



Medical Spa Services Frequently Asked Questions DRAFT 6-6-25

This document is intended to assist in interpretation of Alaska statutes and regulations regarding various medical spa services. This draft will be reviewed from time to time by the [Medical Spa Services Work Group](#), then circulated to relevant professional licensing boards for final approval prior to publication. This work draft should not be relied upon as a final interpretation or alternative to the law. Certain regulations are included below; always review the entirety of statutes and regulations of the appropriate programs and seek attorney assistance when needed.

MEDICAL DIRECTOR AND CLINIC OVERSIGHT

- **What is a medical spa?**

A “medical spa” is not a term specifically recognized in Alaska law, though the services rendered and personnel performing them may be regulated by one or more professional licensing boards. For the purpose of this FAQ, a “medical spa” is a popular term of art describing a clinic where medical procedures and services may be delivered, albeit in a more casual or consumer-focused setting than a traditional clinic and potentially alongside nonmedical services. Medical spas themselves are not specifically regulated as a unique *entity* by the state, though licensees advertising or performing medical or esthetics services and procedures are. A medical facility regulated by the [Department of Health](#) that offers medical spa services may have additional requirements than those outlined in this FAQ.

The term “medical spa services” is also not specifically defined in Alaska law. For the purpose of this analysis, examples of medical spa services include, but are not limited to, all aspects of oversight, diagnosis, prescription, administration, and follow-up care for elective cosmetic and wellness-related medical activities if performed outside a traditional medical setting. Some of the services reviewed by the [Medical Spa Services Work Group](#) are discussed below.

- **Who may serve as the “medical director”?**

“Medical director” is not a term specifically found in Alaska law. Within this context, a medical director is considered anyone who has the legal authority to supervise or delegate medical or nursing activities: A physician or physician assistant licensed by the [Alaska State Medical Board](#) or an advanced practice registered nurse licensed by the [Alaska Board of Nursing](#) and operating within a population focus with a lifespan scope. An APRN may not practice outside of their designated population focus.

A person serving as the medical director of a spa or clinic providing services requiring professional licensure takes on the responsibility of ensuring delegation is appropriate under state law and within their own scope of practice, including ensuring the appropriateness of any licensing, training, and education of persons to whom they are delegating.

A registered nurse, licensed practical nurse, chiropractor, dentist, physical therapist, massage therapist, EMT, paramedic, or other licensed health care provider may not evaluate, diagnose, determine, or

delegate treatment for a patient in a general medical spa or IV hydration clinic setting. Refer to the individual scopes of practice for these licenses and certifications.

- **What services may a physician or physician assistant delegate, and what are those requirements?**
12 AAC 40.967(32) prohibits a Medical Board licensee from permitting patient care that includes administering a botulinum toxin or dermal filler, autotransplanting biological materials, or treating with chemical peels below the dermal layer, or hot lasers, by a person who is not an appropriate health care provider trained and licensed under AS 08 to perform the treatment.

Otherwise, if a licensee with the ability to delegate determines the procedure can be delegated and the licensee and the person to whom they are delegating meet the qualifications--both of which as determined within reason by the licensee under statute or regulation--then the delegation is permissible.

What procedures are *permissible and not permissible* to be delegated are spelled out at 12 AAC 40.920(e) and (f):

(e) Routine medical duties that may be delegated to another person under the standards set out in this section means duties that

- (1) occur frequently in the daily care of a patient or group of patients;
- (2) do not require the person to whom the duty is delegated to exercise professional medical knowledge or judgment;
- (3) do not require the exercise of complex medical skills;
- (4) have a standard procedure and predictable results; and
- (5) present minimal potential risk to the patient.

