Memorandum

To: Board of Advanced Practice Registered Nurses
Board of Cosmetology
Board of Massage Therapy
Board of Nursing
Board of Medicine and Surgery
Board of Optometry
Board of Chiropractic
Board of Physical Therapy
Board of Dentistry
Board of Occupational Therapy

CC: Members of the Joint Board Dermatologic Workgroup

From: Joann Schaefer, MD, Chief Medical Officer

Date: 08/15/2011

Re: Joint Board Dermatologic Workgroup Final Report

Attached is the final report of the Joint Board Dermatologic Workgroup. The Workgroup has met several times to address questions of scopes of practice and various dermatological procedures. The Workgroup's final recommendations are included in the report.

These recommendations are provided for your consideration to use as guidance documents when considering complaints, disciplinary matters, and when answering questions related to scopes of practice.

Karen Bowen, the Nursing Practice Consultant for the Board of Nursing, coordinated the workgroup and is available to attend board meetings to discuss the report and answer questions.

Report of the Joint Board Dermatologic Workgroup

Background

The Board of Nursing's Practice Committee had been asked to address the question of RN scope of practice related to non-ablative laser procedures. As the committee was researching current accepted practice and standards of practice across the country, they became aware of the Board of Medicine's opinion on the exclusivity of any laser procedure to the practice of medicine.

Simultaneously, the APRN (Advanced Practice Registered Nurse) Board had issued an opinion that APRN-NPs (Advanced Practice Registered Nurse - Nurse Practitioner) that were trained and competent could perform non-ablative laser procedures. That opinion was in conflict with the Board of Medicine's opinion that only physicians and physician assistants (PA) could use any laser devices.

Other inquiries were being received by the Boards of Nursing, Medicine and Cosmetology regarding other dermatological procedures including microdermabrasion(removal of outer layer of skin), mesotherapy including lipodissolve (injecting homeopathic agents, pharmaceuticals, vitamins and other ingredients into the skin to "melt fat"), Botox and other neuromodulators (used to paralyze muscles to eliminate wrinkles), Restylane and other dermal fillers (used for wrinkles), intense pulsed light (pulses of light for skin rejuvenation, pigmentation issues, or hair removal), and services provided by medical/cosmetic facilities, "med spas", and other settings.

In discussions with the Department staff, the decision was made to convene a workgroup with representatives from various boards to address not only the dermatologic laser procedures, but other dermatologic procedures that were raising questions to various boards.

The group initially included representation from the following boards: nursing, APRN, medicine, massage therapy, and cosmetology. Additionally staff from the Department (representatives from licensure, investigations and legal services) and representatives from the Attorney General's office participated in the meetings.

Invited academic experts included Dr. Perry Johnson, M.D. (plastic surgeon), Dr. Chris Huerter, M.D. (dermatologist), and Melissa O'Neill, APRN-NP (dermatology nurse practitioner).

After the first few meetings of the group, the following boards requested to participate: dentistry, chiropractic, physical therapy, occupational therapy and optometry. (See **Attachment A** for all group participants)

Group work / Review of Information

The first meetings focused on gaining a better understanding of the wide array of dermatological procedures currently being performed and hearing the perspectives from invited experts and licensed professions. The group also reviewed information on specific procedures, as well as current practice in other states.

At this same time, the legislature in Massachusetts had formed a group to look at many of the same issues, including procedures, scopes, and med spas. The Nursing Practice Consultant for the Board of Nursing in Massachusetts had worked closely with Karen Bowen, the Nursing Practice Consultant for the Board of Nursing in Nebraska on other issues and shared information as the work of their group progressed.[1]

In addition, the group also reviewed the report *Changes in Healthcare Professions' Scope of Practice: Legislative Considerations* [2]. This report was a collaborative effort of the Association of Social Work Boards (ASWB), Federation of State Boards of Physical Therapy (FSBPT), Federation of State Medical Boards (FSMB), National Board of Certification in Occupational Therapy (NBCOT), National Council of State Boards of Nursing (NCSBN), and National Association of Boards of Pharmacy (NABP). One point the report emphasized was there are often overlapping scopes of practice between professions in the rapidly changing healthcare environment of today.

The following goals and desired outcomes were identified:

Desired Outcomes:

- A delineation of procedures that need to be regulated
- A delineation of the level of regulations needed to provide adequate public protection
- The establishment of consensus on which procedures are included in which scope of practice, based on the level of education and training required to safely perform the procedure. An identification of any needed additional training to safely perform the procedure(s).
- A delineation of the level of regulatory over site needed, if any, to ensure public safety when the procedures are performed. Regulatory options include but are not limited to:
    - Issuance of additional credential, either as "add-on" to an existing credential (certification) or issuance of a separate, stand-alone credential (registration, certification, licensure); or
    - Issuance of credential to the setting where the procedures are performed (facility licensure); and
    - Specification of required training

- type and frequency (one-time vs. ongoing)
- proof of acquisition at time of initial and/or renewal of a credential; or at the time a problem surfaces.

