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**Oregon State Board of Nursing**  
Ruby Jason, Executive Director

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## Oregon State Board of Nursing (OSBN) Meeting Minutes (Revised 3/18/16)

**Meeting Topic:** APRN Rule Advisory Committee  
**Meeting Date:** January 7, 2016  
**Meeting Time:** 1:00 pm to 4:00 pm  
**Attendance:** Listed at the end of minutes

**Location:** Oregon State Bar Center  
**Facilitator:** Christy Cowgill  
**Recorded:** Yes

Agenda	Discussion	Action
<p><b>Welcome/ Introductions</b></p>	<p>Christy Cowgill, Advanced Practice Consultant, commenced the meeting for the APRN Rule Advisory Committee (RAC). All attendees, in-person and via teleconference/webinar, introduced themselves.</p> <p>Recording of meeting is available at: <a href="https://osbn.adobeconnect.com/p5jm02jn71b/?launcher=false&amp;fcsContent=true&amp;pbMode=normal">https://osbn.adobeconnect.com/p5jm02jn71b/?launcher=false&amp;fcsContent=true&amp;pbMode=normal</a></p> <p>Documents for the meeting are available, separately at: <a href="https://www.dropbox.com/home/APRN_RAC%20files/Jan%207%20meeting">https://www.dropbox.com/home/APRN_RAC%20files/Jan%207%20meeting</a></p> <p>Ruby Jason, OSBN Executive Director, announced that the Board would be changing its policies to interpretive statements, frequently asked questions (FAQs) or scope trees, including the Policy Guideline: Nursing Scope of Practice for Cosmetic Dermatologic Procedures (Cosmetic Policy). She explained:</p> <ul style="list-style-type: none"> <li>• Rules and statutes were law and enforceable while policies were <i>not</i> enforceable.</li> <li>• There were currently <i>no</i> complaints related to APRN cosmetic and dermatologic procedures. However, there were complaints about RNs and questions as to their scope related to cosmetics.</li> <li>• Going forward, any potential conduct derogatory practices were to be addressed by rule or statute.</li> </ul>	<p>Minutes to be sent to the RAC members for review and approval. Once approved, minutes to be posted on the OSBN website.</p> <p>The Cosmetic Policy to be removed from the website and changed to an interpretive statement, FAQs or a scope tree.</p>
<p><b>Cosmetic Policy and Division 45: Conduct Derogatory to APRN Practice</b></p>	<p>C Cowgill provided a power point presentation on the topics of nonsurgical aesthetic procedures, the role of the APRN and asked the questions of who should police the APRN and RNs involved in these procedures. She provided an overview of the industry, a history of aesthetic procedures, providers, environment, regulation and competencies. Points for discussion included:</p> <ul style="list-style-type: none"> <li>• Aesthetics practice was the practice of medicine when state legislation mandated it.</li> </ul>	<p>C Cowgill to receive and process any input on non-surgical aesthetic procedures and provide to the group at the next APRN RAC meeting.</p>

