



Rhode Island Department of Health

Guidance Document Regarding the Operation of Medical Spas and Intravenous (IV) Therapy Businesses

Background

The Rhode Island Department of Health (RIDOH) is charged with implementing and enforcing laws for the protection of the public's health; this expansive authority includes oversight of healthcare facilities and healthcare professionals. The statutory authority for this regulatory oversight is largely set forth in Title 5 ("Businesses and Professions") and Title 23 ("Health and Safety") of the R.I. General Laws.

In the past few years, RIDOH has seen a proliferation of two new healthcare business types – medical spas and intravenous (IV) therapy businesses.

Medical spas, sometimes referred to as medspas or medispas, offer an array of services from traditional esthetic services (e.g., hairdressing, manicures) to traditional medical procedures (e.g., Botox, fillers, laser hair removal). For the purpose of this document, the term "medical spa" means an entity that offers or performs esthetic procedures that (a) do not require sedation; and (b) are directed at improving the person's appearance; and (c) do not meaningfully promote the proper function of the body or prevent or treat illness or disease. The term also refers to an entity that offers or performs any other esthetic procedure or treatment requiring the participation of a licensed healthcare professional.

Intravenous (IV) therapy businesses provide patients with IV fluids with or without medications, vitamins, minerals and/or amino acids. Sometimes these services are offered within a medical spa, but more often are a standalone business.

The services offered in these settings are advertised as being of minimal risk and thus are treated more as spa treatments rather than medical procedures; many of which intersect the specialties of medicine, nursing, and pharmacy. This framing makes it confusing for healthcare professionals and the public to understand the responsibilities of each specialty.

Furthermore, RIDOH has discovered many of these businesses operating without proper healthcare facility licensure and/or providers performing procedures that are not within their scope of practice nor adhering to the proper standard of care. Thus, patients receiving these medical treatments in these settings are at a higher risk for complications, including inadequate results (requiring additional procedures), infections, burns, and in extreme cases, death.

Based upon the foregoing, RIDOH's Division of Healthcare Quality and Safety (DHQS) in consultation with the professional boards of licensure and discipline, issue this guidance to

provide clarity on the licensure, ownership, standard of care, and standard of practice for healthcare professionals in medical spas and intravenous (IV) therapy businesses¹.

Questions regarding this guidance should be directed to Lauren Gareau at lauren.gareau@health.ri.gov or 401-222-4525.

Medical Spa and IV Therapy Business Ownership and Licensure

As medical spas and IV therapy businesses are an agglomeration of medical disciplines, the ownership structure of these facilities varies. In some instances, a dermatologist or plastic surgeon is the owner and in others, it is an esthetician. Some are owned by unlicensed investors. Determination for licensure is complex and heavily fact-dependent and it may be best for potential owners of medical spas and IV therapy businesses to seek legal counsel.

In Rhode Island the determination for the requirement of a healthcare facility license for a medical spa or IV therapy business is based on the ownership structure, services offered, and professional licensure (if any) held by the owners of the medical spa or IV therapy business.

In the event that the owner and/or operator holds no professional license or does not qualify for an exemption via a professional service corporation, **an organized ambulatory care facility license is needed.**

Certain professional license holders (e.g., physicians, dentists, registered nurses, physician assistants) are permitted to form a professional service corporation (PSC) under R.I. Gen. Laws Chapter 7-5.1. By forming a PSC, professional license holders can be exempt from an organized ambulatory care facility license (unless providing services within a mobile unit), under R.I. Gen. Laws Chapter 23-17, if the individuals of the PSC are owning and operating the business. Individuals who form a PSC may require prior written approval of the applicable board as discussed in R.I. Gen. Laws § 7-5.1-3.

R.I. Gen. Laws § 7-5.1-3 authorizes a combination of professional licenses to form a PSC (e.g., physician and dentist). At least one individual of the PSC must be able to perform the services they are offering to qualify for the exemption from an organized ambulatory care facility license. For example, a PSC that is comprised of nurses who are offering Botox at their medical spa would not qualify for an exemption from an organized ambulatory care facility license, as nurses are not able to examine, diagnose, prescribe, or administer Botox. In this example, the group of nurses would need to include a physician, physician assistant (PA), or certified nurse practitioner (CNP) in the ownership of the PSC to be exempt from an organized ambulatory care facility license.

