Past Event: 2026 APRN Roundtable - APRN-Run Med Spas: History, New Legislation, and Disciplinary Trends Video Transcript

Event
2026 APRN Roundtable

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- [Paul] Good afternoon. Today we're going to be talking about APRN-run med spas. We'll talk about the history, the legislation, both new and old in Texas, and then I'll hand it over to my compatriot, Lisa, to talk about the disciplinary trends here in Texas.

I'm glad you're all here with us today. My name is Paul Bradley. I'm an adult geroclinical nurse specialist, and I'm the lead consultant for nursing practice here at the Board of Nursing. We'll talk about a lot of things today, so if you have questions, make sure to put it in the chat or in the live Q&A.

By the end of this session, we should be able to trace the arc of the med spa industry from its origins, understand Texas-specific regulation, past and present, understand the events that led to Jennifer's Law, and understand the current state of play for APRNs working in med spas in Texas, and then we'll talk about the disciplinary trends related to those med spas.

The mission of the Texas Board of Nursing 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. This mission is derived from the Nursing Practice Act and supersedes the interest of any individual, the nursing profession, or any special interest group.

The med spa concept emerged in the late 1990s as a hybrid between traditional day spas and outpatient medical clinics. The major turning point came in 2002 when the FDA approved Botox for cosmetic use. That approval legitimized non-surgical cosmetic treatments and created significant consumer demand.

By 2004, there were about 500 med spas nationwide. By 2023, there were almost 10,500 in the U.S. The same 2023 report listed the average full-time APRN salary in a med spa as over $130,000, and this is in an industry with a revenue surpassing $17 billion a year, growing by more than $1 billion a year.

This rapid growth created regulatory challenge. Med spas operate at the intersection of medical practice and consumer services, and that regulatory framework hasn't always kept pace. Nationally, over a third of med spas are owned by non-medical individuals. In terms of regulation, at the federal level, you have HIPAA for privacy, OSHA for workplace safety, the FDA for the safety, efficacy, and labeling of medical devices and prescription drugs used in procedures, and the FTC, which protects consumers from deceptive health claims and enforces truth in advertising laws.

However, the primary regulatory authority rests at the state level, with medical practice acts, medical practice definitions, delegation rules, corporate practice of medicine doctrines, and licensing requirements. The result is a patchwork across all 50 states. Some states didn't establish specific licensure requirements for Botox until 2017, 15 years after FDA approval.

For newer technologies and devices, directly relevant guidance remains limited even in the largest med spa markets. In Texas, med spas may fall under the jurisdiction of multiple regulatory agencies, depending on the services they offer. The Texas Medical Board governs the practice of medicine, including physician delegation, rules, and the standards for nonsurgical cosmetic procedures and elective IV therapy.

The Texas Department of Licensing and Regulation oversees cosmetology, laser hair removal facility regulations, and related consumer protection functions. Chemical peels may fall under either or both, depending on the nature of the procedure. Permanent makeup is regulated by the Texas Department of State Health Services.

Teeth whitening falls under the Texas Board of Dental Examiners, and something like saunas may involve the Secretary of State's office, depending on the business structure. The point here is that a single med spa offering a range of services may have regulatory obligations to multiple state agencies simultaneously.

Understanding which agency governs which service is essential for both compliance, enforcement, and patient safety. Texas Medical Board Rule 193.17 was the foundation of Texas med spa regulation for years, prior to 2025. It established that nonsurgical cosmetic procedures, including neurotoxin injections, dermal fillers, and the use of FDA-approved devices constitute the practice of medicine.

The rule required several key elements. Patients had to receive an in-person evaluation, commonly referred to as a good faith exam, before any procedure could be performed. Physicians could then delegate the actual procedure to trained staff through standing delegation orders supported by written protocols.

Even when procedures were delegated, the physician remained fully responsible and vicariously liable for the care provided. Notably, the rule did not require physicians to be physically on-site during the procedures, only that they be available for emergency consultation. On January 9, 2005, the Texas Medical Board implemented a comprehensive rule restructuring.

