction, the registrant shall provide to the Director a copy of the imposition of sentence. Within thirty days of the completion of any terms of the sentence, the registrant shall provide written notice to the Director of the completion of the sentence terms, and any evidence of rehabilitation as described in section 24-5-101(4)(c), C.R.S.

3. If the event concerns a civil action or arbitration proceeding, the report to the Director must include the court or arbiter, the jurisdiction, the case name, the case number, a description of the matter or a copy of the complaint, and a copy of the verdict, the court or arbitration decision, or, if settled, the settlement agreement and court's order of dismissal.
4. If the event concerns a physical or mental illness or condition:
  - a. The initial report shall contain: the diagnosis and a description of the illness or condition; the date that the illness or condition was first diagnosed; the name of the current treatment provider and documentation from the current treatment provider confirming the diagnosis, date of onset, and treatment plan; and, a description of the naturopathic doctor's practice and any modifications, limitations or restrictions to that practice that have been made as a result of the illness or condition.
  - b. The report of a change in condition shall contain: the date of the change in condition; the name of the current treatment provider and documentation from the current treatment provider confirming the change in condition, the date that the condition changed, the nature of the change in condition, and the current treatment plan; and, a description of the naturopathic doctor's practice and any modifications, limitations or restrictions to that practice that have been made as a result of the change in condition.
  - c. Compliance with subsection a of this Rule is a prerequisite for eligibility to enter into a confidential agreement with the Director pursuant to section 12-250-118, C.R.S., however, mere compliance with this Rule does not require the Director to negotiate regarding, or enter into, a confidential agreement. Rather, the Director will evaluate all facts and circumstances to determine if a confidential agreement is appropriate.
  - d. The failure to timely notify the Director of an illness or condition as required under this Rule is a violation of section 12-250-113(1)(p)(I), C.R.S., constituting grounds for discipline and denial of a confidential agreement under section 12-250-118, C.R.S.
- C. In addition to any report required under this Rule, the naturopathic doctor may also submit a written statement of explanation.
- D. The report shall be submitted in writing to the Office of Naturopathic Doctor Registration by email, postal mail, fax, or online. Contact information may be found on the website or by calling the Division of Professions and Occupations ("Division").

**1.2 Duty to report change of contact information to the Director's office (§ 12-250-105(1), C.R.S.)**

The purpose of this Rule is to establish and clarify the requirements for registrants to notify the Director of a change in contact information, as required for the administration of the program under section 12-250-105(1), C.R.S.

- A. A registered naturopathic doctor shall report to the Office of Naturopathic Doctor Registration any name, address, telephone, or email change within thirty days of the change.
- B. The reporting shall be in writing through email, postal mail, fax, or on-line. Contact information may be found on the website or by calling the Division.

**1.3 Declaratory orders (§ 24-4-105(11), C.R.S.)**

The purpose of this Rule is to establish procedures for the handling of requests for declaratory orders filed pursuant to the Colorado Administrative Procedure Act at section 24-4-105(11), C.R.S.

- A. Any person or entity may petition the Director for a declaratory order to terminate controversies or remove uncertainties as to the applicability of any statutory provision or of any rule or order of the Director.
- B. The Director will determine, at the Director's discretion and without notice to petitioner, whether to rule upon such petition. If the Director determines not to rule upon such a petition, the Director shall promptly notify the petitioner of the action and state the reasons for such decision.
- C. In determining whether to rule upon a petition filed pursuant to this rule, the Director will consider the following matters, among others:
  - 1. Whether a ruling on the petition will terminate a controversy or remove uncertainty as to the applicability to petitioner of any statutory provisions or rule or order of the Director.
  - 2. Whether the petition involves any subject, question or issue that is the subject of a formal or informal matter or investigation currently pending before the Director or a court involving one or more petitioners.
  - 3. Whether the petition involves any subject, question or issue that is the subject of a formal or informal matter or investigation currently pending before the Director or a court but not involving any petitioner.
  - 4. Whether the petition seeks a ruling on a moot or hypothetical question or will result in an advisory ruling or opinion.
  - 5. Whether the petitioner has some other adequate legal remedy, other than an action for declaratory relief pursuant to Colorado Rules of Civil Procedure, Rule 57, which will terminate the controversy or remove any uncertainty as to the applicability to the petitioner of the statute, rule, or order in question.
- D. A petition filed pursuant to this Rule must set forth the following:
  - 1. The name and address of the petitioner and whether the petitioner is registered pursuant to Title 12, Article 250, C.R.S.;
  - 2. The statute, rule, or order to which the petition relates; and,
  - 3. A concise statement of all of the facts necessary to show the nature of the controversy or uncertainty and the manner in which the statute, rule, or order in question applies or potentially applies to the petitioner.
- E. If the Director decides to rule on the petition, the following procedures shall apply:
  - 1. The Director may rule upon the petition based solely upon the facts presented in the petition. In such a case:
    - a. Any ruling of the Director will apply only to the extent of the facts presented in the petition and any amendment to the petition.

- b. The Director may order the petitioner to file a written brief, memorandum, or statement of position.
  - c. The Director may set the petition, upon due notice to petitioner, for a non-evidentiary hearing.
  - d. The Director may dispose of the petition on the sole basis of the matters set forth in the petition.
  - e. The Director may request the petitioner to submit additional facts in writing. In such event, such additional facts will be considered as an amendment to the petition.
  - f. The Director may take administrative notice of facts pursuant to the Colorado Administrative Procedure Act at section 24-4-105(8), C.R.S., and may utilize the Director's experience, technical competence, in the disposition of the petition.
- 2. If the Director rules upon the petition without a hearing, the Director will promptly notify the petitioner of the decision.
- 3. The Director may, at the Director's discretion, set the petition for hearing, upon due notice to petitioner, for the purpose of obtaining additional facts or information or to determine the truth of any facts set forth in the petition or to hear oral argument on the petition. The hearing notice to the petitioner must set forth, to the extent known, the factual or other matters that the Director intends to inquire. For the purpose of such a hearing, to the extent necessary, the petitioner has the burden of proving all the facts stated in the petition; all of the facts necessary to show the nature of the controversy or uncertainty; and the manner in which the statute, rule, or order in question applies or potentially applies to the petitioner and any other facts the petitioner desires the Director to consider.
- F. The parties to any proceeding pursuant to this Rule are the Director and the petitioner. Any other person may seek leave of the Director to intervene in such a proceeding, and leave to intervene will be granted at the sole discretion of the Director. A petition to intervene must set forth the same matters as are required otherwise in this Rule. Any reference to a "petitioner" in this Rule also refers to any person who has been granted leave to intervene by the Director.
- G. Any declaratory order or other order disposing of a petition pursuant to this Rule constitutes agency action subject to judicial review pursuant to the Colorado Administrative Procedure Act at section 24-4-106, C.R.S.

#### **1.4 Original registration (§ 12-250-107(2), C.R.S.)**

The purpose of this Rule is to clarify the form and manner of an application for naturopathic doctor registration and clarify statutory requirements for registration pursuant to section 12-250-107(2), C.R.S.

