



APRN ROUNDTABLE **INSIGHTS FOR IMPACT**

April 29, 2026 • Virtual



APRN-Run Med Spas:

History, New Legislation, and
Disciplinary Trends

APRN ROUNDTABLE
INSIGHTS FOR IMPACT



Learning Objectives

- 1 Describe the history and growth of the medical spa industry in the United States
- 2 Identify the regulatory bodies involved and rules governing med spas in Texas
- 3 Explain the catalyst for HB 3749 (Jenifer's Law)—the Jenifer Cleveland tragedy
- 4 Analyze HB 3749 as originally filed vs. the final enacted version and its impact on APRNs and PAs
- 5 Summarize the current Texas regulatory landscape for APRN-run med spas
- 6 Examine disciplinary trends related to med spas in Texas



TBON Mission



The mission of the Texas Board of Nursing (BON) is to protect and promote the welfare of the people of Texas by ensuring that each person holding a license as a nurse in the State of Texas is competent to practice safely.

Sources: TMLT, 2025; Brewster Law, 2025; ProspyrMed, 2025

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The Rise of the Medical Spa

Late 1990s

— Med spas emerge as a hybrid of day spas and outpatient clinics

2002

— FDA approves Botox for cosmetic use—catalyzes the entire industry

~2004

— Industry grows to ~500 med spas nationwide

2010

— ~1,600 med spas generating ~\$1.1B in revenue

2023

— ~10,488 med spas

2023

— Average APRN salary \$130,000

\$17B+

Industry Revenue
(2023)

Sources: Holt Law, 2025; AmSpa Industry Report, 2024; Pillsbury Law; Grand View Research, 2024

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The Regulatory Challenge

! Key Industry Challenges

Ownership ambiguity: Over 1/3 owned by non-medical individuals (estheticians, entrepreneurs)

Scope of practice confusion: Who can perform what, and under whose supervision?

Regulatory lag: State boards slow to address new technologies and business models

⚖️ Federal vs. State Framework

Federal: HIPAA, OSHA, FDA (devices/products), FTC (advertising)

State: Medical practice acts, scope of practice, delegation rules, corporate practice of medicine

