

House _____ Amendment NO. _____

Offered By _____

1 AMEND House Committee Substitute for Senate Committee Substitute for Senate Bill No. 139,
2 Page 6, Section 208.798, Line 2, by inserting immediately after all of said section and line the
3 following:
4

5 "334.104. 1. A physician may enter into collaborative practice arrangements with registered
6 professional nurses. Collaborative practice arrangements shall be in the form of written agreements,
7 jointly agreed-upon protocols, or standing orders for the delivery of health care services.
8 Collaborative practice arrangements, which shall be in writing, may delegate to a registered
9 professional nurse the authority to administer or dispense drugs and provide treatment as long as the
10 delivery of such health care services is within the scope of practice of the registered professional
11 nurse and is consistent with that nurse's skill, training and competence.

12 2. Collaborative practice arrangements, which shall be in writing, may delegate to a
13 registered professional nurse the authority to administer, dispense or prescribe drugs and provide
14 treatment if the registered professional nurse is an advanced practice registered nurse as defined in
15 subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an
16 advanced practice registered nurse, as defined in section 335.016, the authority to administer,
17 dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017,
18 and Schedule II - hydrocodone; except that, the collaborative practice arrangement shall not
19 delegate the authority to administer any controlled substances listed in Schedules III, IV, and V of
20 section 195.017, or Schedule II - hydrocodone for the purpose of inducing sedation or general
21 anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic controlled
22 substance and Schedule II - hydrocodone prescriptions shall be limited to a one hundred twenty-
23 hour supply without refill. Such collaborative practice arrangements shall be in the form of written
24 agreements, jointly agreed-upon protocols or standing orders for the delivery of health care services.

25 3. The written collaborative practice arrangement shall contain at least the following
26 provisions:

27 (1) Complete names, home and business addresses, zip codes, and telephone numbers of the
28 collaborating physician and the advanced practice registered nurse;

29 (2) A list of all other offices or locations besides those listed in subdivision (1) of this
30 subsection where the collaborating physician authorized the advanced practice registered nurse to
31 prescribe;

32 (3) A requirement that there shall be posted at every office where the advanced practice
33 registered nurse is authorized to prescribe, in collaboration with a physician, a prominently
34 displayed disclosure statement informing patients that they may be seen by an advanced practice
35 registered nurse and have the right to see the collaborating physician;

36 (4) All specialty or board certifications of the collaborating physician and all certifications

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1 of the advanced practice registered nurse;

2 (5) The manner of collaboration between the collaborating physician and the advanced
3 practice registered nurse, including how the collaborating physician and the advanced practice
4 registered nurse will:

5 (a) Engage in collaborative practice consistent with each professional's skill, training,
6 education, and competence;

7 (b) Maintain geographic proximity, except the collaborative practice arrangement may allow
8 for geographic proximity to be waived ~~[for a maximum of twenty-eight days per calendar year for~~
9 ~~rural health clinics as defined by P.L. 95-210,]~~ as long as the collaborative practice arrangement
10 includes alternative plans as required in paragraph (c) of this subdivision~~[- This exception to~~
11 ~~geographic proximity shall apply only to independent rural health clinics, provider-based rural~~
12 ~~health clinics where the provider is a critical access hospital as provided in 42 U.S.C. Section 1395i-~~
13 ~~4, and provider-based rural health clinics where the main location of the hospital sponsor is greater~~
14 ~~than fifty miles from the clinic. The collaborating physician is required to maintain documentation~~
15 ~~related to this requirement and to present it to the state board of registration for the healing arts~~
16 ~~when requested]; and~~

17 (c) Provide coverage during absence, incapacity, infirmity, or emergency by the
18 collaborating physician;

19 (6) A description of the advanced practice registered nurse's controlled substance
20 prescriptive authority in collaboration with the physician, including a list of the controlled
21 substances the physician authorizes the nurse to prescribe and documentation that it is consistent
22 with each professional's education, knowledge, skill, and competence;

23 (7) A list of all other written practice agreements of the collaborating physician and the
24 advanced practice registered nurse;

25 (8) The duration of the written practice agreement between the collaborating physician and
26 the advanced practice registered nurse;

