

Agency Mission: To protect and promote the welfare of the people of Kansas.

**Kansas State Board of Nursing
Landon State Office Building, Room 509
Practice Committee Agenda
March 24, 2026**

NOTE: The audience may attend in person or via Zoom. Link to access meeting to follow agenda.

Time: 3:00 p.m. – 4:00 p.m.

Committee Members: Steven Peterson, BSN, RN, CCRN, MEDSURG-BC, Chair
Michelle Terry, Public Member, V. Chair
Melissa Oropeza, DNP, APRN-BC, CGRN
Belinda Katz, LPN
Patty Palmietto, DNP, MSN, RN
Brian Feldt, BSN, RN
Melanie Burnett, MSN, RN
Kendra Meza, MBA, BSN, RN, CNOR, CSSM

Staff: Linda Davies, MSN, BSN, RN, Practice Specialist
Stephanie Wiley, Sr. Administrative Assistant

- I. Quorum (minimum of 5 members present) – Yes or No
- II. Call to Order
- III. Review Onsite Packet
- IV. Additions/Revisions to Agenda
- V. Announcements
- VI. Approval of Minutes – December 9, 2025

Consent Item Agenda

1. Practice Calls Report
 - a. APRN and the title of Medical Director
 - b. Understaffed county-owned EMS proposing Nurses assist with transfers
- VII. Unfinished Business
 1. Legislative Review of Statute and Regulations
 - a. K.S.A. 65-1113 – Definitions
 - b. K.S.A. 65-1124 – Acts which are not prohibited
 - c. K.A.R. 60-3-102 – Duplicate of initial license
 - d. K.A.R. 60-15-103 – Change of name
- VIII. New Business
 1. IV Therapy Task Force Update
 2. Generative AI tool, demo
 3. Business Operations – Botox, MedSpas, IV Hydration

IX. Agenda for June 2026 Committee meeting

x. Adjournment

Executive session if needed.

Committee Responsibilities:

To review and recommend revisions in RN, LPN and LMHT statutes and regulations. To provide nonbinding guidance on the scope of nursing and LMHT practice in response to written inquiries. To make recommendations to amend the practice act that reflect current nursing and mental health technician practice.

Please Note: Additional items, which have come to the attention of the Board, will be handled as time permits. Agenda is subject to change based upon items to come before the Board. Handouts or copies of materials brought to the board or committees for discussion by committee members or visitors must be submitted to staff 30 calendar days prior to start of the meeting. Any items received after the 30th calendar day may be addressed at the meeting at the discretion of the President of the Board or chairperson of the committee.

You are invited to a Zoom webinar!

When: Mar 24, 2026 03:00 PM Central Time (US and Canada)

Topic: Kansas State Board of Nursing - Practice Committee

Join from PC, Mac, iPad, or Android:

<https://us02web.zoom.us/j/89040400592?pwd=fhH5L1A5vazhvb2WpFKNBVBqil1jPN.1>

Passcode:KsbnPCComm

Phone one-tap:

+16699006833,,89040400592#,,,,*0646348416# US (San Jose)

+17193594580,,89040400592#,,,,*0646348416# US

Join via audio:

+1 669 900 6833 US (San Jose)

+1 719 359 4580 US

+1 253 205 0468 US

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

+1 669 444 9171 US

+1 301 715 8592 US (Washington DC)

+1 305 224 1968 US

+1 309 205 3325 US

+1 312 626 6799 US (Chicago)

+1 360 209 5623 US

+1 386 347 5053 US

+1 507 473 4847 US

+1 564 217 2000 US

+1 646 876 9923 US (New York)

+1 646 931 3860 US

+1 689 278 1000 US

Webinar ID: 890 4040 0592

Passcode: 0646348416

International numbers available: <https://us02web.zoom.us/j/kc3IENpCml>

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Kansas Board of Nursing Practice Call Report

- 1) Average 75 inquiries / month (2023-2025 data)
- 2) Average 900 inquiries / year (2023-2025 data)
- 3) Inquiries received relate to:
 - a. Scope of Practice for APRN, CRNA, RN, LPN
 - b. Full Practice Authority for APRN and laws that still need updated
 - i. Concussion Protocol forms
 - ii. Radiology, Xray
 - iii. “Medical” Consultant
 - c. Business Operations
 - i. IV Hydration Clinics
 - ii. Medical Records
 - iii. Supervision / Hiring / Delegating to unlicensed and licensed personnel
 - iv. Closing a business
 - d. Pre-determination of License

Operational Constraints for timely response:

Staff Assigned to respond: 2

No centralized means for inquiries to come into KSBN

Educational Opportunities:

Inquiries to KAPN, KUAHEC, KSNA to have them devise educational programs.

Developing Practice Inquiries FAQ

Standard Response includes:

The Kansas State Board of Nursing (“KSBN”) staff cannot and does not provide legal advice to members of the public. KSBN staff may provide assistance to the public by providing reference to the Kansas Nurse Practice Act. The Kansas Nurse Practice Act is available at <https://ksbn.kansas.gov/npa/>. This assistance should never be taken as legal advice, or as a complete reference to all relevant laws or regulations governing a particular situation. Any response given by KSBN staff is not binding on the Board and should not be taken as an official KSBN decision. If you believe you need legal advice, you should consult, at your own expense, a licensed attorney.

Determinations as to whether a nurse has violated the KNPA and whether disciplinary action is taken against a licensee, is a power granted to the Board. The Board does not make any determinations until after an investigation has been completed and evidence gathered has been presented to the Board. Therefore, agency staff are unable to provide an opinion as to whether there is a violation of the KNPA (see K.S.A. 65-1120, K.A.R. 60-3-110, and K.S.A. 65-1166 Art. III(c)(1)-(11).

The mission of the KSBN is to assure safe and competent practice.

Number: K.S.A. 65-1113

Article Title: Definitions

Title: Statute

Type (new, amended): Amended

Effective Date (history): 1949

Authorizing KSA(s) and/or Related KAR(s):

Implementing KSA(s) and/or Related KAR(s):

History: L. 1949, ch. 331, § 1; L. 1963, ch. 314, § 1; L. 1975, ch. 316, § 1; L. 1978, ch. 240, § 1; L. 1980, ch. 186, § 1; L. 1983, ch. 206, § 6; L. 2011, ch. 114, § 39; L. 2018, ch. 42, § 2; July 1, 2019.