- A. An applicant for registration must submit an application and all other required materials in the manner described by the Division within the Colorado Department of Regulatory Agencies. This information can be found on the Division website or by calling the Division.
- B. To qualify for registration as a naturopathic doctor a person must:
  - 1. Be at least twenty-one years of age and of good moral character;

2. Have obtained a baccalaureate degree from an accredited educational institution or documented experience that provides the same kind, amount, and level of knowledge as a Baccalaureate degree, as determined by the Director;
3. Have graduated from and holds a doctor of naturopathic medicine or doctor of naturopathy degree from an approved naturopathic medical college;
4. Have successfully passed either a Director-approved examination or a comprehensive competency-based national naturopathic licensing examination administered by the North American Board of Naturopathic Examiners or a nationally recognized, Director-approved successor entity, as determined by the Director by Rule; and,
5. Have not had a license or other authorization to practice as a naturopathic doctor or other health care license, registration, or certification denied, revoked, or suspended by Colorado or any other jurisdiction for reasons that relate to the applicant's ability to skillfully and safely practice naturopathic medicine, unless the license, registration, or certification is reinstated to good standing by Colorado or another jurisdiction.

**1.5 Inactive registration status (§ 12-250-120, C.R.S.)**

The purpose of this Rule is to clarify the requirements governing inactive registration status pursuant to section 12-250-120, C.R.S.

- A. A registered naturopathic doctor shall request inactive registration status by completing and submitting the appropriate application for inactive status.
- B. A naturopathic doctor with an inactive registration shall not engage in any act or conduct that constitutes the practice of naturopathic medicine.
- C. A naturopathic doctor with an inactive registration is exempt from the continuing professional competency requirements of section 12-250-109, C.R.S., and Rule 1.13, except as described in this Rule.
- D. Inactive registration status does not:
  1. Prevent the Director from investigating complaints or imposing discipline against a naturopathic doctor in accordance with Title 12, Article 250 of the Colorado Revised Statutes; or,
  2. Limit or restrict the Director's functions, duties, or obligations, under Title 12, Article 250 of the Colorado Revised Statutes.
- E. Except as otherwise provided by this Rule, a naturopathic doctor with an inactive registration remains subject to all provisions of these rules and all provisions of Title 12, Article 250 of the Colorado Revised Statutes.
- F. A naturopathic doctor seeking to reactivate an inactive registration must:
  1. Submit a completed application for reactivation, pay a reactivation fee, and attest to complying with the professional liability insurance coverage requirements of section 12-250-115, C.R.S.

2. If inactive for less than two years, demonstrate continuing professional competency by providing documentation of completion, within the two years immediately preceding the application for reactivation, of twenty-five Professional Development Activities, as defined in Rule 1.13, for each year or portion thereof that the registration was inactive.
  3. If inactive for at least two years but less than five years, demonstrate continuing professional competency, by providing one of the following:
    - a. Verification of licensure, registration, or certification in good standing from another state or jurisdiction along with proof of active practice in that state or jurisdiction for two of the previous five years from the date of the reactivation application; or
    - b. Documentation of completion, within the two years immediately preceding the application for reactivation, of twenty-five Professional Development Activities, as defined in Rule 1.13, for each year or portion thereof that the registration was inactive; or
    - c. Proof of continuing professional competency by any other means approved by the Director.
  4. If inactive for five or more years, demonstrate continuing professional competency, by providing either:
    - a. All of the following:
      - (1) Verification of licensure, registration, or certification in good standing from another state or jurisdiction, along with proof of active practice in that state or jurisdiction for two of the previous five years from the date of the reactivation application;
      - (2) Evidence of supervised practice for a period of no less than six months, subject to the terms established by the Director; and
      - (3) Completion of an additional thirteen Professional Development Activities in Coursework, as defined in Rule 1.13, for each year or portion thereof the registration has been inactive.
- OR-
- b. Proof of continuing professional competency by any other means approved by the Director.

#### **1.6 Armed services experience (§ 12-20-202(4), C.R.S.)**

The purpose of this Rule is to clarify what and how Armed Services Experience will be considered for registration.

Education, training, or service gained in military services outlined in section 12-20-202(4), C.R.S., to be accepted and applied towards receiving a registration, must be substantially equivalent, as determined by the Director, to the qualifications otherwise applicable at the time of receipt of application. It is the applicant's responsibility to provide timely and complete evidence for review and consideration. Satisfactory evidence of such education, training, or service will be assessed on a case by case basis.

**1.7 Medicines and devices used in the practice of naturopathic medicine**

The purpose of this Rule is to clarify the obtaining, administering, dispensing or prescribing of prescription and nonprescription medications and devices for registered naturopathic doctors as set forth in section 12-250-106(1)(c)(I), C.R.S.

A. The Director has approved the Naturopathic Formulary and methods as set forth in Section B of this Rule 1.7 for prescription and nonprescription medications and devices which may be obtained, administered, dispensed or prescribed by a naturopathic doctor in the practice of naturopathic medicine pursuant to sections 12-250-103(12) and (13) and 12-250-106(1)(c), C.R.S.

**B. NATUROPATHIC FORMULARY**

<b>MEDICATION/DEVICE</b>	
Epinephrine as needed to treat anaphylaxis	to treat anaphylaxis only
Oxygen as needed for an emergency	for emergency use only
Vaccines in accordance with current ACIP guidelines for patients who are at least eighteen years of age	
Local Anesthetics in connection with minor office procedures as defined in section 12-250-103(9), C.R.S.  For example, and not by way of limitation: <ul style="list-style-type: none"><li>• Procaine</li><li>• Tetracaine</li><li>• Chloroprocaine</li><li>• Lidocaine</li><li>• Mepivacaine</li><li>• Bupivacaine</li><li>• Ropivacaine</li><li>• Prilocaine</li><li>• Ethyl-chloride</li></ul>	

<p>Local Anesthetics, with Epinephrine in connection with minor office procedures as defined in section 12-250-103(9), C.R.S.</p> <p>For example, and not by way of limitation:</p> <ul style="list-style-type: none"> <li>• Procaine</li> <li>• Tetracaine</li> <li>• Chloroprocaine</li> <li>• Lidocaine</li> <li>• Mepivacaine</li> <li>• Bupivacaine</li> <li>• Ropivacaine</li> <li>• Prilocaine</li> <li>• Ethyl-chloride</li> </ul>	
<p>Topical Antiseptics in connection with minor office procedures as defined in section 12-250-103(9), C.R.S.</p>	
<p>Sterile Water in connection with minor office procedures as defined in section 12-250-103(9), C.R.S.</p>	
<p>Normal Saline in connection with minor office procedures as defined in section 12-250-103(9), C.R.S.</p>	
<p>Vitamin B6</p>	
<p>Vitamin B12</p>	
<p>Homeopathic Preparations prepared in accordance with the Homeopathic Pharmacopoeia of the United States Revision Service</p>	
<p>FDA Regulated Non-prescription Medications</p>	
<p>Barrier Contraceptives</p> <p>For example, and not by way of limitation:</p> <ul style="list-style-type: none"> <li>• Condoms</li> <li>• Diaphragm</li> <li>• Cervical cap</li> <li>• Spermicidal Sponges, foam, and film</li> </ul> <p>Barrier Contraceptives does <b>NOT</b> include intrauterine devices</p>	



FDA Regulated Non-prescription Devices	
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- C. A naturopathic doctor registered in Colorado shall not use a certification, registration, or license issued by another state to:
1. Issue prescription orders for prescription medications or devices to be dispensed by a pharmacy located in Colorado or in any other state for patients who the naturopathic doctor examines, diagnoses, or treats in Colorado, or
  2. Prescribe, order, procure, dispense, inject or administer prescription medications or devices for general use with patients seen in his or her office in Colorado.