Rule 193.17 was retired, and its provisions were redistributed into four rules under Chapter 169, Subchapter E The restructuring consolidated and streamlined the regulatory text. The new rules are approximately 50% shorter than the former rule.

One substantive change under the new framework, a PA or an APRN, can now serve in the role of being available on-site for emergency consultation, a function that was previously limited to physicians.

However, the physician must still be available by phone for emergency consultations. Let's shift from the Medical Board framework to the Board of Nursing, which has jurisdiction over APRN practice, and understanding that is an important context for this audience.

Board Rule 217.11 establishes the minimum standards of practice for all nurses. For APRNs, Board Rule 217.11 establishes the minimum practice standards for all nurses in Texas in any setting.

For APRNs, the relevant provisions include the duty to implement measures that promote a safe environment for clients, to accept only assignments that are within their educational preparation, experience, knowledge, and physical and emotional ability, and to supervise nursing care provided by others for whom they are professionally responsible.

Board Rule 221.12 is the Board's APRN Scope of Practice Rule. It establishes that APRNs may only perform functions within their Board-authorized professional and individual scopes of practice for their licensed role in population focus area. The rule identifies factors the Board considers when evaluating whether a particular action falls within scope, including whether the APRN received relevant training in their advanced educational program, whether the action is consistent with generally acceptable standards of care for their specialty, and whether they have demonstrable clinical competence to perform the action.

Rule 221.12(g) states explicitly that actions determined and have been performed outside of an APRN's authorized scope of practice may subject the APRN to discipline. Rule 221.13 addresses providing medical aspects of care. In Texas, APRNs must have written authorization mechanisms in place, protocols, or other written authorizations that are jointly developed by them with a delegating position.

These need to be signed by both parties, reviewed and re-signed at least annually, and maintained in the practice setting. Importantly, Subsection E of this rule makes it clear that the APRN retains professional accountability for the advanced practice nursing care they provide.

Board Rule 222.4 governs minimum prescribing standards. In Texas, APRNs may only prescribe or order drugs and devices that are authorized in their prescriptive authority agreement and only for patient populations within their scope of professional practice. This means that an APRN's prescriptive activity is directly tied to the scope, and not all products and treatments marketed for the med spa industry fall within every APRN's population focus.

I want to circle back to Board Rule 217.11.1(a), which says that all nurses are expected to know and conform to the Texas Nursing Practice Act and board rules and regulations, as well as all federal, state, and local laws and rules and regulations affecting the nurse's area of practice. So this can link back to the Texas Medical Board rules, HIPAA rules, OSHA rules, FDA, the FTC, etc.

and not following those rules could be a violation and trigger Board Rule 217.12, the unprofessional conduct rule. Now let's look at the tragic 2023 event that spurred legislative action in Texas. On July 10, 2023, Jennifer Cleveland, a 47-year-old mother of four, went to Lux Med Spa in Wortham, Texas, for an elective IV therapy treatment.

She had been a regular client and, according to reporting, had received weekly infusions at the facility. The infusion contained vitamin B complex, vitamin C, and TPN. TPN is not a solution that would typically be administered in a med spa environment, according to medical experts, due to the risk of electrolyte imbalance.

The infusion was administered by Amber Johnson, the spa's owner, who did not hold any medical or healthcare license. The medical director was Dr. Michael Patrick Gallagher, a Board-certified anesthesiologist in Frisco, Texas, which was 106 miles away from the facility.

It's worth noting for this audience that Dr. Gallagher's specialty is anesthesiology, and while this may work for physicians, in Texas, APRNs are expected to practice within their role and population focus. According to the timeline established through statements in the Texas Medical Board findings, Cleveland arrived approximately 10:55 a.m. to the facility.

At around 11:30 a.m., she reported difficulty breathing and chest tightness. Shortly after, she became unresponsive. Staff initiated CPR and contacted EMS. She was transported to Parkview Hospital in Mesilla, where she was pronounced dead at 12:24 p.m. The cause of death was listed as sudden cardiac death of uncertain ideology.

The autopsy stated that the administration of IV therapy could not definitively be ruled in or ruled out as contributory. The Texas Medical Board's investigation identified multiple regulatory failures at Lux Med Spa, each representing a violation of the requirements that were already in place under existing Texas law.