Result: Patchwork of state-by-state regulations with significant variation

! *Texas Medical Board Rule 193.17 has been replaced with TMB Rule 169.*

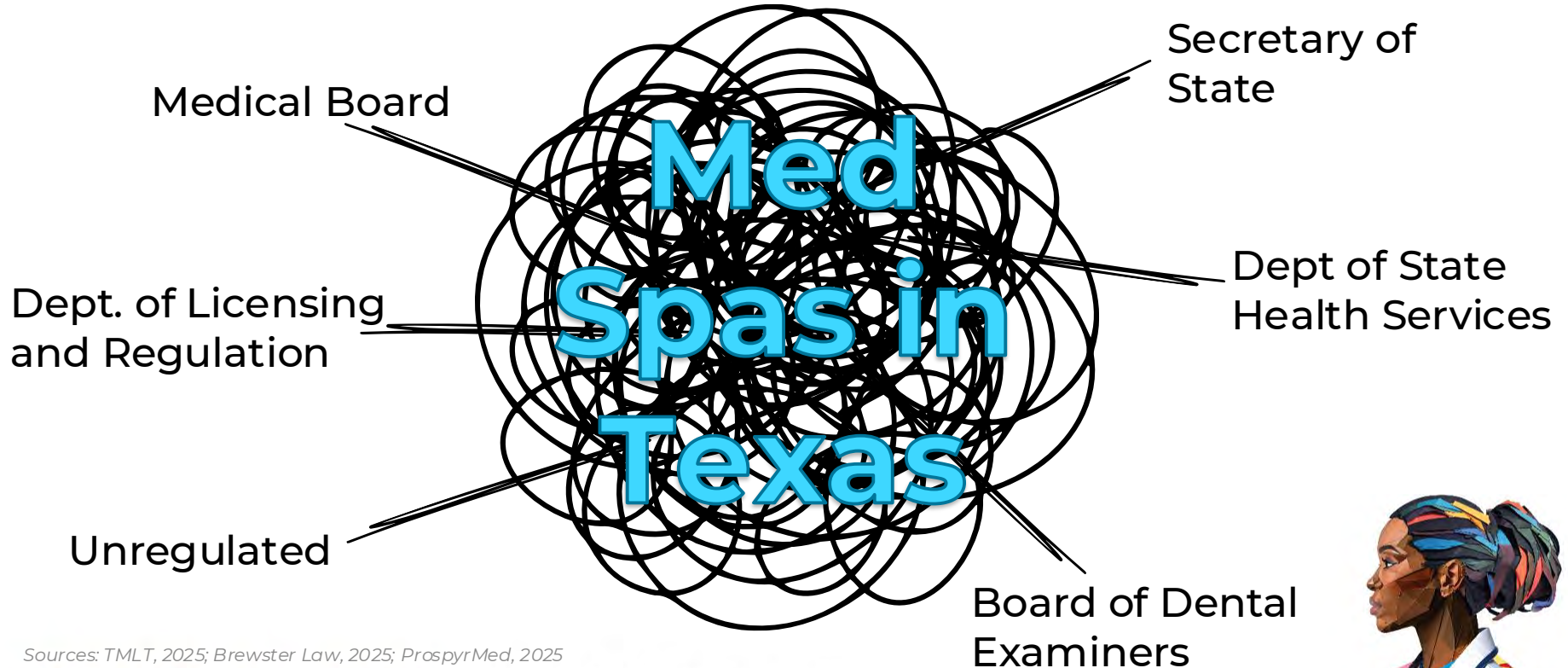
Sources: Pillsbury Law; Holt Law, 2025; Bloomberg / AmSpa, Feb. 2025

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Texas Med Spa Regulation



Sources: TMLT, 2025; Brewster Law, 2025; ProspyrMed, 2025

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Rule 193.17: Original Med Spa Rule

In-Person Evaluation

Every patient must be evaluated in person by a physician, PA, or NP before receiving a medical cosmetic procedure

Physician Responsibility

Even when procedures are delegated, the physician remains fully responsible and vicariously liable

Delegation Framework

Physicians could delegate to RNs, estheticians, and other qualified staff via standing delegation orders with written protocols

No On-Site Requirement

Physician did not have to be physically present during procedures—only available for emergency consultation

Rule 193.17 was the comprehensive regulatory framework for Texas med spas for years—until January 2025.

Sources: AmSpa (O'Brien), Jan. 2025; TMLT, 2025; Medical Spa MD, 2014

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Jan. 2025: TMB Rule Restructuring

OLD: Rule §193.17



NEW: Chapter 169 (Subchapter E)

§169.25

Nonsurgical medical cosmetic procedures are the practice of medicine and must be properly delegated and supervised

§169.26

General standards: training requirements, signed written protocols, physician/PA/APRN can establish practitioner-patient relationship

§169.27

Written orders: physician identity, patient screening criteria, treatment guidelines, emergency procedures

§169.28

Notice & identification: post physician names and license numbers; mandatory complaint notice; staff name badges

Key change: PA/APRN can now serve as the on-site/available provider for emergency consultation (previously physician only).

Sources: AmSpa (O'Brien), Jan. 2025; Lengea Law, Jan. 2025; Hendershot Cowart, Jan. 2025

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TBON Rules for APRNs in Texas Med Spas (or any setting)

217.11

Standards of Nursing Practice Minimum standards apply in any setting — APRNs must accept only assignments within their competence, implement safe environments, and supervise those for whom they are professionally responsible

Sources: AmSpa (O'Brien), Oct./Dec. 2023; KWTX, Oct. 2023; KCENTV, 2023

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221.12

Scope of Practice APRNs may only perform functions within their Board-authorized professional and individual scope for their role and population focus. Actions outside authorized scope may subject the APRN to discipline.