### **1.8 Definitions**

The purpose of this Rule is to define terms used in these Rules and the Naturopathic Doctor Act.

- A. "ACIP" means the Advisory Committee on Immunization Practices to the Centers for Disease Control and Prevention in the federal Department of Health and Human Services or its successor entity.
- B. "Administer" shall have the same meaning as the definition set forth in section 12-250-103(2), C.R.S., and means the direct application of a drug to the body of a patient by injection, inhalation, ingestion, or any other method.
- C. "Collaborative Agreement" means a written agreement executed between a naturopathic doctor and a Colorado licensed physician who is a pediatrician or a family physician. The agreement shall include the duties and responsibilities of each party as part of the collaborative agreement according to each party's standard of care and practice act. The agreement shall include a process for consulting with and referring to a licensed physician to facilitate the effective treatment of children under the age of two years.
- D. "Collaborative Relationship" means a cooperative relationship among a patient's health care providers; to share information and consult with one another as appropriate to achieve the best health care outcomes for the patient.
- E. "Dispense" shall have the same meaning as the definition set forth in section 12-250-103(7), C.R.S., and means the preparation, in a suitable container appropriately labeled for subsequent administration to or use by a patient, of a medicine that a naturopathic doctor is authorized to obtain.
- F. "Licensed Pediatric Health Care Provider" means a licensed physician or advanced practice nurse who treats children.
- G. "Naturopathic Formulary" means the medications and devices listed in Rule 1.7 (Sections 12-250-103(12) and 12-250-106(1)(c), C.R.S.)

### **1.9 Unregistered practice of naturopathic medicine**

The purpose of this Rule is to clarify acts that may constitute the unregistered practice of naturopathic medicine.

The Director of the Naturopathic Doctor Registration Program, or her designee, may discipline registered naturopathic doctors for violations of section 12-250-113(1), C.R.S., pursuant to sections 12-250-113(8) and 12-250-114, C.R.S., the Director may issue cease and desist orders and seek other relief against unregistered persons who engage in conduct that requires registration as a naturopathic doctor.

- A. Acts that may constitute the unregistered practice of naturopathic medicine include but are not limited to:
  - 1. Dispensing, administering, ordering, or prescribing a medicine or device that requires a prescription;
  - 2. Diagnosing injury, disease, ailment, infirmity, deformity, pain, or another condition of the human body;
  - 3. Using the title "Naturopathic Doctor," "Doctor of Naturopathy," or the abbreviation, "N.D."; and
  - 4. Performing minor office procedures as defined at section 12-250-103(9), C.R.S.
- B. Acts that do not constitute the unregistered practice of naturopathic medicine include but are not limited to:
  - 1. Utilizing therapies that use nutritional supplements, herbs, foods, nonprescriptive homeopathic preparations, and physical forces such as heat, cold, water, touch, and light in the practice or provision of natural health care;
  - 2. Using mind-body and energetic healing practices in the practice or provision of natural health care;
  - 3. Providing information about or selling vitamins, health food, dietary supplements, herbs, or other natural products when otherwise permitted by state and federal law;
  - 4. Providing truthful and non-misleading information regarding natural health care products or services.
- C. Acts described in this Rule that do not constitute the unregistered practice of naturopathic medicine may, under some circumstances, nevertheless be prohibited by laws other than the Naturopathic Doctor Act.

#### **1.10 Alternative qualifications for registration**

The purpose of this Rule is to clarify alternative qualifications for registration as a naturopathic doctor.

- A. The Director may determine that completion of a four year post-graduate level didactic and supervised clinical educational program as described in section 12-250-107(4)(a), C.R.S., constitutes documented experience providing the same kind, amount, and level of knowledge as a four year baccalaureate degree required pursuant to section 12-250-107(2)(b), C.R.S.
- B. The Director may determine that passage of an era-appropriate naturopathic licensing/registration examination by an applicant who obtained a doctor of naturopathic medicine or doctor of naturopathy degree prior to 1986 constitutes passage of an examination that is substantially equivalent to that required in section 12-250-107(2)(d), C.R.S., if such applicant for registration:
  - 1. Graduated from a naturopathic medical college that was accredited by the council on naturopathic medical education at the time of graduation or subsequently thereto; and

2. Is currently certified, registered or licensed as a naturopathic doctor or naturopathic physician by a governmental agency in another state or territory, or
3. Has at least ten years of related professional experience in naturopathic medicine, as determined by the Director, within the last fifteen years immediately preceding the application for registration.

### **1.11 Mandatory disclosures and forms**

The purpose of this Rule is to clarify the use of forms and disclosures the Director has determined as mandatory.

Sections 12-250-106(2)(e) and (f), (3)(b), and 12-250-112, C.R.S., require a naturopathic doctor to disclose certain information and obtain a signed consent from the patient before conducting an initial examination. A sample disclosure and consent form containing essential information which must be provided to the patient can be accessed in Appendix A. While use of the sample form is not mandatory, the form used must contain the information provided within the sample form and comply with the statutes referenced in this Rule and other applicable laws.

### **1.12 Record-keeping and patient records**

The purpose of this Rule is to clarify additional record-keeping and patient record management requirements as described in sections 12-250-112 and 12-250-117(1)(a), C.R.S.

- A. Documentation of the patient's health history (including pregnancy status, as applicable), presenting complaint(s), examination, diagnoses, prognoses, treatment recommendations, treatment, progression of care, prescriptions, lab results, xrays, correspondence, reports, and any health insurance records must be maintained in the patient record.
- B. Patient records are required to be contemporaneous, legible, utilize standard medical terminology or abbreviations, identify the patient, indicate all services rendered during each patient encounter, identify the provider of service, and indicate the date the service was performed. Any addition or correction to the patient record after entry shall be signed and dated by the person making the addition or correction.
- C. Patient records shall be maintained for a minimum of seven years after the last date of treatment or examination, or at least two years after the patient reaches the age of eighteen, whichever occurs later. If patient records are maintained electronically, then a back-up and data recovery system must be in place.
- D. When the destruction cycle for patient records is imminent, written notice to the patient's last known address, or notice by publication, must be made sixty days prior to destruction allowing a thirty day period wherein the patient may claim his/her records. When a patient claims such records, the records must be provided to the patient, or legal guardian, at no charge; however, recovery of appropriate postage and handling costs is permitted.
- E. Patient records shall be destroyed in a manner that totally obliterates all information contained in the record such as by incinerating or shredding.
- F. Patient records may not be withheld for outstanding/past due professional fees. A reasonable fee for copying records may be assessed to the requesting party.