Johnson, who held no medical or healthcare license and was personally administering the IV infusions that contained prescription medications, he ordered TPN and other prescription solutions through a pharmacy that the account listed Dr.

Gallagher's credentials as medical director for the facility. Dr. Gallagher was present at Lux Med Spa on only three occasions, the grand opening on May 6th of 2023, once on June 10th of 2023, and then on July 10th, 2023, the day of Cleveland's death, although the third visit is in question.

The facility had no protocols, no policies, or standard operating procedures for IV therapy administration. No physician relationship had been established with Cleveland. The medical director agreement was unsigned, and there were no licensed health professionals of any kind that were present at the facility when IV treatments were being administered.

The Texas Medical Board issued a temporary suspension of Gallagher's license in October of 2023. Then in December of 2023, the suspension was amended to allow him to practice anesthesiology only with restrictions prohibiting him from supervising or delegating others. The criminal investigation was initiated by the Freestone County District Attorney and was transferred to the Texas Attorney General's Office in 2024, and the investigation is still ongoing.

As a result of this tragedy, on March 4th, 2025, Representative Angelina Orr filed House Bill 3749, referred to as Jennifer's Law. The bill originally contained provisions that extended well beyond the circumstances of the Cleveland case and raised significant scope of practice questions.

As originally filed, House Bill 3749 would have limited patient assessments, treatment planning, and supervisory functions in med spas exclusively to physicians, effectively removing APRNs and PAs from those roles in this practice setting, even though the functions were within their existing scope of practice under Texas law.

The bill would have also required a physician to be, "immediately available to be present" at all times. From a regulatory standpoint, this created an inconsistency. APRNs and PAs would have retained their full scope in every other clinical setting except for med spas. The bill generated significant response.

A recurring theme in the testimony from stakeholders was that the bill did not specifically target the failures identified in the Cleveland case, namely unlicensed individuals administering prescription treatments, absent physician oversight, and the noncompliance with existing delegation rules. The question was also raised whether restricting APRN and PA roles would negatively affect patient safety by reducing the number of qualified licensed professionals in these settings.

It was also noted during the testimony that Texas' current regulatory framework under the then new Chapter 169 rules, if consistently followed and enforced, already addressed many of the concerns that motivated the legislation.

Ultimately, a substitute version was introduced that narrowed the bill's scope significantly. The broad med spot oversight provisions were removed in the final version, and they were focused specifically on elective IV therapy. The revision of House Bill 3749 passed with broad bipartisan support and went into effect on September 1st of 2025.

First let's talk about scope. It applies only to elective IV therapy, which is defined as the administration of fluids, nutrients, medications, or blood products into a patient's bloodstream sought by the patient to alleviate symptoms of temporary discomfort or to improve temporary wellness and that is not administered in a physician's office or licensed health facility.

So think wellness bars, drip lounges, mobile IV services, and med spas. For ordering, only a physician can prescribe, but that authority can be delegated to PAs or APRNs under adequate supervision.

Note that adequate supervision is not defined in the law, which can create some ambiguity. For administration, physicians can delegate to PAs, APRNs, or RNs. Notably, LVNs, paramedics, and unlicensed personnel are excluded. This is stricter than the other general Texas delegation rules.

The on-site requirements mirror what is already in Chapter 169 of the Medical Board Rules. There needs to be a BLS-trained person on-site. The supervisor has to be available, etc. The same goes for the written protocols and notice requirements that also align with the existing Texas Medical Board standards.

So where do we stand today? For cosmetic injections, neurotoxins, dermal fillers, and similar procedures, there have been no statutory changes. Texas Medical Board Chapter 169 and the delegation framework under Chapter 157 of the Texas Occupations Code remain the governing authority.

The scope of practice for APRNs in these settings, including prescriptive authority, conducting good faith exams, and providing supervision has not been altered. What changed was the regulatory framework for elective IV therapy. Under Jennifer's Law, elective IV therapy administered outside of a physician's office and licensed health facilities must now be performed by a PA, APRN, or RN under physician delegation.