- An identification of means of consumer education, using the experience of other states as a model.

Group work / Discussion Summaries

General discussion:

The primary concern of the group was public safety and protection. All of the procedures the group addressed were medical procedures with the exception of microdermabrasion.

It is not always only a scope issue, but also a training issue. Without sufficient training not all physicians, physician assistants (PA), nurse practitioners (APRN-NP), nurses, or other licensed healthcare professionals can do specific procedures that would be within their scope of practice as a licensed individual. When addressing questions of scope, one also needs to ask if the licensee can do the next steps if there is an adverse outcome. With licensure comes accountability.

The medical procedures addressed by the workgroup all require additional training. Continuing education for the procedures should be ongoing to maintain competence.

All of the medical procedures discussed require the patient to have been evaluated and assessed for appropriateness for the procedure by a licensed practitioner acting within their scope of practice (physician, PA, APRN-NP), and a written patient specific order. Standing orders for these procedures are not acceptable. Facilities must have policies and procedures in place for any procedure they perform.

Laser discussion

Lasers are virtually a part of everyday life, and have many different uses from industry, entertainment, healthcare, business, and classrooms. We use lasers to check out at the grocery store, play music, read and write CDs and DVDs, print documents, cut fabric and metal, perform dental procedures and perform surgical procedures. Laser pointers are also used in classrooms and for presentations.

Lasers are classified by potential for causing biological damage. Widely accepted laser classifications categorize lasers into four major categories. They are based upon the ability of a beam to cause damage to the eye or skin.

The workgroup divided the different laser procedures into ablative and non-ablative laser, or invasive and non-invasive, based on whether or not the skin is altered. Ablative lasers are used for surgical purposes. Ablative laser types are carbon dioxide (CO2), erbium YAG, and long pulsed erbium YAG lasers. The ablative lasers should only be used by physicians.

Non-ablative lasers are used for skin tightening, skin rejuvenation, hair removal, brown spot removal, acne, tattoo removal, and spider veins. The light color selection is specific to the targeted tissue and the top layers of skin remain intact. Each wavelength, or color, produces heat in a specific area, e.g., brown spots, capillaries. These lasers include yellow pulsed light, green colored laser light and ruby red lasers.

Intense Pulse Light (IPL) is used for hair removal, spider veins, pigmented lesions, brown spot removal, acne, birth marks, broken capillaries and photo rejuvenation. IPL emits a broad spectrum of light where laser emits one specific wavelength of light (monochromatic). IPL is lower risk than lasers.

The workgroup discussed that non-ablative lasers and IPL are very simple procedures. The technical skill involved is not difficult. But there is definitely potential for harm. If not used appropriately by a trained individual, they can cause scars and burns.

The non-ablative lasers and IPL used for dermatological procedures could be done by an appropriately trained APRN-NP, PA or Registered Nurse (RN) under physician collaboration/supervision. The physician needs to be responsible for the program, evaluate safety issues, and define the power settings. There needs to be a minimum level of documented training (defined in Table 1). The specific training for each licensed professional should be determined by the individual boards. The supervising physician must also be trained and competent in the use of non-ablative lasers. The physician may train the APRN-NP, PA or RN. S/he must also be available for consultation and follow-up.

The group also acknowledged non-dermatological uses of lasers by other professions may fall within their scopes of practice. This includes such things as teeth whitening, fillings and other procedures by dentists. It also includes the use of cold lasers for pain and promotion of tissue healing by chiropractors, physical therapists, occupational therapists and massage therapists. However, the focus of this workgroup was to look at the dermatological procedures.

While electrologists in other states are doing laser hair removal, the practice act in Nebraska is very specific and would not allow them to do laser hair removal.

Estheticians in other states are also using lasers for hair removal. Information provided to the group was that the current esthetician training in Nebraska did

not include laser hair removal and there was no room to add content to the current curriculum.

Mesotherapy discussion:

Mesotherapy may include homeopathic agents, pharmaceuticals, vitamins, other ingredients. Lipodissolve is one example of mesotherapy. It is injected to "melt fat". It is not approved by the FDA. Non-FDA approved drugs such as mesotherapy, should not be given by any licensed health care provider since they are not regulated, resulting in inconsistency of ingredients and risk of adverse events.