Sources: AmSpa (O'Brien), Oct./Dec. 2023; KWTX, Oct. 2023; KCENTV, 2023

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221.13

Core Standards for Advanced Practice When providing medical aspects of care, APRNs must use written protocols or authorization — jointly developed, signed, and reviewed annually. The APRN retains professional accountability

Sources: AmSpa (O'Brien), Oct./Dec. 2023; KWTX, Oct. 2023; KCENTV, 2023

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222.4

Minimum Prescribing Standards APRNs may only prescribe or order drugs and devices authorized by a prescriptive authority agreement (PAA), and only for patient populations within their accepted scope.

Sources: AmSpa (O'Brien), Oct./Dec. 2023; KWTX, Oct. 2023; KCENTV, 2023

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Minimum Prescribing Standards APRNs may only prescribe or order drugs and devices authorized by a prescriptive authority agreement (PAA), and only for patient populations within their accepted scope.

217.11(again)

APRNs in med spas are subject to both TMB delegation rules (Ch. 169) and BON practice standards simultaneously – Board Rule 217.11(1)(A)

Sources: AmSpa (O'Brien), Oct./Dec. 2023; KWTX, Oct. 2023; KCENTV, 2023

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The Jenifer Cleveland Tragedy

July 10, 2023 — Luxe Med Spa, Wortham, Texas

Victim

Jenifer Cleveland, 47, of Fairfield, TX — mother of four, wife, radio station employee at KNES 99.1

Treatment

IV infusion containing vitamin B complex, ascorbic acid, and TPN (a hospital-grade solution requiring a prescription)

Provider

Amber Johnson, the spa owner — NOT a licensed medical professional of any kind

Med. Director

Dr. Michael Patrick Gallagher — based 106 miles away in Frisco, TX; only visited spa 3 times total

Outcome

Cleveland found unresponsive, transported to hospital, pronounced dead. Autopsy: 'sudden cardiac death of uncertain etiology'

Sources: AmSpa (O'Brien), Oct./Dec. 2023; KWTX, Oct. 2023; KCENTV, 2023

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What Went Wrong at Luxe Med Spa



Unlicensed provider: Johnson had no medical license; performed IV treatments using physician credentials

Sources: TMB Order of Temporary Suspension, Oct. 2023; AmSpa (O'Brien), Oct./Dec. 2023; KWTX, Oct. 2023; KCENTV, Apr. 2024

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What Went Wrong at Luxe Med Spa

- ✘ Unlicensed provider: Johnson had no medical license; performed IV treatments using physician credentials
- ✘ Absent medical director: Gallagher based 106 miles away, visited only 3 times (grand opening, one visit, day of death)

Sources: TMB Order of Temporary Suspension, Oct. 2023; AmSpa (O'Brien), Oct./Dec. 2023; KWTX, Oct. 2023; KCENTV, Apr. 2024

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- ✘ Absent medical director: Gallagher based 106 miles away, visited only 3 times (grand opening, one visit, day of death)
- ✘ No protocols: No SOPs, policies, or procedures for IV therapy existed at the facility

Sources: TMB Order of Temporary Suspension, Oct. 2023; AmSpa (O'Brien), Oct./Dec. 2023; KWTX, Oct. 2023; KCENTV, Apr. 2024

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- ✘ No patient relationship: Gallagher failed to establish a physician-patient relationship with Cleveland

Sources: TMB Order of Temporary Suspension, Oct. 2023; AmSpa (O'Brien), Oct./Dec. 2023; KWTX, Oct. 2023; KCENTV, Apr. 2024

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- ✘ Unsigned agreement: Only an unsigned 'medical director agreement' documented the relationship

Sources: TMB Order of Temporary Suspension, Oct. 2023; AmSpa (O'Brien), Oct./Dec. 2023; KWTX, Oct. 2023; KCENTV, Apr. 2024