Unlicensed individuals, LVNs, EMTs, and paramedics are explicitly excluded from administering these treatments. One ongoing challenge is that there's still confusion among practitioners about what the current law actually requires, particularly given that Senate Bill 378, the Botox Party Bill, received significant media attention before being vetoed by the governor.

Ensuring that licensees understand the current regulatory framework is important going forward. Under Rule 221.12, scope of practice determination is an individual obligation that cannot be delegated or waived by employer direction, business models, or even the structure of a physician's standing delegation order.

Before performing any procedure in any setting, the APRN must independently assess whether it falls within their board-authorized role and population focus area, whether it is consistent with generally acceptable standards of care for their specialty, and whether they have demonstrable clinical competence to perform the task.

Rule 221.13 warrants particular attention. The written protocol requirement is not a formality. It is a regulatory obligation that identifies the specific mechanism through which an APRN may provide the medical aspects of care. Rule 224 adds a prescribing dimension to this picture, and because the prescriptive authority in Texas is tied to the prescriptive authority agreement, the range of drugs and devices an APN may or may not prescribe is constrained by this document.

Finally, Rule 217.11.(1)(t) holds that all nurses must accept only assignments that take into consideration client safety and that are commensurate with their educational preparation, knowledge, and experience. It's worth placing the Texas experience in a broader national context.

Two parallel trends are relevant to boards of nursing and medical boards across the country. First, many states continue to move toward expanded practice authority for APRNs and PAs, reducing collaborative or supervisory requirements. At the same time, adverse events in med spas and elective wellness settings have prompted a number of states to enact new oversight requirements, particularly around IV therapy, injectables, and delegation of these kinds of procedures.

These two trends don't necessarily conflict, but they do present regulatory challenges. Let me close with the BON's perspective of what this means for APRNs practicing or considering practicing in a med spa setting in Texas. First, the rules we've discussed today do not require new obligations for APRNs. Rules 217.11, 221.12, 221.13, and 222.4 have been in place and remain in effect.

Second, scope of practice determination in a med spa setting involves genuine complexity. So an APRN whose population focus is family or individual across the lifespan and whose training includes pharmacology and minor procedures may have a defensible basis for certain cosmetic treatments under Rule 221.12.

However, a psych mental health NP may not have a comparable basis for the procedure they encountered only in a post-licensure commercial training. This distinction matters. Board Rule 221.13 requires a jointly-developed and currently-signed and annually-reviewed collaborative agreement.

Fourth, the prescriptive authority framework under Rule 222.4 imposes a constraint that a med spa business model may obscure. An APRN practicing in a med spa setting is not authorized to order or prescribe anything that is not consistent with their prescriptive authority agreement and that is not consistent with the APRN's population focus and their professional scope of practice.

Where IV formulations, novel injectables, and off-label applications are involved, APRNs should assess the prescribing authority question independently. Finally, I'm going to wrap up my section by reminding you that board action does not require patient injury. Failure to meet minimum standards of practice is sufficient grounds for board action, which Lisa will talk about next.

I'm looking forward to hearing your questions and I'll hand it over to Lisa. Take it away, Lisa.

- [Lisa] Thanks, Paul. I have really enjoyed collaborating with you on this presentation. Thank you to Megan and Emily and the NCSPN team for inviting us to be a part of the round table today. Once more, my name is Lisa Bailey and I am part of the amazing team of investigators at the Texas Board of Nursing and I appreciate their assistance with today's presentation.

If you have any questions during my presentation, feel free to add to the live Q&A box. I look forward to hearing what your state is doing and how things are going in your part of the world. And now we are going to jump right in to some examples of med spall disciplinary action. In the next few slides, I will be sharing examples of med spa and elective IV hydration therapy public disciplinary actions that we see during our investigations, which typically involve scope of practice violations, inadequate physician supervision, and missing or incomplete documentation.

I do want to note as of today, I do not have a specific example of public discipline related to Jennifer's Law, but I have recently begun to receive complaints to review the specifically referenced Jennifer's Law violations. So with that, we are going to look at our first example, which is a practice violation.