	<ul style="list-style-type: none"> <li>• State Medical Boards might state these procedures were the practice of medicine.</li> <li>• Boards of Nursing had favored utilizing a decision tree.</li> </ul> <p>The Oregon Medical Board had in rule that aesthetic procedures were the practice of medicine, but the rule didn't state it was <i>solely</i> the practice of medicine. It could also be the practice of nursing when it's accompanied by that nursing process, ADPIE (Assessment, Diagnosis, Planning, Implementation, Evaluation), that a nurse must do as part of the process of taking care of any client.</p> <p>C Cowgill proposed the APRN-RAC group begin discussion on the following topics:</p> <ul style="list-style-type: none"> <li>• Can an NP assign a duty to an RN? See the two types of supervision options: <ul style="list-style-type: none"> <li>○ Scenario 1: <ul style="list-style-type: none"> <li>▪ LIP conducts evaluation and consults with patient prior to treatment by RN</li> <li>▪ Provides orders to RN to provide treatment</li> <li>▪ Delivers follow up evaluation</li> <li>▪ Is on site during treatment</li> </ul> </li> <li>○ Scenario 2: <ul style="list-style-type: none"> <li>▪ RN performs pre-treatment evaluation and selects treatment per protocol and standing orders</li> <li>▪ RN delivers treatment</li> <li>▪ Post treatment review by LIP</li> <li>▪ LIP remains available in event of emergency or for treatment of untoward effects</li> </ul> </li> </ul> </li> <li>• Is every type of Oregon APRN qualified to perform non-surgical aesthetics if they had the appropriate training? See Louisiana statement on LIPs and aesthetics.</li> <li>• Would a scope tree sufficiently provide a standard of competency and best practices for Oregon APRNs? The current Cosmetic Policy was being replaced by an interpretive statement, FAQs or scope tree.</li> </ul>	
<p><b>Presentations and View Points on the Nurse Practice Act</b></p>	<p>Presentations and view points on the Cosmetic Policy. Speakers were allotted 5-10 minutes. Information included the following:</p> <ul style="list-style-type: none"> <li>○ <b>Lovely Laban, GNP, Aesthetic Nurse Practitioner, Skin by Lovely</b>  Provided information on the lack of national certifications for the aesthetic medicine field. <ul style="list-style-type: none"> <li>○ The American Board of Medical Specialties (ABMS) was considered the highest level of board certification. However, they did not have a certification for Aesthetics.</li> <li>○ The difficulty in providing certification was due to the</li> </ul> </li> </ul>	

	<p>field of aesthetic crossing into many recognized specialties.</p> <ul style="list-style-type: none"> <li>○ In the absence of ABMS certification, there were three primary sources that provided what could be termed as a “certification in aesthetics”:</li> <li>▪ for-profit societal organizations, AAFPRS for example;</li> <li>▪ for-profit educational organizations, Aesthetic Advancements Incorporated for example;</li> <li>▪ product manufacturers, Allergan, for example.</li> <li>○ Skin by Lovely created their own certification process which was the completion of a 90 day fellowship program. The Skin by Lovely Education Center provided the training programs for their own providers and other practitioners.</li> <li>○ <b>Tita Comeaux-Fortier, FNP, Skin by Lovely Director of Education</b> (presented by Lovely Laban)          Provided information on best practices for the field of aesthetic medicine, including the following:           <ul style="list-style-type: none"> <li>○ Referenced the Oregon Administrative Rules, Division 50, 851-050-005(8) related to the nurse practitioner providing health care services based on scope, educational preparedness and established and maintained competencies.</li> <li>○ Coursework specific to aesthetics was lacking in both medical and nursing educational programs. Not considered unusual as emerging technologies often exceed academia’s ability to respond to timely curriculum changes.</li> <li>○ Aesthetics was an emerging field of medicine and societal demands were expected to continue to increase. One product provider announced their expectation for the market to double within the next five years.</li> <li>○ Academic education was currently limited, but high quality aesthetic workshops and seminars were widely available to NPs.</li> <li>○ The science of aesthetics was straightforward and relatively uncomplicated as a patient did not become physically ill as a result of a procedure. The formulary used was small and complications were rarely severe or life threatening.</li> <li>○ The minimum standard requirements in the Nurse Practice Act were adequate to provide basic, safe aesthetic care to patients. However, advanced aesthetic care required going beyond the minimum by defining and targeting best practices by providing the following:               <ul style="list-style-type: none"> <li>▪ Education – curriculums and fellowships</li> <li>▪ Certifications – national and/or privately sponsored</li> <li>▪ Evidenced-Based Best Practices – aesthetic</li> </ul> </li> </ul> </li> </ul>	
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- research to support evidence based practice.
- Aesthetic Settings – including OSHA compliance, protected privacy, and appropriate medical staff, documentation, supplies, and environment

○ **Teri Bunker, FNP, Bridge City Aesthetics**

Presented her background and based on years of aesthetic experience voiced the following concerns:

- The APRN-RAC needed to maintain the current rules as they were not limiting, but were open for interpretation. She advised that the group not get mired down in too many details and limit this industry.
  - The field of aesthetics was self-monitoring: if a practitioner didn't have the appropriate training and abilities, they would not be able to maintain a business.
  - It was a consumer driven industry and probably one of the reasons there weren't any APRN complaints related to aesthetic procedures. A lot of rules were not necessary.
- There were unlicensed folks providing aesthetic procedures.
- Other aesthetic practices and devices not yet mentioned needed to be addressed along with those not yet known as it was a rapidly emerging field.