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- ✘ No patient relationship: Gallagher failed to establish a physician-patient relationship with Cleveland
- ✘ Unsigned agreement: Only an unsigned 'medical director agreement' documented the relationship
- ✘ No licensed staff on-site: No licensed health professionals present when IV treatments administered

Sources: TMB Order of Temporary Suspension, Oct. 2023; AmSpa (O'Brien), Oct./Dec. 2023; KWTX, Oct. 2023; KCENTV, Apr. 2024

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HB 3749 as Originally Filed (March 4, 2025)

Filed March 4, 2025 by Rep. Angelia Orr (R-District 13)

The original bill proposed sweeping changes that alarmed the medical aesthetics community:

- ! NP/PA Exclusion**
Only physicians could perform patient assessments, write treatment plans, and provide supervision
- ! On-Site Physician Required**
Physician must be 'immediately available to be present'—effectively on-site at all times
- ! NPs/PAs Downgraded**
APRNs and PAs scope limited, despite full scope in all other settings
- ! Mandatory Physician Med. Dir.**
Every med spa must appoint a licensed physician with specific cosmetic training as medical director

Sources: AmSpa Action Center, May 2025; AmSpa (O'Brien), Mar. 2025; McGuireWoods, Mar. 2025; Dykema, Mar. 2025

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Industry Response & Legislative Advocacy

AmSpa Position:

HB 3749 makes med spas LESS safe by removing trained practitioners from supervisory roles
The bill fails to address ACTUAL issues: unlicensed providers, illegally sourced products, lack of supervision
Existing rules under Chapter 169, if enforced, would likely have prevented Cleveland's death

What Happened Next:

- AmSpa and stakeholders mobilized to educate legislators about APRN/PA roles
- Public hearings in TX House and Senate generated stakeholder testimony
- Committee on Public Health considered all public input
- Bill sponsors 'thoughtfully considered public input'—led to dramatic amendments
- Med spa provisions STRIPPED; bill rewritten to focus solely on elective IV therapy

Sources: AmSpa Webinar, Mar. 2025; AmSpa (O'Brien), Mar. & Jun. 2025; Winston & Strawn, Jun. 2025

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What Jenifer's Law Requires

Key Provisions of the Final Enacted Version (Effective Sept. 1, 2025)

Scope

Applies to elective IV therapy outside physician offices and licensed healthcare facilities

Administration

Delegable to PAs, APRNs, or RNs. LVNs, paramedics, and MAs specifically excluded

Written Protocols

Physician must develop/approve orders: identity, screening criteria, treatment guidelines, emergency procedures

Ordering

Only a physician may order/prescribe; may delegate to PAs or APRNs under adequate supervision

On-Site Reqs

Mirror TMB Rule 169 - BLS-trained person on-site; supervisor must be on-site or immediately available

Sources: HB 3749, 89th Leg. (Tex. 2025); AmSpa, Jun. 2025; Nat'l Law Review, Jun. 2025; Frier Levitt, Aug. 2025

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Current State of Play in Texas



Cosmetic injections remain governed by TMB Chapter 169 delegation framework
— no new statutory changes

Sources: MySpaLive, Mar. 2026; Aesthetic Compliance Co., Aug. 2025; TMB Ch. 169; TX Occ. Code Ch. 157

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Current State of Play in Texas

- ✓ Cosmetic injections remain governed by TMB Chapter 169 delegation framework — no new statutory changes
- ✓ Physicians may still delegate cosmetic procedures to qualified individuals under Chapter 157

Sources: MySpaLive, Mar. 2026; Aesthetic Compliance Co., Aug. 2025; TMB Ch. 169; TX Occ. Code Ch. 157

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Current State of Play in Texas

- ✓ Cosmetic injections remain governed by TMB Chapter 169 delegation framework — no new statutory changes
- ✓ Physicians may still delegate cosmetic procedures to qualified individuals under Chapter 157
- ✓ APRNs and PAs retain full prescriptive authority; can conduct GFEs, create treatment plans, and supervise