(f) Duties that require the exercise of professional medical knowledge or judgment or complex medical skills may not be delegated. Duties that may not be delegated include

- (1) the assessment of the patient's medical condition, and referral and follow-up;
- (2) formulation of the plan of medical care and evaluation of the patient's response to the care provided;
- (3) counseling of the patient and the patient's family or significant others regarding the patient's health;
- (4) transmitting verbal prescription orders, without written documentation, from the patient's health care provider;
- (5) duties related to pain management and opioid use and addiction;
- (6) the initiation, administration, and monitoring of intravenous therapy, including blood or blood products;
- (7) the initiation administration, and monitoring of procedural sedation;
- (8) assessing sterile wound or decubitus ulcer care;
- (9) managing and monitoring home dialysis therapy;
- (10) oral tracheal suction;
- (11) medication management for unstable medical conditions requiring ongoing assessment and adjustment of dosage or timing of administration;
- (12) placement and administration of nasogastric tubes and fluids;
- (13) initial assessment and management of newly-placed gastrostomy tubes and the patient's nutrition; and
- (14) the administration of injectable medications, unless
 - (A) it is a single intramuscular, intradermal, or subcutaneous injection, not otherwise prohibited under 12 AAC 40.967(33); and
 - (B) all other provisions of this section are met; and
 - (C) the delegating physician, podiatrist, osteopath, or physician assistant is immediately available on site.

The circumstances under which delegable procedures may be delegated, how the unlicensed practice must be supervised, and how a medical director makes those assessments are substantially addressed for medicine at 12 AAC 40.920(a) – (d):

(a) A physician, podiatrist, osteopath, or physician assistant licensed under AS 08.64 may delegate the performance of routine medical duties to an agent of the physician, podiatrist, osteopath, or physician assistant, if the following conditions are met:

- (1) the duty to be delegated must be within the scope of practice of the delegating physician, podiatrist, osteopath, or physician assistant;
- (2) a licensed physician, podiatrist, osteopath, or physician assistant must assess the patient's medical condition and needs to determine if a duty for that patient may be safely delegated;
- (3) the patient's medical condition must be stable and predictable;
- (4) the person to whom the duty is to be delegated has received the training needed to safely perform the delegated duty, and this training has been documented;
- (5) the delegating physician, podiatrist, osteopath, or physician assistant determines that the person to whom a duty is to be delegated is competent to perform the delegated duty correctly and safely and accepts the delegation of the duty and the accountability for carrying out the duty correctly;
- (6) performance of the delegated duty would not require the person to whom it is delegated to exercise professional medical judgment or have knowledge of complex medical skills;
- (7) the delegating physician, podiatrist, osteopath, or physician assistant provides to the person, with a copy maintained on record, written instructions that include
 - (A) a clear description of the procedure to follow to perform each task in the delegated duty;
 - (B) the predicted outcomes of the delegated task;
 - (C) procedures for observing, reporting, and responding to side effects, complications, or unexpected outcomes in the patient; and
 - (D) the procedure to document the performance of the duty in the patient's record.

(b) A physician, podiatrist, osteopath, or physician assistant who has delegated a routine duty to another person shall provide appropriate direction and supervision of the person, including the evaluation of patient outcomes. Another physician, podiatrist, osteopath, or physician assistant may assume delegating responsibilities from the delegating physician, podiatrist, osteopath, or physician assistant if the substitute physician, podiatrist, osteopath, or physician assistant has assessed the patient, the skills of the person to whom the delegation was made, and the plan of care. Either the original or substitute delegating physician, podiatrist, osteopath, or physician assistant shall remain readily available for consultation by the person to whom the duty is delegated, either in person or by telecommunication.

(c) The delegation of a routine duty to another person under this section is specific to that person and for that patient, and does not authorize any other person to perform the delegated duty.

(d) The physician, podiatrist, osteopath, or physician assistant who delegated the routine duty to another person remains responsible for the quality of the medical care provided to the patient.

In every consideration of delegation, the delegating physician or physician assistant must decide what constitutes appropriate professional judgment as it pertains to their interpretation of these cited regulations. The AMA Code of Ethics adopted by reference by the Medical Board at 12 AAC 40.955 provides useful guidance as to what appropriate professional judgment looks like in a medical director who is licensed under AS 08.64.