○ **Debee Jones, RN, Bridge City Aesthetics**

Provided an RN's perspective and her experience working with a non-core specialty physician, a plastic surgeon, and currently with Teri Bunker at Bridge City Aesthetics. She shared the following:

- She expected that in the next few years there would be an explosion in the aesthetic industry.
- While there weren't currently complaints or adverse events occurring related to aesthetics, there could be if there weren't appropriately trained practitioners and guidelines.
- The guidelines the group created needed to include what a nurse could do based on scope and written standards and protocols.

Debbie (and Teri Bunker – see above) answered questions from the group related to her experience.

○ **Jessica Slaughter, CRNA, Advantage Dental (pediatric anesthesia), Aesthetic Medicine**

Jessica provided information on her background, how she recently entered into aesthetic medicine, and her training. She explained she traveled throughout the state under contract with Advantage Dental providing pediatric anesthesia which was 90 % of her business. The other 10% was esthetic medicine primarily in the rural areas of Oregon. She did not have her own clinic, but

	<p>worked in the dental offices and private homes.</p> <p>As there was no true Board or national certification for APRN aesthetic practice, she determined her own education and training, first by consulting with the OSBN APRN Policy Analyst Sarah Wickenhagen about the requirements. Her self-imposed training program included completing both initial and advanced aesthetic training courses (AAFA), observation of an aesthetic provider, and treatment of patients for a period of time at cost in order to gain experience. She was currently enrolled in a third aesthetic training course. She also joined the American Academy of Facial Aesthetics (AAFA) in order to continue to receive updates and education.</p> <p>Additional information, recommendations and concerns related to industry guidelines included:</p> <ul style="list-style-type: none"> <li>○ Both initial and continuing aesthetic training standards were needed.</li> <li>○ Keep the APRN LIP requirements in alignment with the MD requirements.</li> <li>○ Provide guidance without imposing limitations for diverse practice opportunities for all APRNS, including those in rural communities.</li> </ul> <p>○ <b>Helen Turner, CNS</b> Spoke to her concerns that aesthetic medicine not be limited by the type of APRN, but that it be a field available to all RNs and all APRNs with safe guidelines.</p>	
<p><b>Discussion on Presentations Cosmetic Policy</b></p>	<p>Following the presentations, the group discussed the information presented and voiced their questions, comments and concerns, including:</p> <ul style="list-style-type: none"> <li>○ A registered nurse is not a licensed independent practitioner and can't make a medical diagnosis or prescribe treatments. <ul style="list-style-type: none"> <li>▪ Medical Board's statement of philosophy released October 2015: the process does not stipulate a time constraint.</li> <li>▪ See Supervision Scenario 2 (provided above – page 2)</li> </ul> </li> <li>○ Creating a separate aesthetic statement could potentially limit our scope.</li> <li>○ Create interpretative statement that would recognize that APRNs are capable of performing aesthetic procedures. <ul style="list-style-type: none"> <li>▪ At November 2015 Board meeting, the Board's position was that an APRN who had the training to provide aesthetic procedures could do it and did not feel that additional rulemaking was necessary.</li> <li>▪ The decision tree guides a practitioner as to whether he/she was capable of providing a</li> </ul> </li> </ul>	<p>C Cowgill to send out a copy of the MB's October statement of philosophy.</p>