Sources: MySpaLive, Mar. 2026; Aesthetic Compliance Co., Aug. 2025; TMB Ch. 169; TX Occ. Code Ch. 157

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- ✓ Physicians may still delegate cosmetic procedures to qualified individuals under Chapter 157
- ✓ APRNs and PAs retain full prescriptive authority; can conduct GFEs, create treatment plans, and supervise
- ⚠ Elective IV therapy now requires licensed professionals (PA, APRN, or RN minimum) — unlicensed prohibited

Sources: MySpaLive, Mar. 2026; Aesthetic Compliance Co., Aug. 2025; TMB Ch. 169; TX Occ. Code Ch. 157

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- ⚠ Elective IV therapy now requires licensed professionals (PA, APRN, or RN minimum) — unlicensed prohibited
- ⚠ TMB enforcement posture has tightened: Dr. Zaafran's bulletin warns licensees to 're-review all applicable rules'

Sources: MySpaLive, Mar. 2026; Aesthetic Compliance Co., Aug. 2025; TMB Ch. 169; TX Occ. Code Ch. 157

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- ⚠ Elective IV therapy now requires licensed professionals (PA, APRN, or RN minimum) — unlicensed prohibited
- ⚠ TMB enforcement posture has tightened: Dr. Zaafran's bulletin warns licensees to 're-review all applicable rules'
- ⚠ Industry confusion persists — many incorrectly believe broader restrictions are in effect due to SB 378 headlines

Sources: MySpaLive, Mar. 2026; Aesthetic Compliance Co., Aug. 2025; TMB Ch. 169; TX Occ. Code Ch. 157

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BON Standards in Context

Scope Determination Is an Individual Obligation (Rule 221.12)

APRNs must independently assess whether any aesthetic procedure is within their authorized professional and individual scope — licensee responsibility cannot be transferred to an employer or supervising physician.

Protocols Are a Requirement, Not a Courtesy (Rule 221.13)

Written protocols for medical aspects of care must be jointly developed with a physician, signed by both, and reviewed annually. The APRN retains professional accountability for care rendered under that authority.

Prescribing Authority Has Defined Limits (Rule 222.4)

An APRN may only prescribe or order drugs and devices authorized by their PAA and within their population focus. The range of products used in aesthetic practice does not automatically fall within every APRN's scope.

Standards Apply Regardless of Outcome (Rule 217.11)

Failure to meet the minimum standards of nursing practice is sufficient grounds for Board action — patient injury is not a prerequisite. This is directly relevant to the tightening enforcement environment following the Cleveland case.

Sources: HB 3749, 89th Leg. (Tex. 2025); AmSpa, Jun. 2025; Nat'l Law Review, Jun. 2025; Frier Levitt, Aug. 2025



The Broader National Trend

Expanding APRN/PA Autonomy

- Many states moving toward full practice authority
- Reduced oversight requirements for PAs
- Recognition of safe top-of-license practice
- Driven by access-to-care needs

Tightening Med Spa Oversight

- Adverse events driving fast-tracked regulation
- Increased scrutiny of elective treatments
- Focus on IV therapy, injectables, advanced esthetics
- Tension: industry growth vs. patient safety

**\$17B+ industry | 10,000+ med spas | Growing \$1B+/year |
Regulation struggling to keep pace**

Sources: AmSpa (O'Brien), Apr. 2025; MAAC, Jun. 2025; AmSpa Industry Report, 2024

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Key Takeaways

- 1 BON rules apply, regardless of the practice setting, and have not changed.
- 2 Scope determination is an individual, non-delegable obligation. Rule 221.12 requires each APRN to independently assess whether a particular action is within their professional and individual scope — employer expectations do not substitute for this analysis.
- 3 Written protocols for medical aspects of care are a regulatory requirement. Rule 221.13 requires protocols to be jointly developed, signed by both the APRN and physician, reviewed annually, and maintained on-site.
- 4 Prescriptive authority is defined by the PAA. Rule 222.4 limits APRN prescribing to drugs and devices authorized by the PAA and within the APRN's population focus area.
- 5 Board action does not require patient injury. Under Rule 217.11, failure to meet minimum standards of practice is sufficient grounds for Board action.