- **What services may an advanced practice registered nurse delegate, and what are those requirements?**

If a licensee with the ability to delegate determines the procedure can be delegated and the licensee and the person to whom they are delegating meet the qualifications--both of which as determined within reason by the licensee under statute or regulation--then the delegation is permissible.

The board has formally adopted a regulation regarding scope of practice that generally refers to activities allowable by an APRN, in addition to other requirements pertaining to licensure in the APRN's population focus, prescriptive authority, etc.:

12 AAC 44.430. SCOPE OF PRACTICE. The board recognizes advanced and specialized acts of nursing practice as those described in the scope of practice statements published by national professional nursing associations recognized by the board for advanced practice registered nurses certified by the national certification bodies recognized by the board.

The procedures that are *permissible* to be delegated to unlicensed persons are fairly well spelled out in 12 AAC 44.955, .960, .965, .966, .970, .975.

The circumstances under which delegable procedures may be delegated, how the unlicensed practice must be supervised, and how an APRN makes those assessments are substantially addressed for nursing at 12 AAC 44.950 and .975.

12 AAC 44.950. Standards for delegation of nursing duties to other persons

(a) A nurse licensed under AS 08.68 may delegate the performance of nursing duties to other persons, including unlicensed assistive personnel, if the following conditions are met:

- (1) the nursing duty to be delegated must be within the scope of practice of the delegating nurse;
- (2) a registered nurse must assess the patient's medical condition and needs to determine if a nursing duty for that patient may be safely delegated to another person;
- (3) the patient's medical condition must be stable and predictable;
- (4) the person to whom the nursing duty is to be delegated has received the training needed to safely perform the delegated duty, and this training has been documented;
- (5) the nurse determines that the person to whom a nursing duty is to be delegated is competent to perform the delegated duty correctly and safely and accepts the delegation of the duty and the accountability for carrying out the duty correctly;
- (6) performance of the delegated nursing duty would not require the person to whom it was delegated to exercise professional nursing judgment or knowledge or complex nursing skills;
- (7) the nurse provides to the person, with a copy maintained on record, written instructions that include
 - (A) a clear description of the procedure to follow to perform each task in the delegated duty;
 - (B) the predicted outcomes of the delegated nursing task;
 - (C) how the person is to observe and report side effects, complications, or unexpected outcomes in the patient, and the actions appropriate to respond to any of these; and
 - (D) the procedure to document the performance of the nursing duty in the patient's record.

(b) A nurse who has delegated a nursing duty to another person shall provide appropriate direction and supervision of the person, including the evaluation of patient outcomes. Another nurse may assume delegating responsibilities from the delegating nurse if the substitute nurse has assessed the patient, the skills of the person to whom the delegation was made, and the plan of care. Either the original delegating nurse or the substitute nurse shall remain readily available for consultation by the person, either in person or by telecommunication.

(c) The delegation of a nursing duty to another person under this section is specific to that person and for that patient, and does not authorize any other person to perform the delegated duty.

(d) The nurse who delegated the nursing duty to another person remains responsible for the quality of the nursing care provided to the patient.

12 AAC 44.955 Delegation of routine nursing duties

(a) Routine nursing duties may be delegated to another person under the standards set out in 12 AAC 44.950. Routine nursing duties are those that

- (1) occur frequently in the daily care of a patient or group of patients;
- (2) do not require the person to whom the duty is delegated to exercise professional nursing knowledge or judgment;
- (3) do not require the exercise of complex nursing skills;
- (4) have a standard procedure and predictable results; and

- (5) present minimal potential risk to the patient.
- (b) Routine nursing duties that may be delegated include
 - (1) monitoring bodily functions;
 - (2) taking and recording vital signs;
 - (3) transporting patients;
 - (4) non-invasive collection and testing of physical specimens;
 - (5) measuring and recording fluid and food intake and output; and
 - (6) personal care tasks such as bathing, oral hygiene, dressing, toileting, assisting with eating, hydrating, and skin care.