Injectables; Neuromodulators and Dermal Fillers discussion:

Neuromodulators, such as Botox, temporarily paralyze the muscles that cause wrinkles. Dermal fillers, such as Restylane, are injected just below the surface of the skin to plump up, or add volume to the soft tissue to smooth wrinkles and folds. Both could be considered in the same category, but there is more technical difficulty with the dermal fillers. In both cases, the body absorbs the injection and it eventually goes away. Neuromodulators take longer to disappear. The level of risk with dermal fillers is higher than neuromodulators. The dermal fillers can create ridges or weakness of the upper eye lid for several weeks. They can also cause bruising, swelling, pain, tenderness, and itching at the injection site. The main risk with neuromodulators is eye lid droop if injected too close to the eye lid. Bruising, and discomfort or pain at the injection site can also occur. With both the neuromodulators and dermal fillers, adverse results can occur if the individual is not properly trained and competent to perform the procedure.

Physicians, PAs, and APRN-NPs (within their specialty area) can prescribe neuromodulators and dermal fillers after a face to face assessment of the patient. The prescribing provider must be available for supervision and consultation.

Registered Nurses (RN) may administer the neuromodulators with an authorized provider order, if they are appropriately trained. Dermal fillers should be administered by physicians, PAs, and APRN-NPs (within their specialty area).

The group discussed administration of neuromodulators by dentists. The scope of practice for dentists defined in regulation is specific to teeth, jaws, and adjacent structures and states they can prescribe, treat, and diagnose dental conditions. There has been recent use of Botox for the treatment of TMJ. The group discussed the use of neuromodulators by dentists for therapeutic, not cosmetic conditions. Since the purpose of the workgroup was to address

dermatological procedures, the group recommended the therapeutic use of neuromodulators by dentists should be addressed by the dental board.

The discussion of neuromodulator administration by optometrists was also addressed. The question was raised about the scope of practice for an optometrist; whether it includes Injectables, or is limited to orals and topicals. The current scope includes orals and topicals, but not injectables. The group felt if they cannot currently administer injectables, it would require a change in scope of practice.

Training for administration/injection of either the neuromodulators or dermal fillers could be done by preceptorship, by the physician, by taking a course, or by a qualified pharmaceutical trainer (nurse or physician). Training should include a specified number of supervised procedures. Specific requirements for training should be defined by the individual boards based on these recommendations.

Microdermabrasion, Dermabrasion, and Peels discussion:

Microdermabrasion is a superficial treatment which is similar to a facial in a salon. It is used for the exfoliation of dead skin cells and opening pores. Dermabrasion is very invasive and removes layers of skin. It has the potential for complications. Chemical peels vary and depend on the strength of the chemicals and amount of exposure. Mild peels typically use solutions that are equal to or less than 30% glycolic acid. Peels should be categorized as mild, medium, or deep. Anything that penetrates into the dermis is a medium or deep peel.

Medium peels should be done by physicians, PAs, APRN-NPs, or RNs (under physician supervision) because of potential risks. Deep peels should be done only by a physician. Estheticians are trained to, and do perform mild peels. Licensed Practical Nurses (LPN) may also perform mild peels if appropriately trained.

The group discussed the use of microdermabrasion by massage therapists. Their scope of practice includes wellness, relaxation, stress relief, instilling a greater sense of wellbeing. Discussion included that there is some overlap between professions. Similar procedures, such as salt scrubs, are currently used in massage therapy. However, the salt scrub is used for relaxation whereas an esthetician uses microdermabrasion for exfoliation. After much discussion the group concluded that microdermabrasion is not considered in the scope of massage therapy.

Med spa discussion:

The group discussed the need to focus on individual scopes and further defining those scopes instead of creating a new licensure or certification. They discussed the importance of regulating the individual, not the facility.

They felt it was very important to educate the public including the difference between a med spa and a day spa. Day spas are licensed as salons and do not perform medical procedures, do not have physician supervision. Day spas are inspected. Med spas are under the supervision of a physician or medical director who is skilled and trained in the procedures being performed in the spa. Med spas are not inspected, since they are not licensed facilities. In a med spa the physician or medical director is available for emergencies and patient assessments as needed.

The group recommended that a new category of licensure for med spas should not be created at this time.

Consumer education discussion:

The importance of consumer education was discussed. In protecting the public, providing information and education is a part of that responsibility. The recommendation of the group was to develop a joint document for consumer education. The document should include the difference in day spas and med spas, as well as what procedures can be performed in each and who can perform the procedures.

The group looked at documents from the Arizona Board of Medicine and the Medical Board of California they thought were well written and useful guidelines that provided comprehensive consumer information. They were Arizona's, A *Checklist for Choosing a Physician to Perform Cosmetic Procedures*[3] and *How to Choose a Physician for Cosmetic Surgery*[4]. And, *Medical Spas – What You Need to Know*[5] from the Medical Board of California. They felt these would be helpful in developing a consumer education document.