This is an RN who provided mobile IV infusions to patients in the patients' homes. However, the physician did not complete assessments or good faith exams prior to the infusions, and the nurse did not have patient-specific physician orders or care plans prior to administering the IV infusions, leaving the medical decision making up to the nurse.

So in this case, the supervising physician also received a remedial plan from the Texas Medical Board for failing to provide physical examinations prior to patient treatments and failing to sufficiently monitor his delegates. So in this next example, this is an APRN who practiced outside of her scope by performing a surgical procedure with anesthesia, had no documented competency, no surgical privileges or credentialing, and no emergency procedures in place for this procedure.

So this next example, there were multiple findings of violations, which included scope of practice issues, failing to follow facility protocols, failing to appropriately supervise delegated treatments, and missing documentation. In this case, the APRN ordered a non-surgical cosmetic procedure for the patient without performing assessments, without making a diagnosis or recommendations for appropriate treatment, or developing a written treatment plan as required.

She prescribed a combination of medications to be compounded, which were not approved for subcutaneous use. The APRN also delegated this procedure to an unlicensed person who injected the patient and failed to document the treatment in the medical record.

Unfortunately, this patient experienced adverse reaction resulting in an ulceration that required wound care and antibiotics to treat. The supervising physician related to this case also received disciplinary order from the Texas Medical Board, which stated that he failed to meet standard of care, did not adequately delegate or supervise, failed to keep adequate medical records, cited that patient number one suffered from complications from receiving a non-FDA approved compound injection for abdominal fat loss.

The physician was also cited for falsely advertising the non-FDA approved medication. In our last example, this is a HIPAA violation related to the use of social media advertising purposes for the APRN's medical spa business.

In this example, the APRN failed to obtain a signed or documented consent for the APRN to use the patient's pictures or videos of the procedure on her personal and business social media sites. For each of these examples that I've shared with you today, the nurses involved were either unaware of the rules and regulations or thought they were adhering to them.

So, I know most of you today have your ducks in a row and all the updated laws, rules, and regulations we discussed earlier, but some of you may be feeling the tangled [inaudible] knot in Paul's earlier slide. So let's dig in a little deeper in the updated definitions, regulations, and frequently observed violations that come up during nursing investigations.

Throughout the course of investigations, there have been diverse opinions regarding whether elective IV therapy constitutes a medical procedure that is as of January 2025, the Texas Medical Board President has addressed concerns regarding med spas offering IV hydration services, stating these services are indeed medical procedures or treatments as outlined in the February 2025 Texas Medical Board Bulletin, which clarifies and updates the rules and regulations.

So, with the definition and rule clarification in 2025, the question was answered. IV hydration falls under TMB Chapter 169, Subchapter E of their delegated acts. So with these updated rules and regulations we have discussed today, how can your med spa practice mitigate the common pitfalls and risks that often emerge during complaint investigations?

Let's start by reviewing some of the new updated rules and regulations that apply to med spa practices in TMB Chapter 169. During an investigation, here are some of the questions and documents that we might be asking for. Does your medical spa have a process in place to provide emergency appointment with the physician if needed for the patient?

Do you have documentation to show the physician's training or competency for the delegated services you currently provide? Do your orders contain the identity of the delegating physician responsible for procedure or listed procedures for common complications, serious injuries, or emergency procedures? And just a pause on documentation, since we see this so frequently in our findings during our investigation, it is worth noting that the retention for the medical records in TMB 163 is seven years from the last patient encounter.

And one observation that is becoming more and more frequent during investigations are APRNs who partner with companies offering membership services or packages, including medical directors, medication and supplies, as well as the electronic health record platforms which APRNs frequently encounter difficulties accessing physician delegation agreements and medical records from companies which they are no longer associated with.

To another common issue we see during investigations is that APRNs either cannot provide a copy or do not have a prescriptive authority agreement in place or the prescriptive authority agreements do not meet the minimum standards. Okay, so just pausing here to review some frequently missed components of the agreement.

Does your agreement have names, dates, and professional license numbers, practice locations, practice settings listed? Are your agreements annually reviewed, dated, signed by both the parties? Have you submitted your agreement to the Texas Medical Board? And last but not least, do you have documented monthly meetings with your supervising physician, including discussion of process improvement for patient care?