12 AAC 44.960 Delegation of specialized nursing duties

(a) Specialized nursing duties are those duties that do not require professional nursing education to correctly perform, but require more training and skill than routine nursing duties. Specialized nursing duties may be delegated to another person under the standards set out in 12 AAC 44.950.

- (b) Specialized nursing tasks that may be delegated include
- (1) changing simple, nonsterile dressings using aseptic technique when no wound debridement or packing is involved;
 - (2) assisting patients with self-medication;
 - (3) obtaining blood glucose levels;
 - (4) suctioning of the oral pharynx;
 - (5) providing tracheostomy care in established, stable patients;
 - (6) removal of internal or external urinary catheters;
 - (7) adding fluid to established gastrostomy tube feedings and changing established tube feeding bags; and
 - (8) placing electrodes and leads for electrocardiogram, cardiac monitoring, and telemetry.
- (c) A nurse who delegates a nursing duty to another person under this section shall develop a nursing delegation plan that describes the frequency and methods of evaluation of the performance of the delegated duty by the other person. The delegating nurse shall evaluate a continuing delegation as appropriate, but must perform an evaluation on-site at least once every 90 days after the delegation was made. The delegating nurse shall keep a record of the evaluations conducted.

12 AAC 44.970. Nursing duties that may not be delegated.

Nursing duties that require the exercise of professional nursing knowledge or judgment or complex nursing skills may not be delegated. Nursing duties that may not be delegated include

- (1) the comprehensive assessment of the patient by a registered nurse, and referral and follow-up;
- (2) the focused assessment of the patient by a licensed practical nurse;
- (3) formulation of the plan of nursing care and evaluation of the patient's response to the care provided;
- (4) health education and health counseling of the patient and the patient's family or significant others in promoting the patient's health;
- (5) receiving or transmitting verbal, telephone, or written orders from the patient's health care provider;
- (6) the initiation, administration, and monitoring of intravenous therapy, including blood or blood products;
- (7) providing and assessing sterile wound or decubitus ulcer care;
- (8) managing and monitoring home dialysis therapy;
- (9) oral tracheal suction;
- (10) medication management for unstable medical conditions requiring ongoing assessment and adjustment of dosage or timing of administration;
- (11) placement and administration of nasogastric tubes and fluids;
- (12) initial assessment and management of newly-placed gastrostomy tubes and the patient's nutrition;
- (13) except as provided in 12 AAC 44.966, the administration of injectable medications.

12 AAC 44.975. Exclusions

The provisions of 12 AAC 44.950 – 12 AAC 44.970 apply only to the delegation of nursing duties by a nurse licensed under AS 08.68; they do not apply when nursing duties have not been delegated, including when a person is acting

- (1) within the scope of the person’s own license;
- (2) under other legal authority; or
- (3) under the supervision of another licensed health care provider.

In every consideration of delegation, the delegating physician or physician assistant must decide what constitutes appropriate professional judgment as it pertains to their interpretation of these cited regulations. In addition to the statutes and regulations of the board, we can usually turn to the code of ethics adopted by the board in regulation as an additional standard. The Board of Nursing has not officially adopted a code of ethics in regulation; however, nurses informally lean on codes published by national nursing associations that generally echo the same principles.

Note that 12 AAC 44.770 spells out unprofessional conduct, including a list of examples. Nursing conduct that could adversely affect the health and welfare of the public constitutes unprofessional conduct under AS 08.68.270(7).

- **Does the medical director need to be onsite? When is telemedicine allowed?**

The medical director must remain readily available for consultation by the person to whom the duty is delegated, either in person or by telecommunication. An initial consultation with a patient may happen via telecommunication. During medical procedures, a person with the appropriate level of licensure to perform the procedure and manage emergencies according to established facility protocols should always be onsite. Medical director should be immediately available (by phone or text) in case of complications.