27 (9) A description of the time and manner of the collaborating physician's review of the
28 advanced practice registered nurse's delivery of health care services. The description shall include
29 provisions that the advanced practice registered nurse shall submit a minimum of ten percent of the
30 charts documenting the advanced practice registered nurse's delivery of health care services to the
31 collaborating physician for review by the collaborating physician, or any other physician designated
32 in the collaborative practice arrangement, every fourteen days; and

33 (10) The collaborating physician, or any other physician designated in the collaborative
34 practice arrangement, shall review every fourteen days a minimum of twenty percent of the charts in
35 which the advanced practice registered nurse prescribes controlled substances. The charts reviewed
36 under this subdivision may be counted in the number of charts required to be reviewed under
37 subdivision (9) of this subsection.

38 4. The state board of registration for the healing arts pursuant to section 334.125 and the
39 board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of
40 collaborative practice arrangements. Such rules shall be limited to ~~[specifying geographic areas to~~
41 ~~be covered,]~~ the methods of treatment that may be covered by collaborative practice arrangements
42 and the requirements for review of services provided pursuant to collaborative practice
43 arrangements including delegating authority to prescribe controlled substances. Any rules relating
44 to dispensing or distribution of medications or devices by prescription or prescription drug orders
45 under this section shall be subject to the approval of the state board of pharmacy. Any rules relating
46 to dispensing or distribution of controlled substances by prescription or prescription drug orders
47 under this section shall be subject to the approval of the department of health and senior services
48 and the state board of pharmacy. In order to take effect, such rules shall be approved by a majority

1 vote of a quorum of each board. Neither the state board of registration for the healing arts nor the
2 board of nursing may separately promulgate rules relating to collaborative practice arrangements.
3 Such jointly promulgated rules shall be consistent with guidelines for federally funded clinics. The
4 rulemaking authority granted in this subsection shall not extend to collaborative practice
5 arrangements of hospital employees providing inpatient care within hospitals as defined pursuant to
6 chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April
7 30, 2008.

8 5. The state board of registration for the healing arts shall not deny, revoke, suspend or
9 otherwise take disciplinary action against a physician for health care services delegated to a
10 registered professional nurse provided the provisions of this section and the rules promulgated
11 thereunder are satisfied. Upon the written request of a physician subject to a disciplinary action
12 imposed as a result of an agreement between a physician and a registered professional nurse or
13 registered physician assistant, whether written or not, prior to August 28, 1993, all records of such
14 disciplinary licensure action and all records pertaining to the filing, investigation or review of an
15 alleged violation of this chapter incurred as a result of such an agreement shall be removed from the
16 records of the state board of registration for the healing arts and the division of professional
17 registration and shall not be disclosed to any public or private entity seeking such information from
18 the board or the division. The state board of registration for the healing arts shall take action to
19 correct reports of alleged violations and disciplinary actions as described in this section which have
20 been submitted to the National Practitioner Data Bank. In subsequent applications or
21 representations relating to his medical practice, a physician completing forms or documents shall
22 not be required to report any actions of the state board of registration for the healing arts for which
23 the records are subject to removal under this section.

24 6. Within thirty days of any change and on each renewal, the state board of registration for
25 the healing arts shall require every physician to identify whether the physician is engaged in any
26 collaborative practice agreement, including collaborative practice agreements delegating the
27 authority to prescribe controlled substances, or physician assistant agreement and also report to the
28 board the name of each licensed professional with whom the physician has entered into such
29 agreement. The board may make this information available to the public. The board shall track the
30 reported information and may routinely conduct random reviews of such agreements to ensure that
31 agreements are carried out for compliance under this chapter.

32 7. Notwithstanding any law to the contrary, a certified registered nurse anesthetist as defined
33 in subdivision (8) of section 335.016 shall be permitted to provide anesthesia services without a
34 collaborative practice arrangement provided that he or she is under the supervision of an
35 anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed.
36 Nothing in this subsection shall be construed to prohibit or prevent a certified registered nurse
37 anesthetist as defined in subdivision (8) of section 335.016 from entering into a collaborative
38 practice arrangement under this section, except that the collaborative practice arrangement may not
39 delegate the authority to prescribe any controlled substances listed in Schedules III, IV, and V of
40 section 195.017, or Schedule II - hydrocodone.