Another observation during investigation that we commonly see is supervising physicians who are licensed in Texas but live and work in other states who are not familiar with Texas rules and regulations. However, the APRN is still required to meet the minimum standards of prescriptive authority agreements. The next item that we're going to talk about, which is scope of practice, and as you've seen in the above examples, scope of practice is noted in most findings from medical spas.

Paul discussed earlier about the requirements for scope of practice, however, just wanted to note some frequent findings during investigations. APRNs failing to provide care within their authorized professional scope, missing documentation of additional training for procedures and treatments that are provided at the spa, failing to have standing orders, protocols, prescription authority agreements that are annually reviewed to cover procedures and treatments that are being provided at the medical spa, and failing to appropriately supervise delegated treatments and procedures to licensed and unlicensed staff.

Another area that we frequently see in our investigations is social media. Social media is frequently used by nurses to advertise their medical spas and utilize coworkers and friends. So this is just a friendly reminder here, all patients receiving procedures or treatments are held to the same regulatory rules, regulations, no matter your relationship with the patient.

And our education team has a great position statement on this topic, highlighting the importance of every nurse is responsible for knowing, recognizing, and maintaining professional boundaries. Wrapping up, you own or work at a medical spa. Does your medical spa practice fulfill all the conditions to meet compliance with your state rules and regulations?

And for Texas providers, are you in compliance with Jennifer's law? While it is true that TMB 169 and Jennifer's law share some similarities, the main difference is that only physicians, APRNs, PAs, and RNs can initiate and administer IV therapy. I know we've focused on Texas rules and regulations today, but I encourage you to review your state's rules and regulations.

Your board's website has multiple resources and educational opportunities, and I encourage you to take advantage of your state board resources. This concludes our presentation. Thank you again for giving Paul and I time to participate in today's discussion and keeping patient safety at the center. We will now open it up for your comments and your questions.

I look forward to hearing your experiences in the various states. Thank you.

- [Emily] Hello. Hi, Paul. Hi, Lisa. Thank you for joining us this afternoon.

- Thank you.

- That was a lot of great information about med spas that you shared with us. So kicking us off with our live Q&A here, I'll kind of refer to you first, Paul. You mentioned some disciplinary trends that are seen at the Texas Board of Nursing. Can you speak to kind of where these sort of complaints or reports are originating from? Is that coming from patients themselves?

Is that coming from other providers or is that coming from any other external parties?

- It really runs the gamut as far as where they originate from. Obviously, if there is patient injury, we see many of the complaints coming directly from the patient.

We have, however, seen a lot of competitor-prompted complaints where someone will work for one facility and then maybe go off on their own and start their own business. Then somebody from their previous facility will get mad because they're taking patients and then file complaints. And as we get into it, and Lisa could speak more to the investigatory process on that, but a lot of times we may find that those complaints are unfounded.

- Thanks, Paul. Lisa, do you have anything to add?

- No, I will just say that due to the recent publicity of Jennifer's Law and the outcome of the law, we are getting more complaints just in general because people are more aware of an issue.

- Sure. So that has raised awareness and so then the public or other people have come forward, correct? Correct. Correct.

- Gotcha. So, to you, Lisa, in the state of Texas, can non-pharmacists such as nurses or APRNs or physicians compound or mix IV therapy?

- That is more of a pharmacy role in the state of Texas. They can be trained, obviously, in that and especially in the hospital setting. But I'm going to defer that to Paul on what the nurse consultant realm has to say about that.

- So, like Lisa said, it very much depends on the setting and what's being compounded as far as whether a nurse can do that. In addition to what they're compounding, you also have to take into account the pharmacy requirements for safety equipment, hoods, mixing environments, and things like that.

You've heard anecdotal tales of non-sterile mixing environments and things like that from med spas, not necessarily related to nursing since they used to employ unlicensed personnel as well. But the short answer is it depends.

- Exactly.

- Thank you very much. So I'll start with you, Paul. What is it considered when the Texas Board of Nursing reviews the competency or any educational preparation for doing injections or cosmetic procedures or administering IV fluids?