- **Who can perform patient evaluations, diagnose conditions requiring treatment, and make treatment recommendations?**

A physician, physician assistant, or advanced practice registered nurse may evaluate patients, perform diagnoses, and make recommendations for treatment. Registered nurses, licensed practical nurses, medical assistants, and other persons with appropriate training may be delegated certain functions relating to patient intake, such as performing an interview regarding symptoms and medical history and taking vital signs. This information helps inform the physician, physician assistant, or advanced practice registered nurse in performing their patient evaluation.

Although medical spas may offer services that are not medically necessary, or they may consider themselves “wellness”—rather than medical—institutions, the medical cosmetic procedures and hydration services they provide fall under the delivery of medical or nursing services and are regulated by the State Medical Board and Board of Nursing.

- **Who can obtain, prescribe, administer, or dispense prescription medicines and products?**

A licensee with prescriptive authority and who is practicing within their scope, such as a physician, physician assistant, or advanced practice registered nurse. Delegation requirements are spelled out in the statutes and regulations of each board. A dentist may do so within the practice of dentistry, which does not include most esthetics procedures.

Standing orders are unique to each patient. They may not be generally given for a class or group of patients. Any changes to an individual’s standing orders must include evaluation and written changes by the medical director or other provider in the practice who is an Alaska-licensed physician, physician assistant, or advanced practice registered nurse.

- **What are the requirements for medical recordkeeping, HIPAA, etc.?**

Medical spas and hydration clinics must adhere to all recordkeeping standards relevant to the practitioner's license, state and federal laws, and other standards that may apply to their individual situations, such as insurance requirements. Each facility should have a written protocol for recordkeeping.

- **What is the legal risk for a medical director?**

The risk is the same as it would be for any practitioner within any other medical practice. If a licensee delegates authority to another person, they also assume the risk associated with actions by that individual. If the medical director is also the owner of the facility, additional liabilities regarding the workplace or public access may apply.

Any facility where medical services are provided should have written emergency protocols, both to address general crises and those specific to the potential risks of the procedures performed. Providers should be trained on monitoring patients for adverse outcomes and how to respond in case of an emergency. The medical director should always be available onsite or by telecommunication.

EMTs AND PARAMEDICS

The State EMS Medical Director and State EMS Medical Direction Committee are solely responsible for the scope of practice and medical direction for EMS and Paramedics in the state. The scope of practice for these individuals is limited to procedures authorized in regulation or by the EMS Medical Director.

The activities of these personnel are contemplated within the context of basic or advanced life support (ALS) and only under the supervision of a sponsoring physician. There is currently no authorization for certified EMS personnel or Paramedics to practice advanced procedures outside of ALS activities, such as performing procedures authorized within their certification while employed at a medical spa. Doing so can constitute a breach of the EMS regulations, placing an ALS EMS clinician at professional risk.

ESTHETICS

1. **What services may an Alaska-licensed esthetician provide under their own license?**

A person providing esthetics services must be licensed as an esthetician by the [Alaska Board of Barbers and Hairdressers](#) or be licensed in Alaska as a health care professional. Certain limited exceptions may apply; please refer to AS 08.13.160(d). Holding a "license" or "certification" by the manufacturer of an esthetics device does not in itself authorize the individual to legally use that device on another person. With limited exception, estheticians must practice in a shop licensed by the board.

Per AS 08.13.220, "esthetics" means the use of the hands, appliances, cosmetic preparations, antiseptics, or lotions in massaging, cleansing, stimulating, or similar work on the scalp, face or neck, including skin care, make-up, and temporary removal of superfluous hair, for cosmetic purposes for a fee.

