

Massachusetts Board of Registration in Nursing

Advisory Ruling on Nursing Practice

Title: Cosmetic and Dermatologic Procedures

Advisory Ruling Number: 13-01

Authority: The Massachusetts Board of Registration in Nursing (Board) is created and authorized by Massachusetts General Laws (M.G.L.) c. 13, §§ 13, 14, 14A, 15 and 15D, and G.L. c. 112, §§ 74 through 81C to protect the health, safety, and welfare of the citizens of the Commonwealth through the regulation of nursing practice and education. In addition, M.G.L. c.30A, § 8 authorizes the Board to make advisory rulings with respect to the applicability to any person, property or state of facts of any statute or regulation enforced or administered by the Board. Each nurse is required to practice in accordance with accepted standards of practice and is responsible and accountable for his or her nursing judgments, actions, and competency. The Board's regulation at 244 CMR 9.03(6) requires all nurses to comply with any other law and regulation related to licensure and practice.

Date Issued: November 13, 2013

Date Revised: June 14, 2017, January 10, 2024

Scope of Practice: Advanced Practice Registered Nurses (APRN), Registered Nurses (RN) and Licensed Practical Nurses (LPN)

Purpose: The purpose of this Advisory Ruling is to guide the practice of APRNs, including Certified Registered Nurse Anesthetists (CRNAs)¹, RNs and LPNs who may perform aesthetic procedures that utilize chemical solutions, micro-particles, soft tissue augmentation, or injections of solutions/medications or soft tissue fillers and/or cutaneous procedures that utilize non-ablative laser and non-laser sources light as part of their nursing practice. APRNs may utilize ablative lasers and perform endolaser. APRNs and RNs may perform thread embedding.

Advisory: The nurse licensed by the Massachusetts Board of Registration in Nursing (Board) is expected to engage in the practice of nursing in accordance

¹ American Association of Nurse Anesthesiology (AANA). Position statement: Considerations for adding new activities to individual CRNA scope of practice. Accessed at https://issuu.com/aanapublishing/docs/considerations_for_adding_new_activities_to_indivi?fr=sYmY5NzU2NDxMjU

with accepted standards of practice. Nurses must only assume those duties and responsibilities within the scope of practice for which necessary knowledge, skills, and abilities have been acquired and maintained. The nurse may perform cosmetic and dermatologic procedures as part of an overall comprehensive plan of care to treat various dermatological conditions or as part of a health maintenance/health promotion regime. RNs and LPNs perform procedures that are non-diagnostic in nature and do not involve the removal of tissue.

It is the Board's current position that it is within the scope of practice for RNs and LPNs (licensed nurse) to provide aesthetic procedures and/or cutaneous procedures that utilize non-ablative laser and non-laser light sources.

It is the Board's current position that is within the scope of practice for APRNs with a foundation in advanced health assessment, advanced physiology/pathophysiology, and advanced pharmacology coupled with procedure specific education, training and clinical competencies that relate to cosmetic and dermatologic advanced practice² may practice in dermatologic and cosmetic procedures.³

Practice settings must comply with M.G.L. c. 111, § 51 and subsequent declarations of agencies (see references) that provide setting oversight, including, but not limited to the Department of Public Health, the Bureau of Healthcare Quality and Safety and the Board of Registration of Cosmetology. Those settings incorporating cutaneous procedures by laser must license the laser with Massachusetts Radiation Control. Provision of ablative procedures by laser are limited to Board authorized advanced practice nurses.

For this Advisory Ruling, procedures include, but are not limited to:

- Non-ablative, non-vaporizing laser or light-based devices used for hair removal, photo rejuvenation, acne, spider veins, vascular and pigmented lesions, and tattoo removal;
- Microdermabrasion;
- Chemical peels;
- Administration of absorbable fillers;
- Administration of platelet enriched plasma (may not be combined with microneedling);
- Administration of Botulinum exotoxins;
- Administration of hyaluronic acid;
- Sclerotherapy; and
- Cryolipolysis.
- Thread embedding (RN and APRN)

² Ibid.