- So it all depends on essentially the quality of the education. I know that we see a lot of times and typically we'll see an uptick in questions related to, you know, does this expand my scope?

When these rolling road shows come through town and they're like, you know, come spend $300 in the weekend and we'll teach you how to do this. If a complaint were to arise from someone with training from that environment, we would look at what all the training entailed, who was providing it, whether it's a manufacturer training or just somebody that thinks they know what they're doing, because those certification type things aren't necessarily regulated by any one entity.

We'd have to dig deep into what they were trained on, how they were trained, how their competency at the training was verified, things of that nature.

- Thank you, Paul. Lisa, do you have anything to add to that when looking at the different competencies or certifications that people are getting?

- Only to say that we do look now, especially in Texas Medical Board has advised that their medical provider or the supervising physician also has some type of a competency or training in whatever procedures or treatments that are being provided at the facilities. So that does somewhat impact as well as just who is supervising and what, have they been checked off and what are they competent in providing for sure.

- Gotcha. Thank you, Lisa. This next question is from one of our audience members is, do you have any, some of these clinics are big financial generators, right? So a lot of money coming in due to the people that are giving and receiving these services.

Is any of that taken into consideration when figuring out any monetary fines that are given to these companies? And I think we can start with Lisa.

- Yes, I would just say each case is considered individually, case-by-case basis. And of course it goes through multiple review processes and legal review, etc. So I can't, I wouldn't say that each one has a trend towards one thing or another.

It's just going to depend on the level of patient harm, the trend or the frequency that this is happening, etc. So I think it's going to be a case by case basis on that.

- Okay. Thank you, Lisa.

- I'll just chime in that the fines wouldn't necessarily be related to how much the facility brings in. It will be based on the...if there were fraudulent activity, say if, you know, a nurse practitioner or APRN was advertising services that they weren't qualified for, deceiving the public and then profiting off of that, that would cause an increase in the fine that was proposed for the violation.

- That makes sense. And back to kind of what Lisa was saying on a case-by-case basis. Is there any changes when the APRN is both the owner and the clinical provider at that particular practice? And I'll kind of pose this question to you, Paul.

- So when you're the owner and operator and provider at a clinic, then you're going to have to pay more close attention to the rules as far as delegation and supervision of unlicensed personnel because any activity that they're doing, you're going to be responsible for as well.

So you need to make sure that you're in Texas, you're up to speed on the delegation rules, 222 and 220 or, sorry, 224 and 225. These would mainly fall under the acute care, acute condition delegation rules because you would typically be doing these in an independent environment so it would be 224.

But you definitely need to pay attention to who you're supervising and what you're delegating to.

- Absolutely. Lisa, this question would be for you. And Paul, feel free to chime in as well. Are there any rules around or regulation around the good faith exam in the state of Texas for people that are coming to these clinical sites?

- Yes, that falls under TMB 169, Subchapter E. It specifically states, you know, there has to be a relationship with the provider and the patient prior to administration with the minimum standard of what's documented. It's very, definitely very specific in that rule, what needs to happen prior to the procedures or the treatments.

- Thank you, Lisa. And this last question is for you, Paul. Talked about private membership associations and they have been marketing pretty aggressively in this space of medical spas and IV hydration clinics. Has the Texas Board of Nursing taken a formal position on this and how do you communicate that to your licensees?

- The short answer is being part of a PMA or private membership association, it doesn't shield the, or... You still have to follow the rules. You still have license or oversight. The nursing practice act, the board rules still apply regardless of how your business is organized, whether it's a publicly traded company or a private membership association.

So we've had, we've got a current case that we're dealing with a PMA and we'll see how that turns out in the near future. But yeah, the board stance is the rules and regs still apply. Patient safety is paramount.

- So what I'm hearing is the bottom line is know your scope of practice for the state that you are practicing in and follow the rules. Correct?

- Absolutely.

- Well, thank you, Paul. And thank you, Lisa. We really appreciate having you here today and sharing all of this great information about what Texas has done in this space of medical spas and hydration clinics.