KSBN OVERSIGHT STRUCTURE

KSBN Oversight Committee: Practice Committee

Staff Review Owner: Practice Specialist

Date Last Reviewed by Committee: 2021

Review Year Cycle Number: Year 5. 2026

Quarter of Review: Q1

PURPOSE: Briefly describe the public purpose of the statute, rule and regulation. (*limited to 400 characters*)

BK: This statute defines what nursing is and the specific roles within it for nurses. For public safety it is important that nurses and members of the public understand what the nurse's role is.

BF: *Gives definitions and explanations for common terms used in Kansas Nursing documents*

SP: No response

Section 1. Environmental Assessment

Is KSBN operating in good faith and reasonable compliance with this statute, rule or regulation?

Yes

Is the statute, rule or regulation in agreement with current healthcare practice?

Yes

How does this statute, rule or regulation compare with other states, model legislation, or healthcare accreditation standards?

BK: Provides essential definitions that are in line with other states.

BF: *Aligns well with surrounding states*

Have there been any changes in the National Licensure Compact, case law, statutes, rules or regulations that might impact this statute, rule or regulation?

BK: No

BF: N/A

***If changes are needed in statute, rule or regulation, what are the key elements of the substance of the revisions that need to be made?**

Section 2. NECESSITY (Primarily for Rules and Regulations)

***Is the statute necessary for the implementation and administration of state law, or could it be revoked?** *(could be revoked / necessary)*

Necessary

Does the statute serve an identifiable public purpose in support of state law? *(yes/no)*

Yes

Is the statute broader than necessary to meet its public purpose? *(yes/no)*

No

Section 3. TIES TO FEDERAL PROGRAMS (Typically not applicable to KSBN)

***Is the rule and regulation federally required for state participation in a federal program or authority?** *(yes/no)*

No

Is the rule and regulation necessary for federal delegation of enforcement authority to the State? *(yes/no)*

No

If the rule and regulation is federally required, the state and federal program names and the federal agency name *(yes/no)*

No

Could federal moneys be in jeopardy under current law if the rule and regulation were repealed? *(yes/no)*

No

If federal moneys could be in jeopardy, the approximate amount received for the most recent fiscal year. *(yes/no)*

BK: No
BF: N/A

Section 4. POTENTIAL FOR REVOCATION (Primarily for Rules and Regulations)

Briefly describe how revocation would affect Kansans. *(limited to 600 characters)*

BK: There would be no foundation for regulating nursing in KS
BF: There could be confusion related to the different types of nursing roles or nursing language used in the Kansas Nursing documents.

If the rule and regulation is not in active use, would revocation require a change to the authorizing or implementing statute? (in active use/ yes/ no)

This statute is in active use.

***If the rule and regulation is not in active use and revocation would require a change to the authorizing or implementing statute, which change(s)? (limited to 400 characters)**

This statute is in active use.

**There has to be regulations for nurses to understand and work inside of their scope.
ADDITIONAL INFORMATION**

N/A

Additional information necessary to understanding the necessity of this rule and regulation (limited to 1,200 characters)

SUMMARY OF REVIEW

Based on the summary of the information above, this KSBN Committee recommends

SP: X___ no changes with review for another 5 years, or

_____ the Board develop a plan for revision and adoption as defined by Kansas laws.

Revisions need to address the key elements summarized in the Environmental Assessment.

Committee Reviewing: Practice Committee

Committee Chair:

Date of Meeting:

Date Presented to Board:

Board Chair:

Proposed Changes:

Number: K.S.A. 65-1124

Article Title: Acts which are not prohibited.

Title: Statute

Type (new, amended): Amended

Effective Date (history): 1949

Authorizing KSA(s) and/or Related KAR(s):

Implementing KSA(s) and/or Related KAR(s):

History: L. 1949, ch. 331, § 13; L. 1963, ch. 314, § 9; L. 1975, ch. 316, § 11; L. 1978, ch. 241, § 1; L. 1983, ch. 207, § 4; L. 1983, ch. 208, § 3; L. 1987, ch. 234, § 1; L. 1989, ch. 191, § 3; L. 1990, ch. 222, § 1; L. 1992, ch. 134, § 1 L. 1994, ch. 149, § 3; L. 1995, ch. 97, § 3; L. 1997, ch. 158, § 5; L. 2000, ch. 113, § 113, § 1; L. 2007, ch. 102, § 1; L. 2012, ch. 91, § 41; July 1 .

KSBN OVERSIGHT STRUCTURE

KSBN Oversight Committee: Practice Committee

Staff Review Owner: Practice Specialist

Date Last Reviewed by Committee: 2021

Review Year Cycle Number: Year 5. 2026

Quarter of Review: Q1

PURPOSE: Briefly describe the public purpose of the statute, rule and regulation. (*limited to 400 characters*)

BK: Help to identify unlawful acts related to nursing practice in KS. Ensuring that only properly licensed individuals provide nursing care.

BF: Provides clear education on non-prohibitive practice by nurses in Kansas

SP: No response

Section 1. Environmental Assessment

Is KSBN operating in good faith and reasonable compliance with this statute, rule or regulation?

Yes

Is the statute, rule or regulation in agreement with current healthcare practice?

Yes

How does this statute, rule or regulation compare with other states, model legislation, or healthcare accreditation standards?

BK: States need to have a guideline of what is acceptable nursing practice and what is not.

BF: No response

Have there been any changes in the National Licensure Compact, case law, statutes, rules or regulations that might impact this statute, rule or regulation?