### 1.13 Continuing Professional Competency (§ 12-250-109, C.R.S.)

The purpose of this Rule is to establish a program of ongoing continuing professional competency as set forth in section 12-250-109, C.R.S., wherein a registered naturopathic doctor shall maintain and demonstrate continuing professional competency in order to renew, reinstate, or reactivate a registration to practice naturopathic medicine in the state of Colorado.

#### A. Definitions

1. *Continuing Professional Competency*: The ongoing ability of a naturopathic doctor to learn, integrate, and apply the knowledge, skill, and judgment to practice as a naturopathic doctor according to generally accepted standards and professional ethical standards.
2. *Continuing Professional Development (CPD)*: The Director's program through which a registrant can satisfy the continuing professional competency requirements in order to renew, reinstate, or reactivate a registration.
3. *Deemed Status*: A registrant who satisfies the continuing professional competency requirements of a state department or accrediting body or entity as approved by the Director pursuant to section 12-250-109(1)(c), C.R.S., may qualify for "Deemed Status."
4. *Learning Plan*: The Director-approved form through which a registrant documents the registrant's goals and plans of learning that were developed from the registrant's reflective self-assessment (RSAT), which is defined below. A registrant shall execute the registrant's learning plan by completing Professional Development Activities (PDA) as required before a registration is renewed.
5. *Military Exemption*: As set forth in section 12-20-302, C.R.S., a registrant who has been called to federally funded active duty for more than 120 days for the purpose of serving in a war, emergency or contingency may request an exemption from the continuing professional competency requirements for the renewal period that falls within the period of service or within the six months following the completion of service.
6. *Professional Development Activities (PDA)*: Learning activities undertaken to increase the registrant's knowledge and skill or hone existing knowledge and skill for the purpose of continuing professional competency. PDA are equivalent to clock hours; one PDA is equal to one clock hour.
7. *Program Manual*: An instructional guide to assist the registrant in understanding the continuing professional competency requirements and the CPD program.
8. *Reflective Self-assessment Tool (RSAT)*: A reflective practice tool in which a registrant can reflect upon the registrant's knowledge and skills as a naturopathic doctor taking into account the registrant's current level and area of practice.

#### B. Continuing Professional Competency Requirements

1. Effective after the 2015 renewal of a registration, or upon the completion of any renewal of a registration thereafter, the registrant shall demonstrate continuing professional competency in order to renew by:
  - a. Participation in the Continuing Professional Development (CPD) program;

- b. Participation in a program of continuing professional competency through a state agency or an accrediting body or entity as approved by the Director as set forth in section 12-250-109(1)(c), C.R.S. This status is hereafter known as "Deemed Status" as defined herein; or
    - c. Receiving an exemption for military service as defined in section 12-20-302, C.R.S. Military exemptions must be approved by the Director. A registrant seeking a military exemption shall submit a request in writing with evidence that the registrant's military service meets the criteria established in section 12-20-302, C.R.S., and section F of this Rule.
  - 2. A registrant shall attest at the time of the renewal of a registration to compliance with continuing professional competency requirements.
- C. Continuing Professional Development (CPD) Program
  - 1. The CPD Program entails the following:
    - a. The registrant shall complete the Reflective Self-Assessment Tool (RSAT) once per renewal period. A registrant shall use the form approved by the Director;
    - b. The execution of a Learning Plan once per renewal period that is based upon the registrant's RSAT. The registrant shall use the form approved by the Director; and
    - c. Accrual of twenty-five Professional Development Activities per year of each renewal period, to include:
      - (1) If treating a child who is less than age eight, three hours of Coursework or Mentoring per year solely related to pediatrics, and;
      - (2) If treating a child who is less than age two, two additional hours of Coursework or Mentoring per year solely related to pediatrics, to include subject matter related to recognizing a sick infant and when to refer an infant for more intensive care.
  - 2. Professional Development Activities (PDA)
    - a. PDA must be relevant to the registrant's practice as a naturopathic doctor and pertinent to the registrant's learning plan. The Director will not pre-approve specific courses or providers. The registrant shall determine which activities and topics will meet the registrant's Learning Plan, and select an appropriate course and provider.
    - b. PDA are organized into the following seven categories as detailed below. One PDA is granted per one clock hour of qualifying activity with the exception of the category, Presenting, in which two PDA are credited for every one hour of presentation delivery. This 2:1 ratio acknowledges the preparation of the presentation. PDAs are credited only once per presentation.
      - (1) Coursework;
      - (2) Group Study;
      - (3) Independent Learning;

- (4) Mentoring;
  - (5) Presenting;
  - (6) Publishing; and
  - (7) Volunteer Service.
- c. PDA earned must include a minimum of thirteen hours from the category of Coursework; however, all twenty-five PDA can be earned within this category. With the exception of the category of Coursework, no more than five PDA can be credited in any one category.
  - d. PDA will be accepted if the activity is included in the current Program Manual. The current Program Manual will be available to all registrants through the program and will set forth accepted PDA within each category. The Director has sole discretion to accept or reject PDA that are not identified in the current Program Manual.
  - e. The total required annual PDA must be earned within the same year in which credit is requested. PDA will be credited toward only one renewal period.

**D. Audit of Compliance**

- 1. The following documentation is required for an audit of compliance of a registrant's participation in the CPD program:
  - a. A signed Learning Plan that contains the registrant's goals in the form and manner set forth in the current Program Manual as approved by the Director;
  - b. Documentation of the required PDA in compliance with the current Program Manual and this Rule; and
  - c. The Director has sole discretion to accept or reject PDA that do not meet the criteria established by the Director as defined in the current Program Manual and this Rule.
- 2. As set forth in section 12-250-109(2), C.R.S., records of assessments or other documentation developed or submitted in connection with the continuing professional competency program are confidential and not subject to inspection by the public or discovery in connection with a civil action against a naturopathic doctor. Neither the Director nor any other person shall use the records or documents unless used by the Director to determine whether a naturopathic doctor is maintaining continuing professional competency to engage in the profession.
- 3. The current Program Manual will set forth the documentation methods and standards for compliance with this Rule.