Final Recommendations

Although one of the desired outcomes was to delineate the level of regulatory oversight needed, the recommendation from the group was that no regulatory changes were necessary. Current authority exists for all of the group's recommendations.

The group suggested organizing the information from the working document they had been using and divide the procedures into three (3) categories based on level of risk, similar to the Massachusetts Med Spa Task Force report.

Table 1

Level	Procedures (Examples)	Licensure Required	Considerations
I Low Risk	Mild Peels (glycolics equal to or less than 30%, exclude TCA), Superficial Exfoliation, Microdermabrasion (for cosmetic purposes)	Estheticians	Included in pre-licensure training.
		LPN	The LPN practices at the direction of an RN or licensed practitioner. Must have training and be competent to perform. Boards to determine training.
		RN	Must have training and be competent to perform. Boards to determine training.
II* Medium Risk	Dermabrasion – medium peel (removes layers of skin, very invasive, potential for complications)	RN	Must have training and be competent to perform. Boards to determine training. May perform with supervision of physician trained to do procedure who is available (can be via telecommunication) for consultation.
		APRN-NP	Must have training and be competent to perform. Boards to determine training.
		PA	Must have training and be competent to perform. Boards to determine training.
		Physician	Must have training and be competent to perform. Boards to determine training.
	Non-ablative lasers, light (IPL) devices, for hair removal and skin treatment	RN	With supervision of physician trained to do procedure who is available (can be via telecommunication) for consultation.
*all Level II procedures must have a written provider order after a face to face assessment			

			Training – (minimum) • 4 – 8 hr. course with supervised procedures • Ongoing preceptorship • Includes didactic and hands-on • 10-20 procedures supervised • Includes laser/device safety • Continuing education – ongoing • Boards set content • May include certification from professional organization
		APRN-NP	Practices in collaboration with a physician. Training – (minimum) • 4 – 8 hr. course with supervised procedures • Ongoing preceptorship • Includes didactic and hands-on • 10-20 procedures supervised • Includes laser/device safety • Continuing education – ongoing • Boards set content • May include certification from professional organization
		PA	Practices with physician supervision. Training – (minimum) • 4 – 8 hr. course with supervised procedures • Ongoing preceptorship • Includes didactic and hands-on • 10-20 procedures supervised • Includes laser/device safety • Continuing education – ongoing • Boards set content • May include certification from professional organization
		Physician	Training – (minimum) • 4 – 8 hr. course with supervised procedures • Ongoing preceptorship • Didactic and hands-on • 10-20 procedures supervised • Continuing education – ongoing • Boards set content • May include certification from professional organization
*all Level II procedures must have a written provider order after a face to face assessment			

	Injectables (neuromodulators and dermal fillers)	RN	May administer neuromodulators with a provider order. The prescribing provider must be available for consultation (can be via telecommunication). Must have appropriate training. • Training by a physician • A specific course in administration, OR • Training by a qualified pharmaceutical trainer (nurse or physician)
		APRN-NP	May administer Injectables with appropriate training, if in their specialty area. Training: • Training by a physician • A specific course in administration, OR • Training by a qualified pharmaceutical trainer (nurse or physician) May prescribe Injectables, if in their specialty area. Practices in collaboration with a physician.
		PA	May administer Injectables with appropriate training, if in their specialty area. Training: • Training by a physician • A specific course in administration, OR • Training by a qualified pharmaceutical trainer (nurse or physician) May prescribe Injectables, if in their specialty area. Practices with physician supervision.
*all Level II procedures must have a written provider order after a face to face assessment			

		Physician	Training: • Training by a physician • A specific course in administration, OR • Training by a qualified pharmaceutical trainer (nurse or physician)
III High Risk	Ablative laser procedures	Physician	With appropriate training specific to procedure.

References

[1] Final Report of the Massachusetts Med Spa Task Force, www.mass.gov/Eeohhs2/docs/borim/med_spa_task_force_report.doc

[2] Changes in Healthcare Professions' Scope of Practice: Legislative Considerations, https://www.ncsbn.org/ScopeofPractice.pdf

[3] Arizona Board of Medicine; A Checklist for Choosing a Physician to Perform Cosmetic Procedure, http://azmd.gov/Files/General/Checklist%20For%20Choosing%20A%20Physician%20To%20Perform%20A%20Cosmetic%20Procedure.pdf

[4] Arizona Board of Medicine; How to Choose a Physician for Cosmetic Surgery, http://azmd.gov/Files/General/How%20to%20Choose%20a%20Physician%20for%20Cosmetic%20Surgery.pdf

[5] Medical Board of California; Medical Spas – What You Need to Know, http://www.medbd.ca.gov/consumer/medical_spas.html

Attachment A

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