	<p>specific type of care or procedure. (Note: The OSBN is updating it to include APRNs.)</p> <p>The group agreed to have an interpretive statement affirming that all APRNs were capable of providing aesthetic procedures under Supervision Scenarios 1 and 2 (see above page 2). Training was deemed self-regulating.</p> <p>C Cowgill explained that the Medical Board’s rules stated that aesthetic procedures were to be done in an office setting. She challenged the group to research if there’s any clinical setting guidelines for the esthetic industry. A document or quoted source that could be submitted to the Board in support of providing aesthetic care in the private home to substantiate a statement contrary to the Medical Board.</p>	
<b>Wrap-up and Next Meeting</b>	The next APRN Rule Advisory Committee meeting will be held on March 3, 2016 from 1-4 pm at the Oregon State Board of Nursing.	Agenda to be sent to APRN RAC and Stakeholders prior to the February meeting.
<b>Adjourned</b>	The meeting adjourned at approximately 4:05 pm.	N/A

Minutes completed by Ginger Simmons, Policy Analyst Administrative Assistant & Christy Cowgill, Advanced Practice Policy Analyst.

## ATTENDANCE - OSBN APRN-RAC Meeting

January 7, 2016

<b>Name</b>	<b>License Type</b>	<b>Role</b>	<b>Area</b>	<b>Attend</b>
<b>Betty Ang</b>	<b>CNS, PMHNP</b>	<b>Stakeholder</b>	<b>Salem, OR</b>	<b>Online*</b>
Molly Archer	ACNS	Stakeholder	Portland, OR	Absent
<b>Liz Banks</b>	<b>FNP</b>	<b>RAC Member</b>	<b>Portland, OR</b>	<b>Online*</b>
<b>Patty Barfield</b>	<b>PMHNP</b>	<b>RAC Member</b>	<b>Ontario, OR</b>	<b>OSB Center</b>
Jennifer Barr	FNP	Stakeholder	Portland, OR	Absent
Stephanie Barss	FNP	RAC Member	Portland	Absent
R. Eric Beechly	CRNA	Stakeholder	Coos Bay, OR	Absent
John Belnap	CRNA	Stakeholder	Grants Pass, OR	Absent
Matthew Benedict	FNP	Stakeholder	Portland, OR	Absent
Barbara Bergeron	FNP	Stakeholder	Klamath Falls, OR	Absent
Suzanne Brown	CRNA	Stakeholder	Portland, OR	Absent
Sandra Bunn	CNS	Stakeholder	Salem, OR	Absent
<b>Ann Busch</b>	<b>CNS</b>	<b>RAC Member</b>	<b>Portland, OR</b>	<b>Online*</b>
Danielle Byers	FNP	Stakeholder	Medford, OR	Absent
Nicole Carter	AGCNS	Stakeholder	Portland, OR	Absent