Up Next: Disciplinary Trends

Lisa Bailey RN

RN Investigator, Texas Board of Nursing

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EXAMPLES OF MED SPA DISCIPLINE

RN- Owner of Med Spa in Parts Unknown, Texas

DISCIPLINE: WARNING WITH STIPULATIONS

FINDINGS OF FACT:

On or about September 7, 2023, while employed as a Registered Nurse and Owner of Med Spa, Parts Unknown, Texas, Respondent exceeded her scope of practice by administering therapeutic and/or corrective intravenous (IV) infusion for Patient 1 without a good faith medical exam, appropriate physician orders, and/or without adequate supervision. Instead, Respondent used protocols that did not contain patient-specific orders for treatment and/or documentation of patient-specific medical decision making regarding the appropriateness of the procedures.

CONCLUSIONS OF LAW:

The evidence received is sufficient to prove violation(s) of 22 TEX. ADMIN. CODE §217.11(I)(A),(I)(B),(I)(M),(I)(T)&(3)(A) and 22 TEX. ADMIN. CODE §217.12(1)(A),(B),(1)(E)&(4).



EXAMPLES OF MED SPA DISCIPLINE

Texas Medical Board Remedial Plan for Supervising Physician related to RN, Owner of Med Spa in Parts Unknown, Texas

FINDINGS:

For four patients, Respondent failed to perform physical examinations prior to patient treatment. Respondent, as the medical director of a med spa, failed to establish sufficient monitoring methods for his delegates who were performing intake exams without his involvement. Respondent does not admit or deny the Findings and Conclusions of Law contained herein but, rather, has agreed to settle in good faith to avoid the cost, expense, and uncertainty of litigation.

CONCLUSIONS OF LAW:

Section 164.051(a)(6) of the Act, as further defined by Board Rule 190.8(l)(C), authorizes the Board to take action against Respondent.



EXAMPLES OF MED SPA DISCIPLINE

APRN- Providing care for patients at 123 Spa, Everywhere, Texas

DISCIPLINE: REPRIMAND WITH STIPULATIONS

FINDING OF FACT:

On or about October 23, 2019, through November 21, 2019, while employed as an Acute Care Adult/Gerontology Nurse Practitioner with 123 Spa, Everywhere, Texas, Respondent practiced outside her authorized scope of practice in the role of Acute Care Adult/Gerontology Nurse Practitioner by performing suction-assisted lipectomy with tumescent lidocaine anesthesia for six patients without sufficient medical supervision given her licensure, training, and experience.

CONCLUSIONS OF LAW:

The evidence received is sufficient to prove violation(s) of 22 TEX. ADMIN. CODE §217.11(1)(T)&(4)(A) and 22 TEX. ADMIN. CODE §221.12 and §221.13.



EXAMPLES OF MED SPA DISCIPLINE

APRN- Owner of ABC Med Spa in Anywhere, Texas

DISCIPLINE: REPRIMAND WITH STIPULATIONS

FINDING OF FACT:

On or about October 25, 2021, through November 29, 2021, while employed as a Women's Health Nurse Practitioner with ABC Spa, Anywhere, Texas, Respondent ordered nonsurgical medical cosmetic procedures for Patient 2 without performing an adequate assessment of the patient in order to make a specific diagnosis; recommend appropriate treatment; and develop a written patient-specific treatment plan for the patient's condition including patient-specific dosing; instead, Respondent prescribed a compound of Phosphatidylcholine 5% and Deoxycholic acid 4.75% for the patient for injection into the submental, "bra fat," and abdominal area. The medications and medication combination are not approved for subcutaneous use. Subsequently, an unlicensed injector injected the patient in the lower abdomen with the compounded substance, and the patient experienced an adverse reaction resulting in an ulceration that required wound care and antibiotics. Additionally, Respondent failed to ensure that complete and accurate documentation regarding the procedures was entered into the patient's medical record by the injector.