12 AAC 09.990(b) clarifies the definition of "appliances":

(1) "appliances" in the field of esthetics means only those devices used to stimulate natural physiological processes intended to improve the health and appearance of a person's skin; a device

- (A) operates within the manufacturer's guidelines;
- (B) does not directly ablate or destroy live tissue;
- (C) does not involve an incision into skin beyond the epidermis; and
- (D) is not defined as a Class III or Class IV laser device under 21 C.F.R. 1040.10, revised as of April 2, 2018, and adopted by reference;

2. **What esthetics services may an Alaska-licensed hairdresser provide under their own license?**

A person licensed by the [Alaska Board of Barbers and Hairdressers](#) to practice hairdressing is considered to be licensed to practice manicuring, hair braiding, and limited esthetics under the same license. Per AS 08.13.220, "limited esthetics" means to perform for a fee for cosmetic purposes temporary removal of superfluous hair on the face or neck, including eyebrow arching by use of wax; or application of makeup or false eyelashes. With limited exception, hairdressers must practice in a shop licensed by the board.

3. What are “advanced esthetics services” and who may provide them?

The term “advanced esthetics services” is not defined under Alaska law. For the purposes of the Medical Spa Services Work Group and related boards, the term refers to any procedure or service that falls outside of the scope of an Alaska-licensed esthetician, above.

Licenses or certifications in other jurisdictions, by private companies, or by manufacturers of beauty or health care products do not qualify individuals to practice esthetics, nursing, or medicine in Alaska. Persons who do not hold an Alaska license and persons who are licensed and considering performing services outside of their scope should review whether the services or procedures—or the promotion of such services or procedures—qualifies as the practice of medicine under AS 08.64.380 or nursing under AS 08.68.850.

As noted above, the Medical Board has specifically opined that the treatment with chemical peels below the dermal layer or use of hot (ablative) lasers is the practice of medicine and can only be delegated by a physician to a health care provider appropriately trained and licensed to perform the procedure.

AS 08.64.380 (6) "practice of medicine" or "practice of osteopathy" means:

- (A) for a fee, donation or other consideration, to diagnose, treat, operate on, prescribe for, or administer to, any human ailment, blemish, deformity, disease, disfigurement, disorder, injury, or other mental or physical condition; or to attempt to perform or represent that a person is authorized to perform any of the acts set out in this subparagraph;
- (B) to use or publicly display a title in connection with a person's name including "doctor of medicine," "physician," "M.D.," or "doctor of osteopathic medicine" or "D.O." or a specialist designation including "surgeon," "dermatologist," or a similar title in such a manner as to show that the person is willing or qualified to diagnose or treat the sick or injured;

AS 08.68.850 (9) "practice of advanced practice registered nursing" includes, in addition to the practice of registered nursing, the performance of acts of medical diagnosis and the prescription and dispensing of medical, therapeutic, or corrective measures under regulations adopted by the board;

AS 08.68.850 (10) "practice of practical nursing" means the performance for compensation or personal profit of nursing functions that do not require the substantial specialized skill, judgment, and knowledge of a registered nurse;

AS 08.68.850 (11) "practice of registered nursing" means the performance for compensation or personal profit of acts of professional service that requires substantial specialized knowledge, judgment, and skill based on the principles of biological, physiological, behavioral, and sociological sciences in assessing and responding to the health needs of individuals, families, or communities through services that include

- (A) assessment of problems, counseling, and teaching
 - (i) clients to maintain health or prevent illness; and
 - (ii) in the care of the ill, injured, or infirm;
- (B) administration, supervision, delegation, and evaluation of nursing practice;
- (C) teaching others the skills of nursing;
- (D) execution of a medical regimen as prescribed by a person authorized by the state to practice medicine;
- (E) performance of other acts that require education and training that are recognized by the nursing profession as properly performed by registered nurses;
- (F) performance of acts of medical diagnosis and the prescription of medical therapeutic or corrective measures under regulations adopted by the board;

IV HYDRATION

1. What are the general practice requirements for an IV hydration clinic?

An IV hydration clinic in any form and in any location is considered a medical clinic and must follow all state and federal standards applicable to any other general health care facility.

2. Who may evaluate, diagnose, and determine treatment for a patient?

As noted above, a physician, physician assistant, or advanced practice registered nurse may evaluate patients, perform diagnoses, and make recommendations for treatment. A chiropractor, dentist, physical therapist, EMT, paramedic, or other licensed health care provider may not evaluate, diagnose, and determine treatment for a patient in a general medical spa setting. Refer to the individual scopes of practice for these licenses and certifications.