41 8. A collaborating physician shall not enter into a collaborative practice arrangement with
42 more than three full-time equivalent advanced practice registered nurses. This limitation shall not
43 apply to collaborative arrangements of hospital employees providing inpatient care service in
44 hospitals as defined in chapter 197 or population-based public health services as defined by 20 CSR
45 2150-5.100 as of April 30, 2008.

46 9. It is the responsibility of the collaborating physician to determine and document the
47 completion of at least a one-month period of time during which the advanced practice registered
48 nurse shall practice with the collaborating physician continuously present before practicing in a

1 setting where the collaborating physician is not continuously present. This limitation shall not apply
 2 to collaborative arrangements of providers of population-based public health services as defined by
 3 20 CSR 2150-5.100 as of April 30, 2008.

4 10. No agreement made under this section shall supersede current hospital licensing
 5 regulations governing hospital medication orders under protocols or standing orders for the purpose
 6 of delivering inpatient or emergency care within a hospital as defined in section 197.020 if such
 7 protocols or standing orders have been approved by the hospital's medical staff and pharmaceutical
 8 therapeutics committee.

9 11. No contract or other agreement shall require a physician to act as a collaborating
 10 physician for an advanced practice registered nurse against the physician's will. A physician shall
 11 have the right to refuse to act as a collaborating physician, without penalty, for a particular advanced
 12 practice registered nurse. No contract or other agreement shall limit the collaborating physician's
 13 ultimate authority over any protocols or standing orders or in the delegation of the physician's
 14 authority to any advanced practice registered nurse, but this requirement shall not authorize a
 15 physician in implementing such protocols, standing orders, or delegation to violate applicable
 16 standards for safe medical practice established by hospital's medical staff.

17 12. No contract or other agreement shall require any advanced practice registered nurse to
 18 serve as a collaborating advanced practice registered nurse for any collaborating physician against
 19 the advanced practice registered nurse's will. An advanced practice registered nurse shall have the
 20 right to refuse to collaborate, without penalty, with a particular physician.

21 335.016. As used in this chapter, unless the context clearly requires otherwise, the following
 22 words and terms mean:

23 (1) "Accredited", the official authorization or status granted by an agency for a program
 24 through a voluntary process;

25 (2) "Advanced practice registered nurse" or "APRN", a ~~[nurse who has education beyond~~
 26 ~~the basic nursing education and is certified by a nationally recognized professional organization as a~~
 27 ~~certified nurse practitioner, certified nurse midwife, certified registered nurse anesthetist, or a~~
 28 ~~certified clinical nurse specialist. The board shall promulgate rules specifying which nationally~~
 29 ~~recognized professional organization certifications are to be recognized for the purposes of this~~
 30 ~~section. Advanced practice nurses and only such individuals may use the title "Advanced Practice~~
 31 ~~Registered Nurse" and the abbreviation "APRN"]~~ person who is licensed under the provisions of this
 32 chapter to engage in the practice of advanced practice nursing in one of the four APRN roles
 33 recognized in this section;

34 (3) "Approval", official recognition of nursing education programs which meet standards
 35 established by the board of nursing;

36 (4) "Board" or "state board", the state board of nursing;

37 (5) "Certified clinical nurse specialist", a registered nurse who is currently certified as a
 38 clinical nurse specialist by a nationally recognized certifying board approved by the board of
 39 nursing. A certified clinical nurse specialist is one of the four APRN roles;

40 (6) "Certified nurse midwife", a registered nurse who is currently certified as a nurse
 41 midwife by the American College of Nurse Midwives, or other nationally recognized certifying
 42 body approved by the board of nursing. A certified nurse midwife is one of the four APRN roles;

43 (7) "Certified nurse practitioner", a registered nurse who is currently certified as a nurse
 44 practitioner by a nationally recognized certifying body approved by the board of nursing. A
 45 certified nurse practitioner is one of the four APRN roles;

46 (8) "Certified registered nurse anesthetist", a registered nurse who is currently certified as a
 47 nurse anesthetist by the ~~[Council on Certification of Nurse Anesthetists, the Council on~~
 48 ~~Recertification of Nurse Anesthetists,]~~ National Board of Certification and Recertification for Nurse

Anesthetists or other nationally recognized certifying body approved by the board of nursing. A certified registered nurse anesthetist is one of the four APRN roles;