³ The Massachusetts Board of Registration in Nursing. 244 CMR 4.00 Advanced Practice Registered Nurses
Accessed at <https://www.mass.gov/doc/244-cmr-4-advanced-practice-registered-nursing/download>

Additional aesthetic procedures may be regulated by the Board of Cosmetology and or the Board of Electrology. License nurses must ascertain the competency requirements with those boards to determine if additional licenses, but not limited to, as a cosmetologist, aesthetician and or electrologist are required.

Cosmetic and dermatologic procedures that involve the practice of acupuncture are regulated by the Board of Registration in Medicine and the Committee on Acupuncture and are not within the scope of nursing practice. Examples of such procedures include, but are not limited to:

- Dry needling.
- Microneedling

In December, 2022, at its Committee on Acupuncture, it determined that other health care professions may determine if thread embedding is within their scope of practice and published a policy statement⁴. It is the Board's position that to perform thread embedding, the insertion of a needle through the skin at certain points on the body, the Advanced Practice Registered Nurse (APRN) or RN must have appropriate didactic education and clinical training in thread embedding. Thread embedding is limited to the face. It is not within the scope of practice for LPNs to perform thread embedding nor is it within the scope of practice for RNs or APRNs to perform thread embedding on the buttocks or other bodily structures. An RN may perform this activity upon patient specific orders; standardized order sets or protocols may not be used.

Competence Acquisition

The nurse must acquire education that includes a supervised practicum resulting in a competency evaluation commensurate with the procedure. Components of the education include, as appropriate to the specific procedure, but are not limited to:

- Anatomy and physiology;
- Pathophysiology of the integumentary system and supporting structures;
- Cosmological and dermatologic conditions;
- Wound healing principles;
- Safe use of product/device/equipment;
- Side effects and management;
- Management of emergencies; and
- Patient and environmental safety.

When the procedure includes the use of non-ablative, non-vaporizing laser or light-based devices, the licensed nurse must have evidence of successful completion of a Laser Physics and Safety course that includes relative content

⁴ Commonwealth of Massachusetts Committee on Acupuncture. Policy Statement 2022-01 Policy on Thread Embedding. Adopted December 8, 2022. <https://www.mass.gov/doc/policy-22-01-thread-embedding-december-8-2022/download>

from the Occupational Safety and Health Administration (OSHA) and American National Standards for the Safe Use and Handling of Lasers in Health Care Facilities (ANSI) that includes both a didactic portion and a practicum. APRNs when using an ablative laser must complete the same competency requirements.

Practice

Nurses licensed by the Board practice within their scope, are responsible and accountable for their nursing judgments, actions, and competency and do not perform activities outside their scope of practice.

Although the patient assessment must be performed and documented by a registered nurse or duly authorized prescriber, the performance of the procedure is pursuant to the orders of a duly authorized prescriber. LPNs may perform a basic health assessment, as per the regulations found in 244 CMR 3.04⁵, but the assessment is completed by the RN or authorized prescriber.

The nurse must verify the orders from a duly authorized prescriber include the patient's name, valid order date, medication or substance name, dosage, route, anatomical site for administration, specific administration directions and prescriber signature.

A nurse licensed by the Board can only perform acts with the scope of nursing practice as defined at M.G.L c 112 § 80B and 244 CMR 3.00 and 9.00. It is not within the scope of practice for a nurse who is not authorized to practice as an advanced practice registered nurse (APRN) to medically diagnose, or to prescribe medications or treatments.

Therefore, for the purpose of this advisory, it is not within the scope of the LPN or RN who is not authorized as an APRN with prescriptive authority to:

- select the medication/solution, dosage, device, or device setting to be used in the performance of a cosmetic or dermatological procedure; or to
- purchase or obtain a drug, substance, controlled substance analogue or immediate precursor in any schedule or class referred to in MGL c. 94C to be used in the performance of a cosmetic or dermatological procedure independently or as an agent of the prescriber.

Further, to perform cosmetic and dermatologic procedures that involve acupuncture such as, but not limited to dry needling and microneedling, a nurse must have a current MA acupuncture license.

It is the Board's position that nurses whose practice includes cosmetic and dermatologic procedures may not practice in an organization that does not have policies and procedures that include:

⁵ The Massachusetts Board of Registration in Nursing. 244 CMR 3.00 Registered Nurse and Licensed Practical Nurse. Accessed at <https://www.mass.gov/regulations/244-CMR-300-registered-nurse-and-licensed-practical-nurse>

- A requirement for informed consent.
- A requirement for a comprehensive, documented evaluation by an authorized prescriber;
- Recommendations for self-care;
- Follow-up recommendations;
- Situations that require referral and a formal referral process;
- Management of side effects; and
- Provisions for emergency care.