BK: No

BF: N/A

***If changes are needed in statute, rule or regulation, what are the key elements of the substance of the revisions that need to be made?**

N/A

Section 2. NECESSITY (Primarily for Rules and Regulations)

***Is the statute necessary for the implementation and administration of state law, or could it be revoked?** *(could be revoked / necessary)*

Necessary

Does the statute serve an identifiable public purpose in support of state law? *(yes/no)*

Yes

Is the statute broader than necessary to meet its public purpose? *(yes/no)*

No

Section 3. TIES TO FEDERAL PROGRAMS (Typically not applicable to KSBN)

***Is the rule and regulation federally required for state participation in a federal program or authority?** *(yes/no)*

No

Is the rule and regulation necessary for federal delegation of enforcement authority to the State? *(yes/no)*

No

If the rule and regulation is federally required, the state and federal program names and the federal agency name *(yes/no)*

No

Could federal moneys be in jeopardy under current law if the rule and regulation were repealed? *(yes/no)*

No

If federal moneys could be in jeopardy, the approximate amount received for the most recent fiscal year. *(yes/no)*

No

Section 4. POTENTIAL FOR REVOCATION (Primarily for Rules and Regulations)

Briefly describe how revocation would affect Kansans. *(limited to 600 characters)*

BK: Would possibly allow unlicensed nurses to provide patient care.

BF: Could lead to confusion on the functionality of nurses and those without current licenses

If the rule and regulation is not in active use, would revocation require a change to the authorizing or implementing statute? *(in active use/ yes/ no)*

This statute is in active use.

***If the rule and regulation is not in active use and revocation would require a change to the authorizing or implementing statute, which change(s)?** *(limited to 400 characters)*

This statute is in active use.

ADDITIONAL INFORMATION

Additional information necessary to understanding the necessity of this rule and regulation
(limited to 1,200 characters)

SUMMARY OF REVIEW

Based on the summary of the information above, this KSBN Committee recommends

SP: X___ no changes with review for another 5 years, or

the Board develop a plan for revision and adoption as defined by Kansas laws.

Revisions need to address the key elements summarized in the Environmental Assessment.

Committee Reviewing: Practice Committee

Committee Chair:

Date of Meeting:

Date Presented to Board:

Board Chair:

Proposed Changes:

Number: K.A.R. 60-3-102
Article Title: Duplicate of initial license
Title: Rules and regulations
Type (new, amended): Amended
Effective Date (history): Jan. 1, 1966
Authorizing KSA(s) and/or Related KAR(s):
K.S.A. 65-1129

Implementing KSA(s) and/or Related KAR(s):
K.S.A. 2015 Supp. 74-1106; effective Jan. 1, 1966; amended Jan. 1, 1972, modified, L. 1975, Ch. 302, Sec 11, May 1, 1975; amended Nov. 21, 1994; amended April 29, 2016.

KSBN OVERSIGHT STRUCTURE
KSBN Oversight Committee: Practice Committee
Staff Review Owner: Practice Specialist
Date Last Reviewed by Committee: 2021
Review Year Cycle Number: Year 5. 2026
Quarter of Review: Q1

PURPOSE: Briefly describe the public purpose of the statute, rule and regulation. (*limited to 400*)

BK: The purpose of the statute is to be able to replace lost or damaged license.
BF: Protocol for replacement for lost or damaged initial license
SP: No response.

Section 1. Environmental Assessment

Is KSBN operating in good faith and reasonable compliance with this statute, rule or regulation?

Yes

Is the statute, rule or regulation in agreement with current healthcare practice?

Yes

How does this statute, rule or regulation compare with other states, model legislation, or healthcare accreditation standards?

BK: Most states have a provision in place for replacing lost or destroyed license.
BF: Other states did have estimated timelines for processing and issuing the replacement license

Have there been any changes in the National Licensure Compact, case law, statutes, rules or regulations that might impact this statute, rule or regulation?

BK: No
BF: Are physical documents required for licensure?

***If changes are needed in statute, rule or regulation, what are the key elements of the substance of the revisions that need to be made? NA**

BF: Processing time after the required documents are received?

Section 2. NECESSITY (Primarily for Rules and Regulations)

***Is the statute necessary for the implementation and administration of state law, or could it be revoked?** (*could be revoked / necessary*)

BK: Necessary. Although license can be looked up online and verified without a copy of the original.

BF: Yes

Does the statute serve an identifiable public purpose in support of state law? (*yes/no*)

Yes.

Is the statute broader than necessary to meet its public purpose? (*yes/no*)

No

Section 3. TIES TO FEDERAL PROGRAMS (Typically not applicable to KSBN)

***Is the rule and regulation federally required for state participation in a federal program or authority?** (*yes/no*)

No

Is the rule and regulation necessary for federal delegation of enforcement authority to the State? (*yes/no*)

No

If the rule and regulation is federally required, the state and federal program names and the federal agency name (*yes/no*)

No

Could federal moneys be in jeopardy under current law if the rule and regulation were repealed? (*yes/no*)

No

If federal moneys could be in jeopardy, the approximate amount received for the most recent fiscal year. (yes/no)

No

Section 4. POTENTIAL FOR REVOCATION (Primarily for Rules and Regulations)

Briefly describe how revocation would affect Kansans. (limited to 600 characters)

BK: May provide hardship to those without a physical license.

BF: If physical documentation of licenses is needed, it could affect the ability for someone to provide care, therefore possibly causing a delay in care for patients.

If the rule and regulation is not in active use, would revocation require a change to the authorizing or implementing statute? (in active use/ yes/ no)

This statute is in active use.

***If the rule and regulation is not in active use and revocation would require a change to the authorizing or implementing statute, which change(s)? (limited to 400 characters)**

ADDITIONAL INFORMATION

Additional information necessary to understanding the necessity of this rule and regulation (limited to 1,200 characters)

BK: I believe that most nurses and employers use websites like KSBN to verify licensing.

SUMMARY OF REVIEW

Based on the summary of the information above, this KSBN Committee recommends

_SP: x____ no changes with review for another 5 years, or

_____ the Board develop a plan for revision and adoption as defined by Kansas laws.

Revisions need to address the key elements summarized in the Environmental Assessment.