**E. Deemed Status**

- 1. Qualification. In order to qualify for Deemed Status upon renewal, the registrant shall:
  - a. Attest to the registrant's Deemed Status; and

- b. Attest that the requested continuing professional competency program is substantially equivalent to the CPD program administered by the Director and must include, at a minimum each renewal period, the following components:
    - (1) An assessment of knowledge and skills;
    - (2) Twenty-five contact hours of continuing education or learning activities per year of the renewal period, to include:
      - (a) If treating a child who is less than age eight, three hours of education or practicum training per year solely related to pediatrics; and
      - (b) If treating a child who is less than age two, two additional hours of education or practicum training per year solely related to pediatrics, to include subject matter related to recognizing a sick infant and when to refer an infant for more intensive care; and
    - (3) Demonstration of completion of continuing competency activities.
- 2. Administrative Approval. The Director has sole discretion to administratively approve a state agency and accrediting body and/or entity meeting the criteria established in this section. Once an accrediting body and/or entity is approved, such approval will be publically published.
- 3. Compliance Audit. A registrant claiming Deemed Status is subject to an audit of compliance. To satisfy an audit of compliance, the registrant shall submit appropriate evidence of participation in a qualifying program through submission of:
  - a. A letter from a state agency, accrediting body or entity as approved by the Director specifying that the registrant has completed the registrant's continuing professional competency program, or
  - b. Other documentation approved by the Director which reflects the registrant's completion of a program of continuing professional competency.
- F. Military Exemption.
  - 1. Military exemptions must be approved by the Director. A registrant seeking a military exemption shall submit a request in writing with evidence that the registrant's military service meets the criteria established in section 12-20-302, C.R.S.
  - 2. After being granted a military exemption, in order to complete the renewal process, a registrant shall attest to the registrant's military exemption.
- G. Records Retention. A registrant shall retain documentation demonstrating the registrant's compliance for either two complete renewal periods or four years, whichever period is longer.
- H. Non-Compliance. Falsifying an attestation or other documentation regarding the registrant's compliance with continuing professional competency requirements constitutes the falsification of information in an application and may be grounds for discipline pursuant to section 12-250-113(1)(b), C.R.S.
- I. Reinstatement and Reactivation. A registrant seeking to reinstate or reactivate a registration shall meet the continuing professional competency requirements detailed in Rule 1.5 and Rule 1.15.

**1.14 Renewal of Registration (§ 12-250-108, C.R.S)**

The purpose of this Rule is to establish the requirements for renewing a registration pursuant to section 12-250-108, C.R.S.

- A. Failure to Receive Renewal Notice. Failure to receive notice for renewal of registration from the Director does not excuse a registrant from the requirement for renewal under the Naturopathic Doctor Act and this Rule.
- B. Grace period. Registrants shall have a sixty day grace period after the expiration of a registration to renew such registration without the imposition of a disciplinary sanction for practicing on an expired registration. During this grace period, a delinquency fee will be charged for late renewals. A registrant who does not renew a registration within the sixty day grace period shall be treated as having an expired registration and shall be ineligible to practice until such registration is reinstated.
- C. Continuing Professional Competence. Pursuant to section 12-250-109, C.R.S. and Rule 1.13, naturopathic doctors shall demonstrate continuing professional competence in order to renew.
- D. Military Exemption. As set forth in section 12-20-302, C.R.S., a registrant who has been called to federally funded active duty for more than 120 days for the purpose of serving in a war, emergency or contingency may request an exemption from payment of the renewal registration fee and from completion of continuing professional competency requirements for the renewal of a registration for the renewal period that falls within the period of service or within the six (6) months following the completion of service.

**1.15 Reinstatement of Expired Registration (§§ 12-250-108, 12-20-202, and 12-20-105, C.R.S)**

The purpose of this Rule is to establish the requirements for reinstatement of a registration that has expired.

- A. An applicant seeking reinstatement of an expired registration must complete a reinstatement application, pay a reinstatement fee, and attest to complying with the professional liability insurance coverage requirements of section 12-250-115, C.R.S.
- B. An applicant seeking to reinstate a registration that has been expired less than two years shall be required to demonstrate continuing professional competency as described in section 12-250-109, C.R.S., and Rule 1.13.
- C. An applicant seeking to reinstate a registration that has been expired for at least two years but less than five years must demonstrate competency to practice under section 12-20-202, C.R.S., by providing one of the following:
  - 1. Verification of licensure, registration, or certification in good standing from another state or jurisdiction along with proof of active practice in that state or jurisdiction for two of the previous five years from the date of the reinstatement application; or
  - 2. Documentation of completion, within the two years immediately preceding the application for reinstatement, of twenty-five Professional Development Activities, as defined in Rule 1.13, for each year or portion thereof that the registration was expired; or
  - 3. Proof of competency to practice by any other means approved by the Director.
- D. An applicant seeking to reinstate a registration that has been expired for five or more years must demonstrate competency to practice under section 12-20-202, C.R.S., by demonstrating either:



1. All of the following:
  - a. Verification of licensure, registration, or certification in good standing from another state or jurisdiction, along with proof of active practice in that state or jurisdiction for two of the previous five years from the date of the reinstatement application;
  - b. Evidence of supervised practice for a period of no less than six months, subject to the terms established by the Director; and
  - c. Completion of an additional thirteen Professional Development Activities in Coursework, as defined in Rule 1.13, for each year or portion thereof the registration has been expired.

-OR-

2. Proof of competency to practice by any other means approved by the Director.

#### **1.16 Treatment of Children Under Eight Years of Age**

The purpose of this Rule is to clarify the requirements for the treatment of children under eight years of age by a naturopathic doctor as set forth in sections 12-250-106(2)(e) and (f), C.R.S., and the reporting requirements associated with the treatment of children under two years of age set forth in section 12-250-121, C.R.S.

##### **A. Children Under the Age of Two**

1. Provision of Immunization Schedule
  - a. The naturopathic doctor shall provide to the parent or legal guardian of the child a copy of the most recent immunizations schedule recommended by the ACIP and recommend that the parent or legal guardian follow the immunizations schedule.
2. Education Requirements
  - a. As set forth in section 12-250-106(2)(e)(II)(A), C.R.S., a naturopathic doctor treating patients under two years of age must complete education and practicum training specific to pediatrics in accordance with continued professional competency requirements.
  - b. The continued professional competency requirements specific to treating children under two years of age are set forth in Rule 1.13 (C)(1)(c)(ii) or (E)(1)(b)(ii)(2) for deemed status.
3. Collaborative Agreement Requirements
  - a. The Collaborative Agreement must:
    - (1) Be made in writing and signed by both the naturopathic doctor and the licensed physician identifying their respective license numbers, place of business, and phone numbers;
    - (2) Contain the responsibilities and duties of each party;

- (3) Contain the process for the naturopathic doctor to consult with the licensed physician;
      - (a) The Collaborative Agreement must specify the anticipated means of communication and the expected frequency of consultation between the practitioners.
        - (i) Examples of “means” of communication include, but are not limited to, telephone, telehealth, or in person.
        - (ii) Examples of the expected “frequency” of the consultation include, but are not limited to, consultation for each child patient visit, consultation on an “as needed” basis, or regularly scheduled consultations on a weekly, monthly or quarterly basis.
      - b) The Collaborative Agreement must specify an emergency protocol to be followed by the naturopathic doctor in the event a child’s condition warrants emergency treatment.
    - (4) Contain the process for the naturopathic doctor to refer a patient to a licensed physician to facilitate the patient’s effective treatment;
    - (5) Be kept on file by both the naturopathic doctor and the licensed physician for seven years following the termination of the Collaborative Agreement or seven years from the date the youngest child treated pursuant to the agreement reaches the age of majority, whichever occurs later.
  - b. Within thirty days of the execution of the Collaborative Agreement, the naturopathic doctor shall provide, in writing, the licensed physician’s name and license number to the Director. The naturopathic doctor shall inform the Director, in writing, of any change to the licensed physician’s information within fifteen days of any such change.
  - c. A sample collaborative agreement is provided in Appendix B. Use of the sample form is not mandatory but any form must comply with statutory and rule requirements.
4. Informed Consent
- a. The naturopathic doctor shall have each child’s parent or legal guardian sign an informed consent form that:
    - (1) Discloses that the naturopathic doctor is registered with the State of Colorado;
    - (2) Discloses that the naturopathic doctor is not a physician licensed pursuant to Article 240 of Title 12;
    - (3) Recommends that the child have a relationship with a licensed pediatric health care provider; and

- (4) If the child has a relationship with a licensed pediatric health care provider, the naturopathic doctor shall request permission from the parent or legal guardian to attempt to develop and maintain a Collaborative Relationship with the licensed pediatric health care provider. If the child does not have a relationship with such a provider, the naturopathic doctor shall make a referral to at least one such provider on the child's first visit.