(9) "Executive director", a qualified individual employed by the board as executive secretary or otherwise to administer the provisions of this chapter under the board's direction. Such person employed as executive director shall not be a member of the board;

(10) "Inactive nurse", as defined by rule pursuant to section 335.061;

(11) "Lapsed license status", as defined by rule under section 335.061;

(12) "Licensed practical nurse" or "practical nurse", a person licensed pursuant to the provisions of this chapter to engage in the practice of practical nursing;

(13) "Licensure", the issuing of a license to an individual authorizing the individual to practice advanced practice, professional, or practical nursing to candidates who have met the specified requirements and the recording of the names of those persons as holders of a license to practice advanced practice, professional, or practical nursing;

(14) "Population focus", one of the following six areas of practice for which an advanced practice registered nurse has the education and training to provide care and services:

(a) A family or individual across the lifespan;

(b) Adult-gerontology;

(c) Pediatrics;

(d) Neonatal;

(e) Women's health or gender-related; and

(f) Psychiatric or mental health;

(15) "Practice of advanced practice nursing":

(a) The practice of advanced practice nursing that includes, but is not limited to:

a. The practice of professional nursing as defined in this section performed with or without compensation or personal profit;

b. Conducting an advanced assessment beyond a registered nurse's assessment;

c. Ordering and interpreting diagnostic procedures;

d. Establishing primary and differential diagnoses;

e. Prescribing, ordering, administering, dispensing, and furnishing therapeutic measures, including the authority to:

(i) Diagnose, prescribe, and institute therapy or referrals of patients to health care agencies, health care providers, and community resources;

(ii) Prescribe, order, procure, administer, dispense, and furnish pharmacological agents, including over-the-counter and legend drugs;

(iii) Prescribe, order, procure, administer, dispense, and furnish controlled substances listed in Schedules III, IV, and V of section 195.017, and Schedule II - hydrocodone with a certificate of controlled substance prescriptive authority as part of a collaborative practice arrangement; and

(iv) Plan and initiate a therapeutic regimen that includes ordering and prescribing nonpharmacological interventions including, but not limited to, durable medical equipment, medical devices, nutrition, blood and blood products, and diagnostic and supportive services including, but not limited to, home health care, hospice, and physical and occupational therapy;

f. Delegating and assigning the performance of therapeutic measures to assistive personnel;

g. Consulting with other disciplines and providing referrals to health care agencies, health care providers, and community resources; and

h. Other acts that require education and training consistent with professional standards and commensurate with the APRN's education, certification, demonstrated competencies, and experience;

(b) Advanced practice nursing shall be practiced in accordance with the APRN's graduate-

level education and certification in one of four recognized roles, with at least one population focus, including a:

- a. Certified clinical nurse specialist;
- b. Certified nurse midwife;
- c. Certified nurse practitioner; and
- d. Certified registered nurse anesthetist;

(c) When providing direct patient care, an APRN shall wear identification that clearly identifies the nurse as an APRN, unless wearing identification creates a safety or health risk for either the nurse or the patient;

(d) Nothing in this subdivision shall alter the definition of the practice of professional nursing;

(16) "Practice of practical nursing", the performance for compensation of selected acts for the promotion of health and in the care of persons who are ill, injured, or experiencing alterations in normal health processes. Such performance requires substantial specialized skill, judgment and knowledge. All such nursing care shall be given under the direction of a person licensed by a state regulatory board to prescribe medications and treatments or under the direction of a registered professional nurse. For the purposes of this chapter, the term "direction" shall mean guidance or ~~supervision~~ oversight provided by a person licensed by a state regulatory board to prescribe medications and treatments or a registered professional nurse, including, but not limited to, oral, written, or otherwise communicated orders or directives for patient care. When practical nursing care is delivered pursuant to the direction of a person licensed by a state regulatory board to prescribe medications and treatments or under the direction of a registered professional nurse, such care may be delivered by a licensed practical nurse without direct physical oversight;

~~[(15)]~~ (17) "Practice of professional nursing", the performance for compensation of any act or function which requires substantial specialized education, judgment and skill based on knowledge and application of principles derived from the biological, physical, social, behavioral, and nursing sciences, including, but not limited to:

(a) Responsibility for the promotion and teaching of health care and the prevention of illness to the patient and his or her family;

(b) Assessment, data collection, nursing diagnosis, nursing care, evaluation, and counsel of persons who are ill, injured or experiencing alterations in normal health processes;

(c) The administration of medications and treatments as prescribed by a person licensed by a state regulatory board to prescribe medications and treatments;

(d) The coordination, initiation, performance, and assistance in the determination and delivery of a plan of health care with all members of a health team;

(e) The teaching and supervision of other persons in the performance of any of the foregoing;

~~[(16)—A]~~ (18) "Registered professional nurse" or "registered nurse", a person licensed pursuant to the provisions of this chapter to engage in the practice of professional nursing;

~~[(17)]~~ (19) "Retired license status", any person licensed in this state under this chapter who retires from such practice. Such person shall file with the board an affidavit, on a form to be furnished by the board, which states the date on which the licensee retired from such practice, an intent to retire from the practice for at least two years, and such other facts as tend to verify the retirement as the board may deem necessary; but if the licensee thereafter reengages in the practice, the licensee shall renew his or her license with the board as provided by this chapter and by rule and regulation.

335.046. 1. An applicant for a license to practice as a registered professional nurse shall submit to the board a written application on forms furnished to the applicant. The original

1 application shall contain the applicant's statements showing the applicant's education and other such
 2 pertinent information as the board may require. The applicant shall be of good moral character and
 3 have completed at least the high school course of study, or the equivalent thereof as determined by
 4 the state board of education, and have successfully completed the basic professional curriculum in
 5 an accredited or approved school of nursing and earned a professional nursing degree or diploma.
 6 Each application shall contain a statement that it is made under oath or affirmation and that its
 7 representations are true and correct to the best knowledge and belief of the person signing same,
 8 subject to the penalties of making a false affidavit or declaration. Applicants from non-English-
 9 speaking lands shall be required to submit evidence of proficiency in the English language. The
 10 applicant ~~[must]~~ shall be approved by the board and shall pass an examination as required by the
 11 board. The board may require by rule as a requirement for licensure that each applicant shall pass an
 12 oral or practical examination. Upon successfully passing the examination, the board may issue to
 13 the applicant a license to practice nursing as a registered professional nurse. The applicant for a
 14 license to practice registered professional nursing shall pay a license fee in such amount as set by
 15 the board. The fee shall be uniform for all applicants. Applicants from foreign countries shall be
 16 licensed as prescribed by rule.

17 2. An applicant for license to practice as a licensed practical nurse shall submit to the board
 18 a written application on forms furnished to the applicant. The original application shall contain the
 19 applicant's statements showing the applicant's education and other such pertinent information as the
 20 board may require. Such applicant shall be of good moral character, and have completed at least
 21 two years of high school, or its equivalent as established by the state board of education, and have
 22 successfully completed a basic prescribed curriculum in a state-accredited or approved school of
 23 nursing, earned a nursing degree, certificate or diploma and completed a course approved by the
 24 board on the role of the practical nurse. Each application shall contain a statement that it is made
 25 under oath or affirmation and that its representations are true and correct to the best knowledge and
 26 belief of the person signing same, subject to the penalties of making a false affidavit or declaration.
 27 Applicants from non-English-speaking countries shall be required to submit evidence of their
 28 proficiency in the English language. The applicant ~~[must]~~ shall be approved by the board and shall
 29 pass an examination as required by the board. The board may require by rule as a requirement for
 30 licensure that each applicant shall pass an oral or practical examination. Upon successfully passing
 31 the examination, the board may issue to the applicant a license to practice as a licensed practical
 32 nurse. The applicant for a license to practice licensed practical nursing shall pay a fee in such
 33 amount as may be set by the board. The fee shall be uniform for all applicants. Applicants from
 34 foreign countries shall be licensed as prescribed by rule.