Committee Reviewing: Practice Committee

Committee Chair:

Date of Meeting:

Date Presented to Board:

Board Chair:

Proposed Changes:

Number: K.A.R. 60-3-103
Article Title: Change of name
Title: Rules and regulations
Type (new, amended): Amended
Effective Date (history): Jan 1, 1966
Authorizing KSA(s) and/or Related KAR(s):
K.S.A. 65-1129

Implementing KSA(s) and/or Related KAR(s):
K.S.A. 2015 Supp. 65-1117; effective Jan. 1, 1966; amended May 1, 1975; amended April 29, 2016.

KSBN OVERSIGHT STRUCTURE

KSBN Oversight Committee: Practice Committee
Staff Review Owner: Practice Specialist
Date Last Reviewed by Committee: 2021
Review Year Cycle Number: Year 5. 2026
Quarter of Review: Q1

PURPOSE: Briefly describe the public purpose of the statute, rule and regulation. (*limited to 400 characters*)

BK: Let's nurses know the regulation for changing their name on their license. Ensures accuracy.

BF: Protocol for nurses needing to change name on nursing license

Section 1. Environmental Assessment

Is KSBN operating in good faith and reasonable compliance with this statute, rule or regulation?

Yes

Is the statute, rule or regulation in agreement with current healthcare practice?

Yes

How does this statute, rule or regulation compare with other states, model legislation, or healthcare accreditation standards?

BK: State requirements are closely related.

BF: It seems to align with those surrounding Kansas.

Have there been any changes in the National Licensure Compact, case law, statutes, rules or regulations that might impact this statute, rule or regulation?

No

***If changes are needed in statute, rule or regulation, what are the key elements of the substance of the revisions that need to be made?**

N/A

Section 2. NECESSITY (Primarily for Rules and Regulations)

***Is the statute necessary for the implementation and administration of state law, or could it be revoked?** (*could be revoked / necessary*)

Necessary

Does the statute serve an identifiable public purpose in support of state law? (*yes/no*)

Yes

Is the statute broader than necessary to meet its public purpose? (*yes/no*)

No

Section 3. TIES TO FEDERAL PROGRAMS (Typically not applicable to KSBN)

***Is the rule and regulation federally required for state participation in a federal program or authority?** (*yes/no*)

No

Is the rule and regulation necessary for federal delegation of enforcement authority to the State? (*yes/no*)

No

If the rule and regulation is federally required, the state and federal program names and the federal agency name (*yes/no*)

No

Could federal moneys be in jeopardy under current law if the rule and regulation were repealed? (*yes/no*)

BK: No

BF: N/A

If federal moneys could be in jeopardy, the approximate amount received for the most recent fiscal year. (*yes/no*)

BK: No

BF: N/A

Section 4. POTENTIAL FOR REVOCATION (Primarily for Rules and Regulations)

Briefly describe how revocation would affect Kansans. *(limited to 600 characters)*

BK: It would make it hard to accurately identify individuals that are properly licensed.
BF: There may be issues related to documentation because of incorrect names compared to licenses

If the rule and regulation is not in active use, would revocation require a change to the authorizing or implementing statute? *(in active use/ yes/ no)*

This statute is in active use.

***If the rule and regulation is not in active use and revocation would require a change to the authorizing or implementing statute, which change(s)?** *(limited to 400 characters)*

BK: Nurses would have to have directions on how and when to update their license. To keep the records up to date, to let potential employers know that they have a current license.

ADDITIONAL INFORMATION

Additional information necessary to understanding the necessity of this rule and regulation *(limited to 1,200 characters)*

BF: Necessary for name change/documentation

SUMMARY OF REVIEW

Based on the summary of the information above, this KSBN Committee recommends

 SP: X no changes with review for another 5 years, or

 the Board develop a plan for revision and adoption as defined by Kansas laws.

Revisions need to address the key elements summarized in the Environmental Assessment.

Committee Reviewing: Practice Committee

Committee Chair:

Date of Meeting:

Date Presented to Board:

Board Chair:

Proposed Changes:

KANSAS STATE BOARD OF HEALING ARTS and KANSAS BOARD OF PHARMACY
JOINT STATEMENT REGARDING INTRAVENOUS THERAPY

The Kansas State Board of Healing Arts and the Kansas State Board of Pharmacy have received complaints about the inappropriate provision of IV (intravenous) therapy at IV hydration clinics, medical spas, and other locations. These complaints have alleged such activities as out-of-scope practice, delegation of medical treatments to unqualified individuals, unauthorized compounding and administration of prescription medications and other drugs, and the unlicensed practice of the healing arts and pharmacy. This is NOT a legal document binding on the boards who author the document; nor is it legal advice. It is designed as a warning so that providers contemplating IV therapy and individuals seeking IV therapy are aware of potential pitfalls involved in these undertakings. The facts and circumstances of an individual situation will govern the outcome.

At its core, the IV therapy retail business model involves the offering to patients of a menu of pre-selected mixtures (“cocktails”) of additives to basic IV fluid such as saline. The cocktails may include but are not limited to amino acids, vitamins, minerals, and some prescription drugs. They are sometimes marketed with catchy names and may be offered to patients for the treatment of conditions such as dehydration, migraines, hangovers, nausea, athletic recovery, appetite regulation, and inflammation support. These cocktails are then administered intravenously.

Intravenous Administration of Any Drug Constitutes the Practice of the Healing Arts

In Kansas, the practice of healing arts includes “any system, treatment, operation, diagnosis, prescription or practice for the ascertainment, cure, relief, palliation, adjustment or correction of any human disease, ailment, deformity, injury, alteration or enhancement of a condition or appearance”. K.S.A. 65-2802(a). “The practice of medicine and surgery includes “persons who prescribe, recommend or furnish medicine or drugs, or perform any surgical operation of whatever nature by the use of any surgical instrument, procedure, equipment or mechanical device or the diagnosis, cure or relief of any wounds, fractures, bodily injury, infirmity, disease, physical or mental illness or psychological disorder, of human beings”. K.S.A. 65-2869(b).

Offering and providing IV therapy indisputably constitutes the practice of healing arts. Only a person with prescriptive authority may diagnose a patient, assess the patient’s symptoms, and make the decision to provide medication, by injection or otherwise, to a patient.