- b. In conjunction with Rule 1.11, a sample consent form is provided in Appendix A. Use of the sample form is not mandatory but any form must comply with statutory and rule requirements.

**5. Reporting Requirements**

- a. The naturopathic doctor shall provide the Collaborative Agreement to the Director upon request.
- b. The naturopathic doctor shall collect, maintain and report the following data to the Director upon renewal:
  - (1) The number of children under the age of two years treated by the naturopathic doctor;
  - (2) The conditions for which the children under the age of two years were treated by the naturopathic doctor; and,
  - (3) The number and description of adverse events that occurred in connection with treatment of children under the age of two.
    - (a) "Adverse event" is defined as any harm to a child under two years of age that the treating naturopathic doctor is aware of and that resulted or likely resulted from the naturopathic doctor's care of the child. Reporting an adverse event to the Department does not, alone, constitute grounds for discipline under section 12-250-113, C.R.S.
- c. Collaborative Agreement submissions; updates required to be reported under these rules; and, any adverse events shall be sent to the Director at [dora\\_naturopathic\\_doctor@state.co.us](mailto:dora_naturopathic_doctor@state.co.us).

**B. Children from Two Years of Age to Eight Years of Age**

**1. Provision of the Immunization Schedule**

- a. The naturopathic doctor shall provide to the parent or legal guardian of the child a copy of the most recent immunizations schedule recommended by the ACIP and recommend that the parent or legal guardian follow the immunizations schedule.

**2. Education Requirements**

- a. As set forth in section 12-250-106(2)(e)(II)(B), C.R.S., a naturopathic doctor treating patients from two years of age to eight years of age must complete education and practicum training specific to pediatrics in accordance with continued professional competency requirements.

- b. The continued professional competency requirements specific to treating children under eight years of age are set forth in Rule 1.13(C)(1)(c)(i) or (E)(1)(b)(ii)(1) for deemed status.
- 3. Informed Consent
  - a. The naturopathic doctor shall have each child's parent or legal guardian sign an informed consent form that:
    - (1) Discloses that the naturopathic doctor is registered with the State of Colorado;
    - (2) Discloses that the naturopathic doctor is not a physician licensed pursuant to Article 240 of Title 12;
    - (3) Recommends that the child have a relationship with a licensed pediatric health care provider; and
    - (4) If the child has a relationship with a licensed pediatric health care provider, the naturopathic doctor shall request permission from the parent or legal guardian to attempt to develop and maintain a Collaborative Relationship with the licensed pediatric health care provider.
  - b. In conjunction with Rule 1.11, a sample consent form is provided in Appendix A. Use of the sample form is not mandatory but any form must comply with statutory and rule requirements.

**1.17 Concerning Health Care Provider Disclosures to Consumers about the Potential Effects of Receiving Emergency or Nonemergency Services from an Out-of-Network Provider**

This Rule is promulgated and adopted by the Director of the Division of Professions and Occupations ("Director"), pursuant to the rulemaking authority in sections 12-20-204, 12-250-105(1)(a), and 24-34-113(3), C.R.S., in consultation with the Commissioner of Insurance and the State Board of Health under the authority of section 24-34-113(2), C.R.S.

The purpose of this Rule is to establish requirements for health care providers to provide disclosures to consumers about the potential effects of receiving emergency or non-emergency services from an out-of-network provider as required by section 24-34-113(2), C.R.S.

This Rule applies to health care providers as defined in sections 24-34-113(1)(f) and 10-16-102(56), C.R.S.

- A. Disclosure requirements. If a consumer has incurred a claim for emergency or nonemergency health care services from an out-of-network provider, the health care provider shall provide the disclosures contained in Appendix C. The health care provider shall provide the disclosure contained in Appendix C at all of the following occasions:
  - 1. After performing an appropriate screening examination and after determining that a client does not have an emergency medical condition or after treatment has been provided to stabilize an emergency medical condition. The disclosure shall be signed by the client or their designated representative;

2. At the time the client consents to care or treatment by the health care provider for nonemergency services. The disclosure shall be signed by the client or their designated representative before the start of services;
  3. On billing statements and billing notices issued by the health care provider; and
  4. On other forms or communications related to the services being provided pursuant to insurance coverage.
- B. Noncompliance with this Rule may result in the imposition of any of discipline made available by section 12-250-113(1)(a), C.R.S.

**1.19 REQUIRED DISCLOSURE TO PATIENTS – CONVICTION OF OR DISCIPLINE BASED ON SEXUAL MISCONDUCT (§12-30-115 C.R.S.)**

- A. On or after March 1, 2021, a provider shall disclose to a patient, as defined in section 12-30-115(1)(a), C.R.S., instances of sexual misconduct, including a conviction or guilty plea as set forth in section 12-30-115 (2)(a), C.R.S., or final agency action resulting in probation or limitation of the provider's ability to practice as set forth in section 12-30-115(2)(b), C.R.S.
- B. Form of Disclosure: The written disclosure shall include all information specified in section 12-30-115(3), C.R.S., and consistent with the sample model disclosure form as set forth in Appendix D to these rules. The patient must, through his or her signature on the disclosure form, acknowledge the receipt of the disclosure and agree to treatment with the provider.
1. This disclosure is separate and apart from the disclosure as set forth in Rule 1.11, pursuant to sections 12-250-106(2)(e) and (f), 12-25--106 (3)(b), and 12-250-112, C.R.S.
- C. Timing of Disclosure: This disclosure shall be provided to a patient the same day the patient schedules a professional services appointment with the provider. If an appointment is scheduled the same day that services will be provided or if an appointment is not necessary, the disclosure must be provided in advance of the treatment.
1. The written disclosure and agreement to treatment must be completed prior to each treatment appointment with a patient unless the treatment will occur in a series over multiple appointments or a patient/patient schedules follow-up treatment appointments.
  2. For treatment series or follow-up treatment appointments, one disclosure prior to the first appointment is sufficient, unless the information the provider is required to disclose pursuant to Section 12-30-115, C.R.S., has changed since the most recent disclosure, in which case an updated disclosure must be provided to a patient and signed before treatment may continue.
- D. As set forth in section 12-30-115(3)(e), C.R.S., the requirement to disclose the conviction, guilty plea, or agency action ends when the provider has satisfied the requirements of the probation or other limitation and is no longer on probation or otherwise subject to a limitation on the ability to practice the provider's profession.
- E. A provider need not make the disclosure required by this section before providing professional services to the patient if any of the following applies as set forth in section 12-30-115(4), C.R.S.:
1. The patient is unconscious or otherwise unable to comprehend the disclosure and sign an acknowledgment of receipt of the disclosure pursuant to section 12-30-115(3)(d), C.R.S., and a guardian of the patient is unavailable to comprehend the disclosure and sign the acknowledgment;

2. The visit occurs in an emergency room or freestanding emergency department or the visit is unscheduled, including consultations in inpatient facilities; or
  3. The provider who will be treating the patient during the visit is not known to the patient until immediately prior to the start of the visit.
- F. The provider who does not have a direct treatment relationship or have direct contact with the patient is not required to make the disclosure required by this section.