Jolene Cawlfild	FNP	Stakeholder	Burns, OR	Absent
DeeAnna Chamberlain	CNS	Stakeholder	Dallas, OR	Absent
Lee Chamberlain	FNP	Stakeholder	Corvallis, OR	Absent
Niamh Charles	NMNP	Stakeholder	Gold Beach, OR	Absent
Kathleen Chinn	FNP	Board Member	Eugene, OR	Absent
Dawn Coglisier	FNP	RAC Member	Grants Pass, OR	Absent
Mark Cohen	CRNA	Stakeholder	Portland, OR	Absent
Tita Comeaux-Fortier	FNP	Stakeholder	Hood River, OR	Absent
<b>Christy Cowgill</b>	<b>CRNA</b>	<b>Board Staff</b>	<b>Portland, OR</b>	<b>OSB Center</b>
Kathleen Cook	CRNA	Stakeholder	Portland, OR	Absent
Sue Davidson	CNS	Stakeholder	Portland, OR	Absent
Dustin Degman	CRNA	Stakeholder	Reedsport, OR	Absent
<b>Lina Dorfmeister</b>	<b>CRNA</b>	<b>RAC Member</b>	<b>Coos Bay</b>	<b>OSB Center</b>
Martha Driessnack	PNP	Stakeholder	Portland, OR	Absent
<b>Larlene Dunsmuir</b>	<b>ANP, FNP</b>	<b>RAC Member</b>	<b>Portland, OR</b>	<b>OSB Center</b>
Margaret Ecklund	ACNP	Stakeholder	Portland, OR	Absent
Heidi Egan	CRNA	Stakeholder	Portland, OR	Absent
<b>Cathy Emeis</b>	<b>NMNP</b>	<b>RAC Member</b>	<b>Portland, OR</b>	<b>OSB Center</b>
<b>Dianna Eshleman</b>	<b>ANP, WHCNP</b>	<b>RAC Member</b>	<b>Portland, OR</b>	<b>OSB Center</b>
<b>Justin Gibb</b>	<b>CRNA</b>	<b>Stakeholder</b>	<b>Ontario, OR</b>	<b>Online*</b>
<b>Emily Goerke</b>	<b>CRNA</b>	<b>RAC Member</b>	<b>Portland, OR</b>	<b>OSB Center</b>
Amy Grace	FNP	Stakeholder	Astoria, OR	Absent
Erin Grap	FNP	Stakeholder	Portland, OR	Absent
<b>Laurel Hallock Koppleman</b>	<b>FNP</b>	<b>RAC Member</b>	<b>Portland, OR</b>	<b>Online*</b>
Jackie Hall	PMHNP	Stakeholder	Eugene, OR	Absent
Kat Hammond	FNP	Stakeholder	Tigard, OR	Absent
<b>Paul Clay Hill</b>	<b>FNP</b>	<b>Stakeholder</b>	<b>Grand Ronde, OR</b>	<b>Online*</b>
<b>Carol Howe</b>	<b>NMNP</b>	<b>RAC Member</b>	<b>Portland, OR</b>	<b>OSB Center</b>
<b>Heike Huchler</b>	<b>FNP</b>	<b>Stakeholder</b>	<b>Gresham, OR</b>	<b>Online*</b>
<b>Andrea Johnson</b>	<b>CRNA</b>	<b>RAC Member</b>	<b>Portland, OR</b>	<b>OSB Center</b>
<b>Florencia Kantt</b>	<b>PNP</b>	<b>RAC Member</b>	<b>Eugene, OR</b>	<b>Online*</b>
Yena Kim	FNP	Stakeholder	Eugene, OR	Absent
Susan King	RN	Stakeholder	Portland, OR	Absent
Kimberly Kintz	ANP	Stakeholder	Portland, OR	Absent