The person with prescriptive authority must personally evaluate the patient, diagnose the patient, and make the treatment recommendations. The person with prescriptive authority must further create a comprehensive medical record that complies with the standard of care. If the person with prescriptive authority decides to prescribe or order IV therapy, they must first issue a prescription or order for medication.

The Kansas Nurse Practice Act and associated regulations closely regulate “intravenous fluid therapy”. Those persons with prescriptive authority supervising nurses engaged in IV Hydration Therapy are responsible for familiarizing themselves with applicable requirements.

Only those with prescriptive authority may administer IV products. Medical assistants, cosmetologists, estheticians, or unlicensed individuals are prohibited from administering IV products and may not do so even with a medical director on-site.

The person with prescriptive authority must establish a direct relationship with the patient. Therefore, having the person with prescriptive authority “on staff” or “available” is not sufficient.

Some facilities have a list of non-patient-specific “standing orders” issued by the IV clinic medical director. “Standing orders” issued in this manner are not valid prescriptions because they do not arise from a prescriber-patient relationship adequate to establish diagnoses and identify underlying conditions or contraindications to the treatment.

A patient may not self-prescribe IV products by choosing an IV “cocktail” from a menu formulated or written by the IV clinic medical director or the person with prescriptive authority. The participation of the patient in the selection of the IV additives does not change the analysis. Prescriber involvement cannot be obviated by letting the patient direct their own care, and the person with prescriptive authority is abandoning their obligations to the patient by allowing the patient to select their own medications.

Mixing IV Fluids with Other Additives Constitutes the Compounding of Drugs

All IV fluids, including plain IV saline, are prescription drugs. When a drug is mixed with additives, such as vitamins or minerals, the result is a compounded drug. It is illegal for anyone to administer a prescription drug, including a compounded drug, without a valid prescription. Only physicians and pharmacists are authorized under the law to compound drugs. PAs, APRNs, RNs, LPNs, cosmetologists, estheticians, and unlicensed persons are legally prohibited from mixing additives with IV saline. RNs may compound only under the direct supervision and orders from a physician. Pharmacy technicians may compound only under the direct supervision of a pharmacist in a pharmacy. This is true even if an authorized prescriber has appropriately prescribed the compounded IV medication.

Consequences

The unlicensed practice of healing arts, or pharmacy, is illegal in Kansas. Even the licensed practice of healing arts, or pharmacy that falls below the standard of care, results in violation of federal or state law, or is outside the licensee’s scope of practice may be considered illegal or unprofessional conduct and may result in legal action. This may include non-public or public discipline such as fines, license suspension or ultimately revocation.

Moreover, such laws governing the practice of healing arts, or pharmacy are designed to protect the health and safety of the public. Failure to abide by the requirements outlined in this advisory opinion may result in serious injury or harm to a patient.



NCSBN

Leading Regulatory Excellence

IV Hydration and Med Spa State BON Resource Guide

Alabama

1. *Declaratory Ruling of The Alabama State Board of Medical Examiners – IV Medications*

- Declaratory ruling clarifying what constitutes the practice of medicine or osteopathy within IV therapies; offers questions presented regarding who may diagnose, treat, correct, advise, and prescribe IV fluids or medications; clarification as to who may maintain an office or place of business engaged in the same; Certified Registered Nurse Practitioners (CRNPs) and Certified Nurse Midwives (CNMs) practicing pursuant to a collaborative agreement with a licensed physician may diagnose, treat prescribe, correct, and/or advise on IV medications; diagnosis of patients' conditions and subsequent recommendation of IV therapy constitutes the practice of medicine – an act outside the scope of practice for an RN; initial discussions with patients as to the additives or “cocktails” in IV therapy are also outside the scope of an RN (alone); standing order models violate Alabama law as unauthorized practice of medicine and implicates the AL Pharmacy Act; details the necessity of the creation of the physician-patient (CRNP) relationship in order for the RN to treat in the IV therapy setting; expounds upon compounding

Alaska

1. *Alaska Advisory Opinion: Medical Aesthetic, Cosmetic, and Dermatologic Procedures*

- Acknowledges medical aesthetic, cosmetic, and dermatologic procedures are within scope for RNs and LPNs provided each adheres to the proffered

guidelines; lists 12 guidelines that delineate APRN practice from that of nursing practice for RNs and LPNs; imposes limits on the autonomy of RNs and LPNs stressing the necessity of the provider to complete the initial evaluation and or assessment, and imposes patient age restrictions; lists education components to acquire competencies to perform these procedures; lists criteria that documentation must include.

2. *Master Medical Spa Matrix – Med Spa Service Work Group*

- An interdisciplinary matrix of medical spa services under Alaska law including IV hydration, advanced esthetics, cosmetic injectables, non-surgical fat reduction, lifestyle drugs, and hyperbaric therapies; gives guidance as to who may perform these services/procedures within the aforementioned categories with regard to evaluation, diagnosis, ordering prescriptions, and compounding, etc.

3. *Medical Spa Services Work Group Website, Professional Licensing, Division of Corporations, Business and Professional Licensing – Link*

- [Medical Spa Services Work Group Link](#) – States the intended purpose of the work group, the scope which encompasses all aspects of oversight, diagnosis, prescription administration, follow-up care as well as meeting minutes, agendas, and meeting materials regarding med spa services; lists all resources currently utilized by the work group including links to relevant Alaska Board documents and statutes / regulations.

Arizona

1. *Arizona State BON Advisory Opinion: Intravenous Hydration and Other Therapies*

- Stipulates that it is within the scope of practice for LPNs, RNs, and APRNs, (who demonstrate reasonable skill, knowledge etc.) to administer IV hydration, nutrient therapies and medications as authorized by a valid licensed provider order; draws the distinction with “standing orders” not satisfying duty to patients; carves out conduct not within scope for RNs and LPNs - specifically acts requiring independent medical judgment or compounding, and/or the prescribing of IV fluids; distinguishes compounding IVs and adding medications to an existing line; further provides key points regarding IV compounding and defines the same along with limits on dispensing, compounding, and the sale of drugs; provides applicable Nursing and Pharmacy Board statutes and rules;

outlays the general requirements APRNs, RNs, and LPNs must adhere to during IV hydration therapies, inclusive of provider- patient relationship creation and assessment required for APRNs and the necessity of orders from a qualified licensed provider (having established said relationship) for the RN/LPN to engage in care.