## Naturopathic Doctor Disclosure Statement and Consent for Treatment

### (Appendix A)

Naturopathic Doctor Name:

\_\_\_\_\_

Business Address & Phone Number: \_\_\_\_\_

\_\_\_\_\_

The nature of the services the Naturopathic Doctor will be providing:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Naturopathic Doctors may be registered in other states. This Naturopathic Doctor is registered or licensed in the following state(s):

\_\_\_\_\_

Complaints regarding this Naturopathic Doctor must be submitted in writing to the Office of Naturopathic Doctor Registration. To obtain a complaint form, contact the Division at (303) 894-7414 or find more information on how to file a complaint at: [www.colorado.gov/pacific/dora/DPO\\_File\\_Complaint](http://www.colorado.gov/pacific/dora/DPO_File_Complaint)

Naturopathic Doctors are registered by the state to practice naturopathic medicine under the "Naturopathic Doctor Act." They are not permitted to perform the following acts:

- Prescribe, dispense, or administer any prescription medications or devices except:
  - Epinephrine for anaphylaxis,
  - Vitamins B6 and B12
  - Barrier contraceptives (not including intrauterine devices),
  - Oxygen for emergency use, and
  - Vaccines in accordance with ACIP guidelines for patients who are at least eighteen years of age.
- Perform surgical procedures, including surgical procedures using a laser device.
- Use general or spinal anesthetics, other than topical and local anesthetics, including anesthetics with epinephrine.
- Administer ionizing radioactive substances for therapeutic purposes.
- Treat a child who is less than two years old, unless:
  - (1) This form is fully completed and signed;
  - (2) The most recent immunization schedule recommended by the Advisory Committee on Immunization Practices to the Centers for Disease Control and Prevention in the federal Department of Health and Human Services is provided to the parent or legal guardian with this form,
  - (3) The Naturopathic Doctor develops and executes a written collaborative agreement with a licensed physician who is a pediatrician or family physician; and

- (4) The Naturopathic Doctor provides a release of information to the parent or guardian requesting permission to exchange information and enter into a collaborative relationship with the child's licensed pediatric health care provider, if the child has one.
- Treat a child who is two years of age or older, but less than eight years of age, unless:
  - (1) This form is fully completed and signed;
  - (2) The most recent immunizations schedule recommended by the Advisory Committee on Immunization Practices to the Centers for Disease Control and Prevention in the federal Department of Health and Human Services is provided to the parent or guardian with this form; and
  - (3) The Naturopathic Doctor provides a release of information to the parent or guardian requesting permission to exchange information and enter into a collaborative relationship with the child's licensed pediatric health care provider, if the child has one.
- Practice medicine, surgery, or any other form of healing other than Naturopathic Medicine.
- Practice obstetrics.
- Perform chiropractic services (spinal adjustments, manipulation, or mobilization). Naturopathic physical medicine, as described in section 12-250-103(13)(b), C.R.S., is permitted.
- Recommend the discontinuation of, or counsel against, a course of care, including a prescription drug that was recommended by another health care practitioner licensed in Colorado, unless the Naturopathic Doctor consults with the health care practitioner.

**Disclosure Statement** (To be completed by the Naturopathic Doctor)

1. I, \_\_\_\_\_ (print Naturopathic Doctor name), am a Naturopathic Doctor registered under Title 12, Article 250, of the Colorado Revised Statutes.
2. I am not a medical doctor or a physician licensed under Title 12, Article 240, of the Colorado Revised Statutes.
3. I recommend that the patient named below have a relationship with a licensed physician, or if the patient is a child aged less than eight, with a licensed pediatric health care provider. If the patient is less than two and does not have a relationship with a licensed pediatric health care provider, I refer the patient to \_\_\_\_\_ (print name of licensed pediatric health care provider, physician, or advanced practice nurse who cares for pediatric patients).
4. If the patient is a child aged less than eight, I have provided the immunization schedule that accompanies this form and I recommend that the child's parent or guardian follow the immunizations schedule that accompanies this form.
5. If the patient has a relationship with a licensed physician or pediatric health care provider, I will attempt to develop and maintain a collaborative relationship with the physician or pediatric health care provider. To permit this, the patient (or patient's parent/guardian if patient is a minor) will need to sign a separate release allowing me to exchange information with the licensed physician or pediatric health care provider.

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Naturopathic Doctor Signature

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Date



**Acknowledgement and Consent for Treatment** (to be completed by the adult patient, or parent/guardian if patient is a minor)

I, \_\_\_\_\_ (print adult patient's name, or if the patient is a minor, the parent or guardian name), acknowledge receipt of the above disclosure statement and give my informed consent for treatment for (circle one) myself or my child,

\_\_\_\_\_ (print patient's name) by the above named  
Naturopathic Doctor.

Check one:

The patient \_\_\_\_\_ does \_\_\_\_\_ does not have a relationship with a licensed physician or pediatric health care provider.

Name, address, phone of licensed physician or pediatric health care provider:

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\_\_\_\_\_  
Signature of Patient/Parent or Guardian

\_\_\_\_\_  
Date

*(This form must be completed and signed prior to the initial examination of the patient. If this form is altered, the form provided to the patient must contain all of the information detailed in this form, and comply with §§ 12-250-106(2)(e) and (f), (3)(b), and 12-250-112, C.R.S., and all other laws applicable to Naturopathic Doctors.)*

**SAMPLE COLLABORATIVE AGREEMENT FOR THE TREATMENT OF CHILDREN UNDER TWO**

**(APPENDIX B)**

The following parties agree to a collaborative arrangement in which the naturopathic doctor (ND) may consult with the Colorado licensed physician (pediatrician or family MD/DO) regarding patients under 2 years and refer to a physician. The purpose of this agreement is to facilitate the effective treatment of the patient.

Specific responsibilities of naturopathic doctor:

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Specific responsibilities of licensed physician:

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Process for consulting with licensed physician, including the means, e.g., in person, via phone, or via telehealth, and the frequency, e.g., per visit, on an as needed basis, or regularly scheduled on a weekly, monthly or quarterly basis):

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Process for referring the patient to a licensed physician to facilitate the effective treatment of the child:

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Emergency plan:

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- This agreement does not limit the ability of the ND to make an independent judgment.
- This agreement does not require medical supervision of the ND by the physician.
- Neither party assumes liability for the actions of the other.
- The above parties do not have to be practicing in close proximity to one another.
- This agreement will be kept on file in both parties' respective patient file.