¹ RIDOH and the boards acknowledge and appreciate the South Carolina Department of Labor, Licensing and Regulation and the Alabama Board of Medical Examiners for addressing many of the IV therapy business issues in their well-reasoned Advisory (South Carolina, Dated August 15, 2023) and Declaratory Ruling (Alabama, dated July 21, 2022). The issues raised in both are also an accurate representation of current IV practices in Rhode Island.

In some instances, a single provider or group of providers may form a PSC to be exempt from an organized ambulatory care facility license but then hire a management company that will actively operate the business with significant influence and no active involvement of the PSC members. This “leasing” of the PSC to circumvent the need for a facility license is a misrepresentation of the purpose of the law. Such arrangements will require the management company to receive an organized ambulatory care facility license and members of the PSC who engage in such practice may have adverse action taken against their professional license.

Medical spas and IV therapy businesses who elect to use a management company remain responsible for the limited services provided by the management company.

Medical spas whose business model involves providing, arranging to provide, offers to provide or in any other way provides for the delivery of direct nursing services in the home or in a location that is not the business’s brick and mortar establishment (e.g., workplace, pool side, event space), **requires a home nursing care provider (HNCP) license regardless of professional license held.** An HNCP license requires a certificate of need (CON) pursuant to R.I. Gen. Laws Chapter 23-15.

Medical spas that wish to utilize a mobile unit and perform services in a van, trailer, or other **mobile method require an organized ambulatory care facility (OACF) license.** An OACF license requires prior Initial Licensure review and recommendation by the Health Services Council pursuant to R.I. Gen. Laws §§ 23-17-14.3 and 23-17-14.4, prior to issuance of the license by the Center for Health Facilities Regulation (CHFR).

There are various ways a healthcare business, like a medical spa or IV therapy business, can be structured. RIDOH, including the professional boards, does not provide advice or guidance on such matters and individuals should seek legal counsel for those questions.

Regardless of the ownership and/or professional license of the medical spa and/or IV therapy business, neither the business nor the business owner is permitted to exercise any control over the manner in which the physician, PA, or CNP provides medical services and must not interfere in the independent exercise of the responsible practitioner’s medical judgment.

Standard of Care in Medical Spas and IV Therapy Businesses

Prior to the patient receiving any service or procedure in a medical spa or IV therapy business, the patient must first be assessed by a Rhode Island licensed practitioner². Only the following individuals may diagnose, treat, correct, advise, or prescribe medication (including intravenous fluids) to a person for any human disease, ailment, injury, infirmity, deformity, pain, or other medical condition:

1. A physician licensed to practice allopathic or osteopathic medicine in this state, pursuant to the provisions of R.I. Gen. Laws Chapter 5-37.

² For the purpose of this document, the term “practitioner” means physician, physician assistant, and/or certified nurse practitioner.

2. A licensed physician assistant who is qualified by academic and practical training to provide medical and surgical services in collaboration with physicians and pursuant to the provisions of R.I. Gen. Laws Chapter 5-54.
3. A certified nurse practitioner licensed in accordance with R.I. Gen. Laws Chapter 5-34.
 - a. **Only family practice CNPs and adult gerontology CNPs are permitted to participate in medical spas and IV therapy businesses.** All other CNP foci are prohibited from participating in medical spas and IV therapy businesses as the procedures are not within their scope of practice and training.
4. A dentist licensed to practice dentistry in the state and pursuant to R.I. Gen. Laws Chapter 5-31.1.
 - a. Dentistry, as defined in R.I. Gen. Laws § 5-31.1-1(6), means the evaluation diagnosis, prevention, and/or treatment (nonsurgical, surgical, or related procedures) of diseases, disorders and/or conditions of the oral cavity, cranio-maxillofacial area and/or the adjacent and associated structures and their impact on the human body.