Kentucky

1. ***Kentucky BON IV Hydration & Med Spa Resource Links***

- Collated list of resource links from the KBON (APRN guidance; RN guidance; LPN guidance; FAQs, advisory statements; Joint statements)

2. ***Joint Statement of the Kentucky Boards of Medical Licensure, Nursing, and Pharmacy Regarding Retail IV Therapy***

- Defines compounding utilizing the FDA definition with regard to the scope of practice for professions, stating that a license to practice these professions is not a license “plus one”; implicates USP 797, describing the prohibition on the preparation of a therapy containing more than three sterile products; dictates that APRNs must establish a practitioner -patient relationship utilizing a “good faith” prior examination and RNs may conduct assessments relative to the establishment of the relationship by the practitioner.

3. ***Kentucky BON Advisory Opinion Statement: Role of Nurses in Cosmetic and Dermatologic Procedures***

- Establishes nurses may perform aesthetic/cosmetic procedures as part of a medically prescribed plan of care, defining “supervision” and “direct supervision” accordingly; details the scope of practice with regard to LPNs and RNs drawing the distinction between acts occurring outside an established nursing plan of care; clarifies the APRN scope of practice, highlighting the requirement of at least one population focus; lists APRN best practices for providing cosmetic and dermatologic procedures; details scope of practice for LPNs, RNs, and APRNs with regard to the administration of IV hydration, nutrient therapies, and medications emanating from a licensed prescriber; lists the general requirements for APRNs, RNs, and LPNs to provide care in the IV hydration practice setting referencing establishment of the patient relationship and medical rationale for orders by APRNs, with RNs/LPNs required to act at the behest of a licensed provider (with prescriptive authority); provides a “Procedures Table” which categorizes procedures based on the level of care of specific procedures and risk

to the patient. It indicates the nurse who having obtained the necessary education and clinical competency, would be able to perform the task.

Louisiana

1. Practice Opinion Reconsideration Statement by the LA Nursing Practice Committee

- Update of previous opinion 01.08 (relative to initiation of standing orders from an authorized prescriber by an RN).

2. The Examiner – APRN Corner – LABON Magazine Publication

- Provides clarification as to what constitutes “compounding” and the scope of RN and APRN practice regarding compounding and/or the mixing of drugs in non-emergency situations.

Maine

1. Statement of the Maine State Board of Nursing on IV Therapy Clinics

- Outlines the requirements for APRNs, RNs, and LPNs practicing in IV therapy clinic settings, stressing awareness of scope-of-practice boundaries, prescriptive authority regulations and potential abuses therein, as well as the necessity of proper assessment and examination documentation; addresses unprofessional conduct definitions and compounding prohibitions for nurses.

Massachusetts

1. Massachusetts Board of Registration in Nursing - Advisory Ruling on Nursing Practice: Cosmetic and Dermatologic Procedures (AR -13-01)

- Guides the practice of APRNs (including CRNAs), 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; Notes that APRNs may utilize ablative lasers and perform endolaser; APRNs and RNs may perform thread embedding.

2. Massachusetts Board of Registration in Nursing - Advisory Ruling on Nursing Practice: Infusion Therapy (AR 92-04)



- Guides the practice of RNs and LPNs whose practice may include infusion therapy. The opinion provides two lists of procedures and protocols consistent with organizational policy and procedure competency attainment which RNs' and LPNs' scope may include, respectively.

Mississippi

1. *IV Hydration Potential Position Statement Draft*

- Defines the scope of practice for both the RN and LPN role, with RNs having the ability to administer IV hydration medications with a valid order and LPNs being able to participate in the nursing process under appropriate supervision; describes the shared responsibilities for RN and LPN roles in the IV hydration setting; provides a list of scope of practice decision elements which must be met to engage in treatment protocols.

2. *Guidelines for IV Hydration*

- Sample planning guidelines for IV hydration policies.

3. *IV Hydration Notes for Nursing Regulatory Concerns*

- Highlights the necessity of comporting with applicable prevailing standards of care and guidelines in non-traditional settings; stresses nurses not “practicing under physician’s license” and necessity to clarify treatment regimens for ambiguity; provides a list of scope of practice decision elements which must be met to engage in treatment protocols.

4. *IV Hydration Questionnaire*

- Basic investigative questionnaire regarding hydration therapies with relation to initial physical examinations performed by practitioners with prescriptive authority.

Nevada

1. *Nevada State BON Practice Decision – RN Scope in Out of Hospital Administration of IV Solutions and Medications*

- Finds that it is within the scope of practice of RNs to administer IV solutions and medications to patients in out-of-hospital settings, provided the RN conforms to the requirements set forth in the practice decision, going on to list (6) requirements which must be sufficed; sets forth applicable Nevada statutes and regulations.

2. Nevada State BON Practice Decision – RN & LPN Scope in Out of Hospital Administration of IV Solutions and Medications

- Extends the previous Practice Decision to LPNs meeting IV certification requirements in NAC 632.475.

3. IV Hydration Scope of Practice: What Registered Nurses Need to Know?

- Clarifies IV fluids classification as a “dangerous drug” and the accompanying laws regulating possession of the same; provides a non-exhaustive list of practices the nurse must adhere to with regard to orders and medication access / administration; Offers a best practices example for RNs in an IV hydration setting.

New Mexico

1. Occupational and Professional Licensing excerpt: Nursing Practice in Aesthetic Healthcare Facilities (16.12.14.1 – 16.12.12.11)

- Excerpts defining “aesthetic healthcare procedure, “aesthetic healthcare facility” and other relevant terms under NM Title 16 – Nursing Practice in Aesthetic Healthcare Facilities.