CONCLUSIONS OF LAW:

The evidence received is sufficient to prove violation(s) of 22 TEX. ADMIN. CODE §217.11 (1)(A), (1)(B), (1)(M)&(4)(B), and 22 TEX. ADMIN. CODE §217.12(1)(A)&(4).



EXAMPLES OF MED SPA DISCIPLINE

APRN- Providing care for patients at Medical Spa, Somewhere, Texas

DISCIPLINE: REMEDIAL EDUCATION

FINDINGS OF FACT:

On or about August 11, 2019, and August 17, 2019, while employed as a Family Nurse Practitioner with Medical Spa, Somewhere, Texas, Respondent posted digital media regarding Patient 3 to a social media webpage. Specifically, Respondent posted a photo and video of Patient 3 to the social media webpage, before and after treatment, without authorization from the patient, patient's family and/or responsible party.

CONCLUSIONS OF LAW:

The evidence received is sufficient to prove violation(s) of 22 TEX. ADMIN. CODE §217.11 (I)(A),(I)(B)&(I)(E) and 22 TEX. ADMIN. CODE §217.12(1)(A),(I)(B)&(4).



Definitions

Nonsurgical Medical Cosmetic Procedures Definition prior to 01/09/2025

(3) Procedure--A nonsurgical medical cosmetic procedure, including but not limited to the injection of medication or substances for cosmetic purposes, the administration of colonic irrigations, and the use of a prescription medical device for cosmetic purposes.

[22 TAC §193.17\(b\)\(3\)](#)

After 01/09/2025- Texas Medical Board February 2025 bulletin announced:

“The revised rules also ensure that standards for medical spas now apply to all delegated medical acts, including IV Hydration therapy, in that delegating physicians must be trained or familiar with and able to perform these acts to the standard of care.”

- Dr. Zaafran, TMB President

Nonsurgical Medical Cosmetic Procedures Definition after to 01/09/2025

(1) nonsurgical medical cosmetic procedures, including but not limited to the injection of medication or substances for cosmetic purposes, the administration of colonic irrigations, and the use of a prescription medical device for cosmetic purposes; and

(2) using a device to administer for human consumption a nonprescription drug, dangerous drug, or controlled substance.

[22 TAC §169.25\(a\)\(1\) & \(a\)\(2\)](#)



Risk and Pitfalls

What to consider? TMB 22 TAC §169 Subchapter E Other Delegated Acts

❑ Availability of Provider

- Physician or physician assistant or advanced practice registered nurse must either be
 - Be on site during the procedure
 - Be immediately available for emergency consultation in the event of adverse outcome
 - If necessary, the physician must be able to conduct and emergency appointment with the patient

❑ Physician Training

- Physician must either be appropriately trained or be familiar and able to perform the delegated medical act according to the standard of care

❑ Orders- must include

- Identity of the delegating physician responsible for the procedure
- Selection criteria for screening patient
- A description of appropriate care
- Procedure for common complication serious injuries, or emergencies

❑ Documentation- at a minimum include:

- Reason for the encounter
- Assessment, clinical impression, and diagnosis
- Plan of care
- Communication with patient
- Late entries/ amendments clearly dated with identification of author



Risks and Pitfalls

Continued

- ❑ **Required prior to performance of nonsurgical medical cosmetic procedure (including IV hydration) a physician assistant or advanced practice registered nurse action under delegation of a physician muse:**
 - Establish a practitioner-patient
 - Complete and maintain an adequate medical record in accordance with Chapter 163
 - Disclose the identity and title of the individual who will perform delegated act

- ❑ **CPR Trained Personnel Availability- PA, APRN under the delegation of physician must:**
 - **Ensure at least one person trained in basic life support is present while the patient is on site**