The physician, PA, CNP, or dentist must create a comprehensive medical record that complies with the standard of care. It is critical that the practitioner obtain informed consent and document the consent in the medical record. Informed consent is an educational process involving the patient in shared decision-making during which the practitioner should be able to determine if the patient has the ability to understand relevant medical information and the implications of treatment alternatives and to make an independent, voluntary decision. The practitioner must present relative information accurately and sensitively, in keeping with the patient's preferences for receiving medical information.

In addition to informed consent, the medical record must also include:

1. Patient history;
2. Examination results;
3. Records of drugs (including intravenous fluids) prescribed, dispensed, and/or administered;
4. A diagnosis;
5. The nature and purpose of recommended interventions;
6. The burden, risks, and expected benefits of all options, including foregoing treatment; and
7. Patient's decision.

Medical records must be stored for at least seven years³.

Some medical spas may try to circumvent the necessity of a physical assessment by a practitioner through the use of standing orders. The issuance of standing orders in this scenario, by a practitioner for a registered nurse (RN) or other provider to follow, does not satisfy the requisite provider-patient relationship. **The use of standing orders for an individualized assessment, diagnosis and treatment of patients is considered unprofessional conduct and can result in disciplinary action on one's license.**

³ See: <https://health.ri.gov/medicalrecords/>

Scope of Practice and Standard of Care Requirements for IV Therapy Businesses

The services offered at an IV therapy business fall under the practice of medicine⁴ and require an evaluation, diagnosis, and treatment of the patient.

As stated previously, only physicians, physician assistants, and CNPs may diagnose, treat, correct, advise, or prescribe IV medication to a person for any human disease, ailment, injury, infirmity, deformity, pain, or other condition.

It should be noted that emergency medical service practitioners (e.g., EMTS)⁵, phlebotomists, licensed practical nurses, nursing assistants, medical assistants, dentists⁶, podiatrists, chiropractors, veterinarians, naturopaths, and midwives are unable to provide services in these businesses as **it is outside of their scopes of practice** (i.e., diagnose, treat, prescribe, and/or administer IV fluids).

In certain instances, an RN is the only licensed healthcare provider onsite at an IV therapy business. **The RN is operating outside of their scope of practice if they are diagnosing, prescribing, compounding, and/or treating the patient with IV hydration or therapy.**

While some IV therapy businesses have a physician, PA, and/or CNP owner, co-owner, investor, or associate, it may be that no practitioner evaluates the patient to make a diagnosis and prescribe a specific therapy to treat that diagnosis. Instead, the practitioner may be a “medical director,” “consultant,” “collaborator,” “on staff,” or “available” but only an RN assesses and treats the patient. This is insufficient to establish a valid practitioner-patient relationship that is required prior to the prescription and administration of drugs including IV therapies. Only licensed prescribers, namely physicians, PAs, and CNPs (only family practice CNPs or adult gerontology CNPs) can participate in an IV therapy business setting, evaluate the patient, make a diagnosis, and prescribe a treatment.

An appropriately licensed practitioner must first assess the patient (performing a history and physical exam) and document in a written medical record the assessment and plan (e.g., a diagnosis with a valid corresponding treatment regimen)⁷. Ideally, the exam is in person, as a complete medical assessment is difficult to conduct via telemedicine. For example, if a patient has signs of heart failure, listening to the heart and lungs with a stethoscope and looking for pitting edema in the lower extremities is critical, as such evidence would be a contraindication for additional fluids.

⁴ The term “practice of medicine,” as used in this document, does *not* hold the same meaning as used in R.I. Gen. Laws § 5-37-1 or the rules and regulations for *Licensure and Discipline of Physicians* (216-RICR-40-05-1).

⁵ While emergency medical practitioners can administer IVs, they cannot provide IVs in an IV therapy business as emergency medical service practitioners licensure is “solely in affiliation with an ambulance service currently licensed by RIDOH unless providing care as a Good Samaritan.” From the rules and regulations for *Emergency Medical Services*, 216-RICR-20-10-2.