2. New Mexico BON Frequently Asked Questions - Intravenous Hydration

- Answers frequently asked questions, including:
 - i. Is I.V. hydration administration outside of a licensed facility within the scope of practice and permitted by LPNs and RNs?
 - ii. Is it within the scope of practice of RNs and LPNs to add IV additives (IV admixture) to infusion bags? Would this be considered compounding?
 - iii. Does the APRN or LP have to see the patient first?
 - iv. What are the specific steps that I as an RN or one of my LPN colleagues have to follow?
- Endorses the American IV Therapy Association Practice Standards and enumerates the same.

3. American IV Therapy Association – Industry Position Statement

- Propounds 10 clinical standards that represent a consensus from the American IV Association’s professional committees that “reflects an evidence-based approach to practice safety for the industry. Standards include: Licensure and certification, Scope of practice, Patient Assessments and Screening, Patient Education and Informed Consent, Treatment Protocols and Administration, Monitoring and Management of Adverse Reactions, Documentation and Record-Keeping, Emergency Preparedness, QA and Safety, and Continuing Education and Training.

4. FDA, FTC, NCSBN, FSMB, NAPB Joint Panel – IV Hydration Facilities Slides



- Provides a brief overview of IV hydration operations; describes the current landscape of IV hydration facilities; provides examples of uses; discusses state oversight; discusses compounding risk alerts; provides case examples

North Carolina

1. NCBON Position Statement: Administration of Intravenous Fluids (IV Hydration), Nutrient Therapies, and Medications for Hydration, Health, and Wellness (For RN, LPN, and APRN Practice)

- Differentiates between the role of the RN, LPN, and APRN in terms of scope of practice, stressing the difference in oversight and need for an on-site supervising presence for the LPN; notes that RNs and LPNs shall practice within the scope of their highest level of active licensure and must have the requisite knowledge, skill and competency required for the procedure as well as adhere to established procedural policies; provides that APRNs with diagnostic and prescriptive authority meet the requisite standard of care, but also must meet documentation requirements for patient care in IV therapy settings.

North Dakota

1. NDBON Practice Guidance: Role of the Licensed Nurse in Retail Intravenous Therapy Settings

- Provides guidance regarding the role of nurses in retail IV therapy settings, outlining legal scope, prescriber responsibilities, and patient safety protocols; stresses that RNs cannot prescribe or compound medications, and must adhere to strict documentation and monitoring standards; clarifies the limitations of standing orders, prescriber-client relationships, and the regulatory oversight of drug compounding and distribution by the Board of Pharmacy, USP 797.

Ohio

1. Nurse Care of Patients Receiving Intramuscular, Subdermal, or Subcutaneously Injected Medications for Cosmetic/Aesthetic Treatment

- Outlines the conditions under which nurses may administer IV medications for cosmetic or aesthetic purposes, emphasizing patient safety, prescriber oversight,

and clinical environment standards; affirms the necessity for medical evaluation and patient – provider relationship creation; stresses that nurses must not independently select medications or dosages (RN/LPN) and must demonstrate competency through formal education; specifies competency and documentation expectations and delineates scope of nursing practice (by license) in relation to medication selection, dosage determination, and procedural oversight.

2. Utilizing Interpretive Guidelines

- Website provides clarification about the role of interpretive guidelines in helping licensees engage in safe nursing practice. It explains the legal basis for safe nursing care within one’s scope of practice and stresses the necessity of utilizing professional judgement consistent with the RN and LPN Decision Making Model.

Oklahoma

Oklahoma is currently working on drafting guidelines. There is currently an Attorney General opinion request that has been made that could potentially impact these guidelines. When published, we will share the same.

Oregon

1. OSBN Interpretive Statement: Nursing Practice Intravenous Hydration Therapy

- Clarifies the scope of practice for APRNs, LPNs and RNs in IV therapy settings; details the role of APRNs with IV hydration being within their scope of practice only when all decisioning points of the “APRN Scope of Practice Decisioning Algorithm” (linked in document) are met; Differentiates between RN and LPN scope of practice, setting out the OARs which must be adhered to in order to fall within scope of practice.

Rhode Island

1. Rhode Island DOH Guidance Document Regarding the Operations of Medical Spas and Intravenous (IV) Therapy Businesses

- Provides clarity on the licensure, ownership, standard of care, and standard of practice; discusses RN’s formation of professional service companies for

exemption from ambulatory care licenses and differentiates from providing delivery of nursing services; limits CNPs – only family practice or adult gerontology with other foci being prohibited; provides scope of practice for RNs and requirements for initial assessment from a licensed practitioner while limiting LPN scope entirely; defines compounding, referencing USP 797 standards; provides a chart illustrating common procedures performed in med spas and IV therapy settings with respective boards determining which are within each licensee’s scope.

2. *Now and Next Healthcare Alert: Rhode Island enacts Medical Spas Safety Act*

- Medical spas will be required to be licensed as healthcare facilities, follow new documentation and training standards, and prepare for Department of Health regulations by July 2026.
- The law requires medical spas to have licensed medical directors and comply with strict restrictions on who may perform or delegate cosmetic medical procedures or use certain devices.
- Makes several changes to statutes pertaining to medical spas. Provides that a CNP or physician may assume the role of a medical director at the medical spa and sets out requirements for medical director qualifications including ensuring that all providers performing cosmetic medical procedures are adequately trained; mandates that all cosmetic medical procedures be performed by a physician, PA, APRN, or delegated to a qualified non-physician, non-PA or non-APRN under the supervision of a physician, PA, or APRN, who is trained in the performance of the cosmetic medical procedure; requires the supervising physician, PA or APRN perform an initial patient assessment, prepare a detailed written treatment plan, and obtain patient consent. Requires an APRN who performs or supervises medical spa procedures be accredited by the BON.

South Carolina

1. *Joint Advisory Opinion of the South Carolina State Boards of Medical Examiners, Pharmacy, and Nursing Regarding Retail IV Therapy Businesses*

- Sets forth that services provided by IV retail clinics constitute the practice of medicine and provides examples of “real world” scenarios in which the RN is not a licensed prescriber and is practicing medicine without a license; specifies that the compounding, storage, and administration of IV medications fall under the scope of pharmacy practice; differentiates the scope of practice for LPNs (wholly outside scope), RNs, and APRNs related to the practice area.

