



# Medical Spa Services Work Group

Alaska Division of Corporations, Business and Professional Licensing

**Draft Minutes - Thursday, October 31, 2024, at 10:00 AM AKDT**

Meeting held via Teams teleconference

Website: <https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/MedicalSpaServicesWorkGroup>

Members Present: Brian Larson, DC, Board of Chiropractic Examiners; Kenley Michaud, DDS, Board of Dental Examiners; Eric Nimmo, MD, State Medical Board; James Henderson, RPH (for Ashley Schaber), Board of Pharmacy

Members Absent: Wendy Palin, Board of Barbers & Hairdressers; April Erickson, APRN, Board of Nursing

Staff present: Sara Chambers, facilitator; Sylvan Robb, Reid Bowman, Michael Bowles, Natalie Norberg, Rachel Billiet, Shane Bannarbie

Additional professional licensing board members present: Kevin McKinley and Shannon Thompson, Board of Barbers and Hairdressers

Invited guest: Susanne Schmaling, Esthetics Council

Several members of the public were present.

## CALL TO ORDER

A few minutes after 10 a.m., Ms. Chambers called the meeting to order and called the roll. A quorum was established. She asked for any declarations of conflicts of interest; Dr. Schaber stated she was a member of the Alaska Pharmacy Association's legislative committee, which was not determined to be a conflict. Ms. Chambers stated the purpose of the Work Group: It is not a policymaking committee but is tasked to learn about and potentially make recommendations to professional licensing boards regarding clarification of existing law and possible changes to statutes and regulations to enhance safe practice opportunities that have a nexus across multiple boards.

**Motion by Dr. Michaud to approve the minutes of the October 3, 2024, meeting. Seconded by Larson. Approved by unanimous consent.**

## PUBLIC COMMENT

- Lindsay Triewieler, certified laser technician, spoke to the research she had provided the board supporting separate authorization to practice laser hair removal without medical supervision in Alaska.
- Nathan Eastman, MD, owner of Hydrate Alaska, stated he is interested in making sure prescriptions are safe, especially given the influx of online services that may also compound medication. He stated his appreciation for this group and his desire to see safe practices that also support emerging business models and offer economic opportunities.
- Jacqueline Polis, licensed esthetician, stated her appreciation for this group and registered concern that regulation of non-invasive services remains safe and does not overreach.

## **ADVANCED ESTHETICS**

The Work Group reviewed the Esthetics Procedures Continuum suggested by Esthetics Council CEO Susanne Schmaling. The members of the work group affirmed that the practices in the green columns accurately reflected procedures that could be performed with an esthetics license or that required medical supervision. The practices included were based on the Esthetics Procedures List presented at the prior meeting and may not include all possible procedures or modalities.

Members discussed the various options to enhance opportunities for those licensed by the Board of Barbers and Hairdressers, including the addition of an advanced esthetics license or the ability for existing licensees to gain permissions to expand their scope if they demonstrate continuing education in the advanced areas where they want to practice. Ms. Schmaling pointed out that most states require continuing education, and the board may want to consider seeking legislation to ensure licensees are obtaining training in emerging areas. Ms. Thompson said she had also heard concerns that Alaska was one of the few states that did not require this type of education. Ms. Schmaling also mentioned that any increased requirements affecting the current esthetics license should include grandfathering provisions that recognized the additional training and education estheticians may have already obtained in these areas. Mr. McKinley said he also felt continuing education in more advanced areas should be required.

Dr. Larson brought up technical requirements for ultrasound and lasers, asking whether any board had codified the focal length or depth of those techniques to ensure safety and appropriate licensure. Ms. Schmaling explained that estheticians are not using ultrasound in the same way a physical therapist or doctor might—their devices are called ultrasound, but they have very different “intended uses,” a term the FDA finds compelling and instructive. Dr. Larson stated that ultrasound used for diagnostic and therapeutic medical purposes are very different from each other—the latter potentially causing damage to muscle and bone if not used carefully. He hoped focal length and depth could be discussed further. Ms. Schmaling agreed and added that LED lights can sometimes be confused with lasers by non-estheticians; however, they are very different from lasers and are incredibly safe.

## **IV HYDRATION**

Board of Pharmacy chair Ashley Schaber presented an overview of compounding sterile preparations and the USP FAQs on compounding standards. She stated the Board of Pharmacy had adopted a regulation pertaining to standard of care, which requires pharmacies to have standard operating procedures and to follow commonly regarded pharmacy standards, such as the USP. She reviewed the USP <797> FAQs in the context of IV hydration clinics, mentioning that if a facility does not have a clean room (such as an IV hydration clinic or practitioner’s office), the preparation may not contain more than three products (one of which being the saline bag) and must be administered within four hours of preparation. She said USP standards also required preparers to label the compound if they were not the ones who would be immediately administering it, to discard any unused medication, and that single-use medication may only be used for one patient. She encouraged other boards with prescriptive authority to consider adopting similar standards for preparations outside of a pharmacy.

Members discussed the law pertaining to personnel assignments: Some stated the placement of an IV was unregulated, but to hook up or administer medication required an appropriate license, delegation, or supervision—depending on the law for that license. They agreed that any substance

administered intravenously required a prescription. For example, an oral vitamin may be available over the counter, but a prescription would be required to administer a vitamin through an IV.

Ms. Chambers noted the time and requested that the group be prepared at the next meeting to discuss which personnel are appropriate to evaluate a patient, make a diagnosis, order a prescription or individual standing orders, administer the IV treatment, monitor and evaluate the patient afterward, and maintain medical records. This will include whether current law requires onsite supervision or if duties can be remotely supervised. Mr. Eastman stated that his company does not diagnose or treat conditions but offers enhanced wellness opportunities. Dr. Nimmo stated that an evaluation should be performed before administering IV therapy to ensure the patient has no underlying conditions that may be affected.

### **PLANNING FUTURE MEETINGS**

The work group considered future dates of November 18, December 5, December 12, and the possibility of other dates in early December. Most members were available, and Ms. Chambers said she would follow up via email and publish the next dates online as soon as possible. She said that a three-hour meeting may be necessary to narrow down deliverables, including making recommendations to respective boards.

She also reminded the work group that there were many topics they had not yet discussed, including:

- Definition and regulation of medical spas
- Cosmetic injectables (Botox, Juvederm, etc.)
- Prescriptions such as semaglutides and sildenafil
- Nonsurgical lipolysis (cryo, injection, radiofrequency, laser, etc.)

The Work Group adjourned at 12:02 p.m.