Risks and Pitfalls

What to consider? Prescriptive Authority Agreement

❖ At a minimum:

- State name, date, and all professional license numbers
- State nature of the practice, practice locations, or practice settings
- Periodic meetings:
 - Take place once a month
 - Documented- including discussion of patient treatment and care, patient care plans, issues relating to referrals and discussion of patient care improvement
- Reviewed annually, dated and signed by the parties
- Made available to the Board or Texas Medical Board no later than the third business day after the receipt of the request from respective licensing board

22 TAC §222.5



Risks and Pitfalls

What to consider? Scope of Practice

- ❑ APRNs may only perform those functions that are within their Board authorized professional and individual scopes of practice for their role and population focus area

22 TEX. ADMIN. CODE §221.12 and §221.13

Pursuant to physician delegation, APRNs may engage in medical aspects of care. APRNs cannot create standing delegation orders for others to engage in medical aspects of care. Put simply, what is delegated to an APRN by a physician cannot be delegated by the APRN to others. However, APRNs may delegate nursing tasks in the capacity of a registered nurse consistent with Delegation Chapters 224 and 225, as appropriate.

In carrying out the delegated medical function, the nurse is expected to comply with the Standards of Nursing Practice just as if performing a nursing procedure. The Board's position is that a LVN or RN may carry out a delegated medical act if the following criteria are met:

- ❑ The nurse has received appropriate education and supervised practice, is competent to perform the procedure safely, and can respond appropriately to complications and/or untoward effects of the delegated medical act [refer to Standards in 22 TAC §217.11 (1)(C), (1)(G), (1)(M), (1)(N), (1)(R), and (1)(T)];
- ❑ The nurse's education and skills assessment are documented in his/her personnel record;
- ❑ The nursing and medical staffs have collaborated in the development of written policies/procedures/practice guidelines for the delegated acts, these are available to nursing staff practicing in the facility, and the guidelines are reviewed annually, if applicable;
- ❑ The procedure has been ordered by an appropriate licensed practitioner; and
- ❑ Appropriate medical and nursing support is available.

Practice - Texas Board of Nursing Position Statements 15.11 Delegated Medical Acts



Risks and Pitfalls

Social Media/HIPAA (The Health Insurance Portability and Accountability)

Respect the client's right to privacy by protecting confidential information unless required or allowed by law to disclose the information

22 TEX. ADMIN. CODE 217.11(1)(E)

Duty of a Nurse in Maintenance of Professional Boundaries

There is a power differential between the nurse and the patient. The patient depends on the knowledge of the nurse and relies on the nurse to advocate for the patient and to ensure actions are taken in the patient's best interest. The nurse has a duty to protect the patient including establishing and maintaining professional boundaries in the nurse-patient/client relationship. Under or over involvement can be harmful to the patient and may interfere with the nurse-patient relationship. Visualizing the two ends of the spectrum may assist the nurse in knowing, recognizing, and maintaining the professional boundaries of nurse-patient relationships.

Patients each have their own unique needs and abilities. The boundary line for any one particular patient may change over time and may not be the same as the boundary line for another patient. It is up to the nurse to assess the patient and recognize the patient's needs, adjusting the nursing care accordingly. Every nurse is responsible for knowing, recognizing, and maintaining the professional boundaries of the nurse-client relationship [Board Rule 217.11(1)(J)].

Practice - Texas Board of Nursing Position Statements 15.29 Professional Boundaries including Use of Social Media by Nurses



Conclusion

Are you compliant?

- ❑ Review your State's rules and regulations
- ❑ Review prescriptive authority agreements, protocols, standing delegation orders
- ❑ If you own a medical spa, review all staff's education/training
- ❑ Stay updated on regulations and best practices

Jennifer's Law HB3749- Focus on Elective Intravenous (IV) Therapy

- ❑ Only certain licensed professionals can insert the IV line and initiate treatment: a physician, an advanced practice registered nurse (APRN/NP), a PA, or a registered nurse (RN)



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