Registered nurses, licensed practical nurses, medical assistants, and other unlicensed persons with appropriate training may be delegated certain functions relating to patient intake, such as performing an interview regarding symptoms and medical history and taking vital signs. This information helps inform the physician, physician assistant, or advanced practice registered nurse who will personally assess the patient's condition and determine a treatment plan. This assessment may be performed in person or through telecommunication but may not be delegated.

Although medical spas may offer services that are not medically necessary or consider themselves “wellness”—rather than medical—institutions, the medical cosmetic procedures and hydration services they provide fall under the delivery of medical or nursing services and are regulated by the State Medical Board and Board of Nursing.

3. Who may order, and administer substances delivered intravenously?

Substances administered intravenously, including but not limited to saline and vitamins, require a prescription under federal law. A physician, physician assistant, or advanced practice registered nurse may order prescription medications if authorized under their Alaska license. A dentist may only order and administer prescription substances for use within the practice of dentistry. A chiropractor, physical therapist, massage therapist, or other licensed or certified health care provider without prescriptive authority may not order or administer prescription medication. Refer to the statutes and regulations for each license type for details about each scope of practice.

12 AAC 40.920(f) and (g) prevents a physician or physician assistant from delegating the initiation, administration, and monitoring of intravenous therapy, including blood or blood products. A person with the authority to perform these procedures under the scope of their own license is not restricted from doing so as long as these duties have not been delegated.

A medical director may delegate placing and starting an IV to a registered nurse or licensed practical nurse with an appropriate course of training on administering intravenous medication.

4. What are the compounding requirements for IV hydration clinics?

[USP <797>](#) governs sterile compounding within the United States. Conditions for sterile compounding are outlined in this federal guidance, including standards for sterile “immediate use” (mixing and using within four hours) and use of a clean room if prepared outside of the immediate use window.

A registered nurse may add an appropriate substance to an IV bag per the medical director order for a specific patient, following USP standards.

BOTOX, FILLERS, and OTHER COSMETIC INJECTABLES

1. Who may evaluate, diagnose, and determine treatment for a patient?

As noted above, a physician, physician assistant, or advanced practice registered nurse may evaluate patients, perform diagnoses, and make recommendations for treatment. A chiropractor, dentist, physical therapist, EMT, paramedic, or other licensed health care provider may not evaluate, diagnose, and determine treatment for a patient in a general medical spa setting. Refer to the individual scopes of practice for these licenses and certifications.

Registered nurses, licensed practical nurses, medical assistants, and other unlicensed persons with appropriate training may be delegated certain functions relating to patient intake, such as performing an interview regarding symptoms and medical history and taking vital signs. This information helps inform the physician, physician assistant, or advanced practice registered nurse who will personally assess the patient's condition and determine a treatment plan. This assessment may be performed in person or through telecommunication but may not be delegated.

2. Who may order and administer cosmetic injectables?

A physician, physician assistant, or advanced practice registered nurse may order prescription medications if authorized under their Alaska license. A dentist may order and administer Botox within the scope of practice of dentistry, such as to treat symptoms of TMJ. A dental hygienist is not allowed to administer Botox, fillers, or other cosmetic injectables.

12 AAC 40.967(32) prohibits a Medical Board licensee from permitting patient care that includes administering a botulinum toxin or dermal filler by a person who is not an appropriate health care provider trained and licensed under AS 08 to perform the treatment.

The Board of Nursing has issued an advisory opinion on cosmetic injectables;

https://www.commerce.alaska.gov/web/Portals/5/pub/NUR_AO_Medical_Aesthetic_2024.pdf

An esthetician, chiropractor, physical therapist, massage therapist, or other licensed or certified health care provider without prescriptive authority may not order prescription medication. They may not administer prescription medication without proper delegation. Refer to the statutes and regulations for each license type for details about each scope of practice.