2. *Joint Advisory Opinion of the South Carolina State Boards of Dentistry, Medical Examiners, and Nursing Regarding the Administration of Neuromodulators, Including Botox*

- Offers guidance to nurses performing injections of neuromodulators, including Botox; emphasizes the requirement that the licensee must have documented special education and training in contraindications and potential side effects with continued education and competency ongoing and documented; highlights the necessity of a bona fide practitioner – patient relationship prior to injections (RN ineligible to initiate).
3. ***South Carolina BON Advisory Opinion #39: Is it within the role and scope of responsibilities for a licensed nurse to perform certain cosmetic procedures?***
 - Certain cosmetic procedures are within the scope of practice for RNs. The opinion further clarifies laser removal of hair, sclerotherapy, applications of chemical peels, microdermabrasion, and dermal fillers are all within the scope of practice of an RN if enumerated criteria for each is met.
 4. ***South Carolina BON Advisory Opinion #72: Is it within the scope of practice of a licensed APRN, RN, or LPN to perform micropigmentation, also known as microblading?***
 - Provides the necessary requirements to place micropigmentation and microblading in scope of nursing practice (generally outside scope).
 - Physicians must direct the course of the patient's treatment, must directly supervise the person performing the procedure, and must be on site when the procedure is performed.

South Dakota

1. ***South Dakota BON Practice Statement: Dermatological Procedures by Licensed Nurses***
 - Defines the expectations of the role “authorized medical provider” (MD, PA, CNP); Sets forth requirements for medical orders/protocols for interventions; further clarifies the role of the RN and LPN, differentiates the scope of practice and prerequisites which must be met for the nurse to engage in procedures, lists procedures RNs and LPNs “may perform” if the aforementioned criteria are met.
2. ***South Dakota BON Practice Statement: Elective IV Infusion and Medication Therapy Guidelines***
 - Elaborates on requirements for written protocols and standing orders providing a minimum of six elements that must be met; gives clarification to the LPN role, specifically and elaborates on elective IV therapies LPNs may perform and tasks they may not perform; dictates practice setting expectations – written policies, clinical documentation requirements, infection controls, etc.

Texas

1. ***Texas BON FAQ – Nursing Practice with Guidance: Cosmetic Procedures***

- Links to FAQ sections for LVNs, RNs, and APRNs, regarding scope of practice for cosmetic procedures based on license designation and proper delegation therein.
- 2. *Texas Board Nursing Bulletin – IV Hydration: What Texas Nurses Need to Know***
 - Offers regulatory considerations nurses should be mindful of when deciding whether to practice in this setting, stressing the differences state to state and the need to know all applicable rules that apply in the state they are providing care; further stresses the importance of acting in the best interest of the patient which supersedes standing orders or employer policies; highlights the “Scope of Practice Decision-Making Model (DMM) for independent nurse review; provides a basic checklist of other factors a nurse must ensure during the course of treatment.

Vermont

- 1. *Joint Statement Regarding IV Therapy Clinics and Medical Spas – From the Vermont OPR and Boards of Medical Practice, Nursing, Osteopathic Medicine, and Pharmacy.***
 - Clarifies what constitutes the practice of medicine – providing that IV therapy indisputably constitutes the practice of medicine; delineates licensed prescriber requirements for APRNs, differentiating from RNs and LPNs lack of prescriptive authority in these (and all) settings; further details provided as to standing order viability and compounding; Improper delegation is also addressed.

Washington

- 1. *Information and Guidance for Operating a Med Spa or Business Offering Aesthetic Services to the Public***
 - General information on med spa businesses - including licenses, certifications, and needed registrations for med spas; guidance for the provision of medications and requisite legal authority to do so, including Pharmacy Commission links; highlights resources from the WABON including a scope of practice decision tree and links to further advisory opinions.
 - [Located within the Medical Spa and Esthetic Services Work Group Webpage](#) (PDF in WA resources as well) providing med spa service interprofessional guidance.
- 2. *Intravenous Therapy Services Best Practices Checklist***
 - Provides a high-level, non-exhaustive overview of the pertinent definitions and best practices related to IV therapy services with links to relevant statutory authority.
- 3. *Interagency Aesthetics Taskforce Med Spa Compliance – Environment of Care / Infection Control Checklist***
 - Comprehensive inspection checklist designed to assess compliance with infection control, safety, and regulatory requirements (CDC, USP, OSHA) covering compounding, sterilization disinfection, and PPE along with a multitude of other protocols.

4. *Informed Consent: Aesthetics Practice (Which medical procedures require informed consent?)*

- Outlines procedures in which patients should receive informed consent and provides guidance as to the documentation of discussing complications and risks for adverse events with patients, while highlighting the key components of Informed consent and best practices.

West Virginia

1. ***West Virginia is working on a joint statement with other boards in their state which will be added to these resources upon completion.***

Wyoming

1. ***Retail IV Therapy Collaborative Statement – Wyoming Boards of Medicine, Nursing and Pharmacy***

- Underscores the basic standards for safe practice, emphasizing patients must be evaluated by an appropriate provider; IV medications must be compounded and stored properly; and IV medications/fluids should be administered and monitored by someone with the necessary education, training, and skills; including being able to respond to potential complications.
- Expounds upon the RN and APRN scope of practice. Provides further clarification from the Pharmacy Board as to what constitutes the practice of pharmacy under local and USP standards.

2. ***Wyoming State BON Advisory Opinion: Aesthetic Procedures / Medical Spa***

- Provides definitional clarity as to what constitutes a medical spa practice setting and treatment, defines the scope of practice in medical spa settings; lists permitted procedures and outlines the roles of LPNs, RNs and APRNs in delivering those med spa services.

3. ***Wyoming State BON Advisory Opinion: Infusion Therapy Procedures***

- Clarifies the scope of practice and oversight/supervision requirements for LPNs and RNs in infusion therapy settings. Details the role of the APRN and the role of the RN, setting out necessary prerequisites that must exist in order to perform certain aspects of medical care outlined in the opinion; highlights education requirements and also what is NOT within scope of practice.