Tracy Klein	FNP	Stakeholder	Vancouver, WA	Absent
<b>Gretchen Koch</b>	<b>RN</b>	<b>Board Staff</b>	<b>Portland, OR</b>	<b>OSB Center</b>
<b>Joseph Knaus</b>	<b>FNP</b>	<b>Stakeholder</b>	<b>Portland, OR</b>	<b>Online*</b>
<b>Lovely Laban</b>	<b>GNP</b>	<b>RAC Member</b>	<b>Portland, OR</b>	<b>OSB Center</b>
<b>Tamara Lee</b>	<b>PMHNP</b>	<b>RAC Member</b>	<b>Winston, OR</b>	<b>Online*</b>
Duane Laurelton	CRNA	RAC Member	Hood River, OR	Absent
Gary Lausten	FNP	Stakeholder	Portland, OR	Absent
<b>Bruce Marks</b>	<b>FNP</b>	<b>RAC Member</b>	<b>Portland, OR</b>	<b>OSB Center</b>
<b>Janet Matthews</b>	<b>FNP &amp; WHCNP</b>	<b>Stakeholder</b>	<b>Salem, OR</b>	<b>OSB Center</b>
Deborah Messecar	CNS	Stakeholder	Portland, OR	Absent
<b>Morghan Milagrosa</b>	<b>NMNP, WHCNP</b>	<b>RAC Member</b>	<b>Lake Oswego, OR</b>	<b>OSB Center</b>
Rose Milano	ACNP	Stakeholder	Portland, OR	Absent
Mindie Metka	NMNP	Stakeholder	Silverton, OR	Absent
Jayne Mitchell	ANP	Stakeholder	Lake Oswego, OR	Absent
Kathryn Moon	FNP	RAC Member	Florence, OR	Absent
Thanh Nguyen	FNP	Stakeholder	Portland, OR	Absent
<b>Megan Osborn</b>	<b>ANP, PMHNP</b>	<b>RAC Member</b>	<b>Salem, OR</b>	<b>Online*</b>
Stephen Patten	CNS	Stakeholder	Portland, OR	Absent
<b>Anja Peersen</b>	<b>CNS</b>	<b>Stakeholder</b>	<b>Lake Oswego, OR</b>	<b>Online*</b>
<b>Robin Perez</b>	<b>PMHNP</b>	<b>Stakeholder</b>	<b>Canby, OR</b>	<b>OSB Center</b>
Tim Perez	PMHNP	Stakeholder	Wilsonville, OR	Absent
Cynthia Perry	FNP	RAC Member	Portland, OR	Absent
<b>Meg Portwood</b>	<b>FNP</b>	<b>RAC Member</b>	<b>Lincoln City, OR</b>	<b>Online*</b>
<b>Tracy Pozar (Yun)</b>	<b>FNP</b>	<b>RAC Member</b>	<b>Portland, OR</b>	<b>Online*</b>
Bill Prosser	CRNA	Stakeholder	Florence, OR	Absent
<b>Rachel Pulver</b>	<b>FNP</b>	<b>Stakeholder</b>	<b>Portland, OR</b>	<b>OSB Center</b>
Mark Roady	CNS	Stakeholder	Portland, OR	Absent
Jason Roberts	FNP	Stakeholder	Eugene, OR	Absent
Katherine Sandstrom	FNP	Stakeholder	Portland, OR	Absent
<b>Margaret Scharf</b>	<b>PMHNP &amp; FNP</b>	<b>RAC Member</b>	<b>Portland, OR</b>	<b>OSB Center</b>
Tricia Schroffner	FNP	Stakeholder	Eugene, OR	Absent
Ingrid Siegman	CNS	RAC Member	Portland, OR	Absent
<b>Ginger Simmons</b>	<b>Board Staff</b>	<b>Board Staff</b>	<b>Portland, OR</b>	<b>OSB Center</b>
James Sims	ANP	RAC Member	Eugene, OR	Absent
<b>Jessica Slaughter</b>	<b>CRNA</b>	<b>Stakeholder</b>	<b>Sisters, OR</b>	<b>OSB Center</b>
<b>Sally "Lisa" Sluder</b>	<b>AGACNP</b>	<b>RAC Member</b>	<b>Ontario, OR</b>	<b>Online*</b>
Joshua Squires	ACNP	RAC Member	Portland, OR	Absent
<b>Jeanine Swyghan</b>	<b>ACNP</b>	<b>RAC Member</b>	<b>Reno, NV</b>	<b>Online*</b>
Asma Taha	PNP	RAC Member	Portland, OR	Absent
<b>Thomas Trubenbach</b>	<b>FNP</b>	<b>Stakeholder</b>	<b>Medford, OR</b>	<b>Online*</b>
<b>Helen Turner</b>	<b>CNS</b>	<b>RAC Member</b>	<b>Portland, OR</b>	<b>OSB Center</b>
Olivia Ulrich	FNP	RAC Member	Hood River, OR	Absent
Kristi Vaughn	ACNP, FNP	Stakeholder	Portland, OR	Absent
<b>Diana Wambaugh</b>	<b>FNP</b>	<b>Stakeholder</b>	<b>Roseburg, OR</b>	<b>Online*</b>
<b>Cindi Warburton</b>	<b>FNP</b>	<b>RAC Member</b>	<b>Bend, OR</b>	<b>Online*</b>
Kelly Washburn	ANP, GNP	Stakeholder	Portland, OR	Absent
<b>Rochelle Webster</b>	<b>FNP</b>	<b>Stakeholder</b>	<b>Medford, OR</b>	<b>Online*</b>

Other Attendees:  
Teri Bunker, FNP  
Deborah Jones, RN

\*Online = Synchronous  
Online = Asynchronous