If the setting includes Intravenous Hydration, the practice guidance provided in Advisory Ruling 92-04 *Infusion Therapy*⁶ must be followed.

Documentation

Documentation criteria must include:

- Review and verification of informed consent that clearly informs the patient of the operator's qualifications, licensure, and expected outcomes of the procedure;
- Assessment data inclusive of past medical, surgical, allergy and medication histories;
- Skin typing/classification;
- Sun exposure history;
- Current cosmetic/dermatologic product usage;
- Exclusion from treatment criteria;
- Identification of and evaluation of test site as indicated;
- Specifics of procedure performed and patient response to procedure; and
- Directions for referral back to or consultation with the duly authorized prescriber of procedure.

The registered nurse, with participation from a licensed practical nurse, when applicable⁷, must document and provide the patient with written pre and post procedure education which includes, but is not limited to, self-care instructions and follow-up recommendations inclusive of continued and emergent care needs.

Advance Practice Registered Nurse

In addition to the procedures above, it is in the scope of practice for a Board authorized advanced practice registered nurse with appropriate competence acquisition, to perform ablative or vaporizing laser cosmetic and dermatologic procedures.

⁶ The Massachusetts Board of Registration in Nursing. Advisory Ruling 92-04 Infusion therapy. Accessed at <https://www.mass.gov/doc/ar-9204-infusion-therapy-pdf/download>

⁷ The Massachusetts Board of Registration in Nursing. 244 CMR 3.00 Registered Nurse and Licensed Practical Nurse. Accessed at <https://www.mass.gov/regulations/244-CMR-300-registered-nurse-and-licensed-practical-nurse>

References:

- American Society for Dermatologic Surgery Association *Laser Hair Removal and Cosmetic Dermatology* accessed at <https://www.asds.net/LaserHairRemovalInformation.aspx> undated,
- Dermatology Nurse Association. *The Nurse's Role in the Use of Laser, Light, and Energy Emitting Devices* at <http://www.dnanurse.org/nurses-role-use-laser-light-and-energy-emitting-devices.html> and *The Nurse's role in the Provision of Cosmetic Services* at <http://www.dnanurse.org/advocacy/position-statements/nurses-role-provision-cosmetic-services.html> undated, accessed 9/27/16
- Massachusetts Report of the Medical Spa Task Force Established by Chapter 81 of the Acts of 2006, published January 12, 2009
- Massachusetts Bureau of Healthcare Safety and Quality 105 CMR 140 Licensure of Clinics accessed at: <https://www.mass.gov/doc/105-cmr-140-licensure-of-clinics/download>
- Food and Drug Administration *Cosmetic Devices* accessed at <http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/CosmeticDevices/default.htm> 6/04/2014.
- Occupational Safety and Health Administration *Use of Medical Lasers* at <https://www.osha.gov/SLTC/etools/hospital/surgical/lasers.html> accessed at <https://www.osha.gov/laws-regs/regulations/standardnumber/1926/1926.102>
- American National Standards for the Safe Use and Handling of Lasers in Health Care Facilities, Laser Institute of America, American National Standards Institute, Inc. December 5, 2011 accessed at https://de356l4tocdyu.cloudfront.net/pdf/Z136_3_s.pdf
- Massachusetts Department of Public Health *Advisory on Medical Spa Services*, undated, accessed at <https://www.mass.gov/advisory/medical-spa-services-advisory>
- Massachusetts Board of Registration of Cosmetology Policy Bulletin Regarding Prohibited Practices undated, assessed at <https://www.mass.gov/policy-advisory/board-policies-and-guidelines-cosmetology-and-barbering#:~:text=Please%20be%20advised%20that%20the%20Massachusetts%20Board%20of,have%20guidelines%20for%20formal%20training%20in%20these%20areas>
- Massachusetts Office of Consumer Affairs and Business Regulation

(Consumer Advisory: Botox® 11/4/2010 accessed at [advisory-botox.doc](#)
[\(live.com\)](#))