35 3. (1) An applicant for a license to practice as an advanced practice registered nurse shall
 36 submit a completed application as established by the board. The application shall, at a minimum,
 37 contain:

38 (a) The applicant's advanced nursing education and other pertinent information as the board
 39 may require;

40 (b) A statement under oath or affirmation that the applicant is of good moral character and
 41 that the representations contained in the application are true and correct to the best knowledge and
 42 belief of the applicant, subject to the penalties of making a false affidavit or declaration;

43 (c) Documentation that demonstrates the following educational requirements:

44 a. Prior to July 1, 1998, completion of a formal post-basic educational program from or
 45 formally affiliated with an accredited college, university, or hospital of at least one academic year,
 46 which includes advanced nurse theory and clinical nursing practice, leading to a graduate degree or
 47 certificate with a concentration in an advanced nursing clinical specialty area;

48 b. From July 1, 1998, to June 30, 2009, completion of a graduate degree from an accredited

1 college or university with a concentration in an advanced practice nursing clinical specialty area,
 2 which includes advanced nursing theory and clinical nursing practice;

3 c. On or after July 1, 2009, completion of an accredited graduate-level advanced practice
 4 registered nursing program that prepared the applicant for one of the four APRN roles in at least one
 5 population focus;

6 (d) Documentation of current certification in one of the four APRN roles from a nationally
 7 recognized certifying body approved by the board, or current documentation of recognition as an
 8 advanced practice registered nurse issued by the board prior to January 1, 2018; and

9 (e) Other evidence as required by board rule, including, as may be applicable, evidence of
 10 proficiency in the English language.

11 (2) The applicant for a license to practice as an advanced practice registered nurse shall pay
 12 a license fee in such amount as set by the board that shall be uniform for all such applicants.

13 (3) Upon issuance of a license, the license holder's advanced practice registered nursing
 14 license and his or her professional nursing license shall be treated as one license for the purpose of
 15 renewal and assessment of renewal fees.

16 4. Upon refusal of the board to allow any applicant to sit for either the registered
 17 professional nurses' examination or the licensed practical nurses' examination, as the case may be,
 18 the board shall comply with the provisions of section 621.120 and advise the applicant of his or her
 19 right to have a hearing before the administrative hearing commission. The administrative hearing
 20 commission shall hear complaints taken pursuant to section 621.120.

21 [4.] 5. The board shall not deny a license because of sex, religion, race, ethnic origin, age or
 22 political affiliation.

23 335.056. The license of every person licensed under the provisions of [sections 335.011 to
 24 335.096] this chapter shall be renewed as provided. An application for renewal of license shall be
 25 mailed to every person to whom a license was issued or renewed during the current licensing period.
 26 The applicant shall complete the application and return it to the board by the renewal date with a
 27 renewal fee in an amount to be set by the board. The fee shall be uniform for all applicants. The
 28 certificates of renewal shall render the holder thereof a legal practitioner of nursing for the period
 29 stated in the certificate of renewal. Any person who practices nursing as an advanced practice
 30 registered nurse, as a registered professional nurse, or as a licensed practical nurse during the time
 31 his or her license has lapsed shall be considered an illegal practitioner and shall be subject to the
 32 penalties provided for violation of the provisions of [sections 335.011 to 335.096] this chapter.

33 335.086. No person, firm, corporation, or association shall:

34 (1) Sell or attempt to sell or fraudulently obtain or furnish or attempt to furnish any nursing
 35 diploma, license, renewal, or record or aid or abet therein;

36 (2) Practice [professional or practical] nursing as defined [by sections 335.011 to 335.096]
 37 in this chapter under cover of any diploma, license, or record illegally or fraudulently obtained or
 38 signed or issued unlawfully or under fraudulent representation;

39 (3) Practice [professional nursing or practical] nursing as defined [by sections 335.011 to
 40 335.096] in this chapter unless duly licensed to do so under the provisions of [sections 335.011 to
 41 335.096] this chapter;

42 (4) Use in connection with his or her name any designation tending to imply that he or she
 43 is a licensed advanced practice registered nurse, a licensed registered professional nurse, or a
 44 licensed practical nurse unless duly licensed so to practice under the provisions of [sections 335.011
 45 to 335.096] this chapter;

46 (5) Practice advanced practice nursing, professional nursing, or practical nursing during the
 47 time his or her license issued under the provisions of [sections 335.011 to 335.096] this chapter shall
 48 be suspended or revoked; or

1 (6) Conduct a nursing education program for the preparation of professional or practical
2 nurses unless the program has been accredited by the board."; and
3
4 Further amend said bill by amending the title, enacting clause, and intersectional references
5 accordingly.