⁶ Dentists can provide IV fluids in the normal course of their dental practice. They are prohibited from providing IV fluids in IV therapy businesses.

⁷ This is required regardless of whether insurance will be billed for services.

A simple questionnaire without an appropriate clinical assessment (i.e., a history and physical examination) is prohibited and may be considered professional misconduct.

The practitioner must create a comprehensive medical record that complies with the standard of care in the same manner detailed above. IV therapy businesses with a practitioner available via telemedicine must still follow the above requirements for medical records and standard of care.

It is common that when a practitioner is only available via telemedicine, the IV therapy business will utilize the NPI number of a physician, PA, or CNP to acquire necessary supplies and then use standing orders directing the administration of IVs. **The issuance of standing orders for an RN to follow does not satisfy the standard of care by a physician, PA, or CNP; and the use of standing orders for this business model is considered unprofessional conduct and may result in disciplinary action against the licensed independent practitioner.**

IV treatments need to be individualized for patients and prescribed in the same manner as an urgent care center, emergency department, or hospital.

An IV therapy business cannot remove the requirement for practitioner involvement by allowing the patient to direct their own care; and **the practitioner (or nurse) engages in unprofessional conduct by allowing the patient to select their own medications and/or IVs from a menu.**

Compounding

Generally, the operation of an IV therapy business involves walk-in patients being offered a menu of pre-selected mixtures of additives to basic IV fluids (e.g., saline). These mixtures may include amino acids, vitamins, minerals, nutrients, and some medications like famotidine, omeprazole, ibuprofen, or ondansetron. These mixtures are offered to patients, often with catchy names, for the treatment of dehydration, migraines, hangovers, nausea, athletic or postoperative recovery, appetite regulation, and/or inflammation support. In some instances, the IV therapy business may make a “custom” IV mix based on the patient’s selection or examination results.

The addition of any drug(s)/medication(s), vitamin(s), mineral(s), amino acid(s), or other substance to an IV bag is, by law, compounding. Pursuant to the rules and regulations for *Pharmacists, Pharmacies, and Manufacturers, Wholesalers, and Distributors* (216-RICR-40-15-1), compounding is defined as “[t]he act of combining two or more ingredients as a result of a practitioner’s prescription or medication order occurring in the course of professional practice based upon the individual needs of a patient and a relationship between the practitioner, patient and pharmacists.”

The Food and Drug Administration (FDA) defines compounding as “[t]he process of combining, mixing, or altering ingredients to create a medication tailored to the needs of an individual patient. Compounding includes the combining of two or more drugs.”⁸ Thus, compounding must

⁸ See: [Drug Compounding and Drug Shortages | FDA \(fda.gov\)](#)

result from a valid practitioner’s order in the course of professional practice and not from a patient-driven menu akin to ordering at a restaurant.

The United States Pharmacopeia (USP) is the recognized publication that contains standardized requirements for compounding, including sterile compounding found in USP <797> and has been adopted by the FDA and RIDOH as the enforceable standard. Furthermore, all compounding is also subject to the requirements outlined in the rules and regulations for *Pharmacists, Pharmacies, and Manufacturers, Wholesalers, and Distributors* (216-RICR-40-15-1).

The USP <797> applies to all persons who prepare compounded sterile preparations (CSPs) and all places where CSPs are prepared for human and animal patients. This includes, but is not limited to, pharmacists, technicians, nurses, physicians, veterinarians, dentists, naturopaths, and chiropractors in all places including, but not limited to, hospitals and other healthcare institutions, medical and surgical patient treatment sites, infusion facilities, pharmacies, and physicians’ or veterinarians’ practice sites.