Naturopathic Doctor:

Name: \_\_\_\_\_

Practice name \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell number: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Registration #: \_\_\_\_\_

Signature: \_\_\_\_\_

Colorado Physician:

Name: \_\_\_\_\_

Practice name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell number: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

License #: \_\_\_\_\_

Signature: \_\_\_\_\_

## APPENDIX C

### Surprise Billing – Know Your Rights

Beginning January 1, 2020, Colorado state law protects you from “surprise billing,” also known as balance billing.

#### What is surprise/balance billing, and when does it happen?

You are responsible for the cost-sharing amounts required by your health plan, including copayments, deductibles, and/or coinsurance. If you are seen by a provider or use services in a facility or agency that are **not** in your health plan’s network, you may have to pay additional costs associated with that care. These providers or services at facilities or agencies are sometimes referred to as “out-of-network.”

Out-of-network facilities or agencies often bill you the difference between what your insurer decides is the eligible charge and what the out-of-network provider bills as the total charge. This is called “surprise” or “balance” billing.

#### When you **CANNOT** be balance-billed:

##### Emergency Services

Not every service provided in an emergency department is an emergency service. If you are receiving emergency services, in most circumstances, the most you can be billed for is your plan’s in-network cost-sharing amounts. You cannot be balance-billed for any other amount. This includes both the emergency facility and any providers that see you for emergency care.

##### Nonemergency Services at an In-Network or Out-of-Network Health Care Provider

The health care provider must tell you if you are at an out-of-network location or at an in-network location that is using out-of-network providers. They must also tell you what types of services may be provided by any out-of-network provider.

**You have the right** to request that in-network providers perform all covered medical services. However, you may have to receive medical services from an out-of-network provider if an in-network provider is not available. In this case, the most you can be billed for **covered** services is your in-network cost-sharing amount (copayments, deductibles, and/or coinsurance). These providers cannot balance bill you.

#### Additional Protections

- Your insurer will pay out-of-network providers and facilities directly. Again, you are only responsible for paying your in-network cost-sharing for covered services.
- Your insurer must count any amount you pay for emergency services or certain out-of-network services (described above) toward your in-network deductible and out-of-pocket limit.
- Your provider or facility must refund any amount you overpay within sixty days of being notified.
- A provider, hospital, or outpatient surgical facility cannot ask you to limit or give up these rights.

***If you receive services from an out-of-network provider or facility or agency OTHER situation, you may still be balance billed, or you may be responsible for the entire bill. If you intentionally receive non-emergency services from an out-of-network provider or facility, you may also be balance billed.***

If you want to file a complaint against your health care provider, you can submit an online complaint by visiting this website: [https://www.colorado.gov/pacific/dora/DPO\\_File\\_Complaint](https://www.colorado.gov/pacific/dora/DPO_File_Complaint).

## **APPENDIX D**

### **MODEL SEXUAL MISCONDUCT DISCLOSURE STATEMENT**

DISCLAIMER: This Model Sexual Misconduct Disclosure Statement is to be used as a guide only and is aimed only to assist the practitioner in complying with section 12-30-115, C.R.S., and the rules promulgated pursuant to this statute by the Director. As a licensed, registered, and/or certified health care provider in the State of Colorado, you are responsible for ensuring that you are in compliance with state statutes and rules. While the information below must be included in your Sexual Misconduct Disclosure Statement pursuant to section 12-30-115, C.R.S., you are welcome to include additional information that specifically applies to your situation and practice.

- A. Provider information, including, at a minimum: name, business address, and business telephone number.
- B. A listing of any final convictions of or a guilty plea to a sex offense, as defined in section 16-11.7-102(3), C.R.S.
- C. For each such conviction or guilty plea, the provider shall provide, at a minimum:
  - 1. The date that the final judgment of conviction or guilty plea was entered;
  - 2. The nature of the offense or conduct that led to the final conviction or guilty plea;
  - 3. The type, scope, and duration of the sentence or other penalty imposed, including whether:
    - a. The provider entered a guilty plea or was convicted pursuant to a criminal adjudication;
    - b. The provider was placed on probation and, if so, the duration and terms of the probation and the date the probation ends; and,
    - c. The jurisdiction that imposed the final conviction or issued an order approving the guilty plea.
- D. A listing of any final agency action by a professional regulatory board or agency that results in probationary status or other limitation on the provider's ability to practice if the final agency action is based in whole or in part on:
  - 1. a conviction for or a guilty plea to a sex offense, as defined in section 16-11.7-102(3), C.R.S., or a finding by the professional regulatory board or Director that the provider committed a sex offense, as defined in as defined in section 16-11.7-102(3), C.R.S.; OR
  - 2. a finding by a professional regulatory board or agency that the provider engaged in unprofessional conduct or other conduct that is grounds for discipline under the part or article of Title 12 of the Colorado Revised Statutes that regulates the provider's profession, where the failure or conduct is related to, includes, or involves sexual misconduct that results in harm to a patient or presents a significant risk of public harm to patients.

- E. For each such final agency action by a professional regulatory board or agency the provider shall provide, at a minimum:
1. The type, scope, and duration of the agency action imposed, including whether:
    - a. the regulator and provider entered into a stipulation;
    - b. the agency action resulted from an adjudicated decision;
    - c. the provider was placed on probation and, if so, the duration and terms of probation; and
    - d. the professional regulatory board or agency imposed any limitations on the provider's practice and, if so, a description of the specific limitations and the duration of the limitations.
  2. The nature of the offense or conduct, including the grounds for probation or practice limitations specified in the final agency action;
  3. The date the final agency action was issued;
  4. The date the probation status or practice limitation ends; and
  5. The contact information for the professional regulatory board or agency that imposed the final agency action on the provider, including information on how to file a complaint.

**Sample Signature Block**

I have received and read the sexual misconduct disclosure by [Provider Name] and I agree to treatment by [Provider Name].

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**Print Client Name**

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**Client or Responsible Party's Signature**

**Date**

If signed by Responsible Party (parent, legal guardian, or custodian), print Responsible Party's name and relationship to client:

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**Print Responsible Party Name**

**Print Relationship to Client**

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**Provider Signature**

**Date**

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**Editor's Notes**

**History**

Entire rule eff. 02/14/2014.

Rule 10 emer. rule. eff. 05/23/2014.

Rules 1.B.4, 7-12, Appendix A eff. 06/01/2014.

Rule 10 eff. 08/30/2014.

Rules 5, 13-15 eff. 07/01/2015.

Rules 7, 8, 11, 16, Appendix A, Appendix B eff. 06/30/2016.

Rule 1.17, Appendix C emer. rules eff. 01/01/2020; expired 04/29/2020.

Rule 1.17, Appendix C eff. 04/30/2020.

Rules 1.7, 1.19, Appendix D eff. 12/15/2020.

Rules 1.19 E-F eff. 05/30/2021.

**Annotations**

Rule 1.19 E.4 (adopted 10/21/2020) was not extended by Senate Bill 21-152 and therefore expired 05/15/2021.