Rhode Island law allows pharmacists to compound drugs and oversee trained personnel compounding drugs. Physicians are permitted to compound as well as delegate compounding to other healthcare professionals, provided the compounding occurs under a physician’s supervision. Pursuant to the Rules and Regulations for *Licensure and Discipline of Physicians* (216-RICR-40-05-1), physicians are required to follow USP <797> and the rules and regulations for *Pharmacists, Pharmacies, and Manufacturers, Wholesalers and Distributors* (216-RICR-40-15-1) when compounding. **The regular storage, preparation, and compounding of drugs by anyone other than a licensed physician, pharmacist, or pharmacy is prohibited unless licensed by RIDOH in these professions.** IV therapy businesses that elect to compound must have a physician on-site for supervised compounding or have a licensed pharmacy on-site to prepare compounds under the supervision of a pharmacist. The physician or pharmacist supervising the compounding must be on-site; remote supervision of compounding is prohibited. An IV therapy business that does not prepare their own compounds may receive compounds from a licensed pharmacy or a federally registered outsourcing facility (i.e., 503B Outsourcing Facility).

The USP <797> “immediate use” provision governs the emergency preparation of a sterile drug product, and in certain circumstances, this provision allows for the preparation of a sterile product to be made outside of full USP compliance. In some cases, IV therapy businesses have been interpreting the concept of “immediate use” to allow the compounding of IVs to circumvent USP requirements, especially for sterility and training. The “immediate use” provision is not a workaround for the quality and safety standards that govern sterile product preparation. Walk-in or concierge IV therapy services do not fall under USP <797> “immediate use” definition.

Scope of Practice in Medical Spas and IV Therapy Businesses

Scope of practice for professions can be found in R.I. laws and regulations promulgated by RIDOH. With the development of new technologies and procedures, RIDOH relies heavily on the professional boards to advise on what new procedures fall within the scope of practice of each licensee.

The following chart is a visual of common procedures that are performed in medical spas and IV therapy businesses that RIDOH and the respective boards have determined are within each licensee's scope of practice, provided that such licensee has the requisite training and experience. **This list is not exhaustive and any questions about procedures not listed should be directed to the applicable board and/or to RIDOH.**

	Physician ¹	PA ^{1,2}	CNP ^{1,3}	Pharmacist	Dentist ¹	RN	LPN	Electrologist	Esthetician	Tattoo Artist	Permanent Makeup Artist
Body Sculpting	Yes	No	No	No	No	No	No	No	No	No	No
Chemical Peels	Yes	Yes	Yes	No	No	No	No	No	Yes ⁷	No	No
Cryolipolysis (Cool Sculpting)	Yes	No	No	No	No	No	No	No	No	No	No
Dermal Filler	Yes	Yes	Yes	Yes ⁴	Yes	No	No	No	No	No	No
Dermaplaning	Yes	Yes	Yes	No	No	No	No	No	No	No	No
Hair Transplant	Yes	Yes	No	No	No	No	No	No	No	No	No
Inkless Stretch Mark Revision	Yes	Yes	No	No	No	No	No	No	No	Yes	Yes
Intravenous Fluids	Yes	Yes	Yes	No	No ⁵	Yes ^{1,4}	No	No	No	No	No
Laser Hair Removal	Yes	Yes	Yes	No	No	No	No	Yes ⁶	No	No	No
Laser Tattoo Removal	Yes	Yes	No	No	No	No	No	No	No	No	No
Liposuction	Yes	No	No	No	No	No	No	No	No	No	No
Microblading	Yes	Yes	No	No	No	No	No	No	No	Yes	Yes
Micro Channeling	Yes	Yes	Yes	No	No	No	No	No	No	No	No
Microneedling	Yes	Yes	No	No	No	No	No	No	No	No	No
Neuromodulators (Botox)	Yes	Yes	Yes	Yes ⁴	Yes	No	No	No	No	No	No
Oxygen Therapy	Yes	Yes	Yes	No	No ⁵	Yes ^{1,4}	Yes ^{1,4}	No	No	No	No
Platelet-Rich Fibrin	Yes	No	No	No	No ⁵	No	No	No	No	No	No
Platelet Rich Plasma	Yes	No	No	No	No ⁵	No	No	No	No	No	No
Pulsed Intense Light	Yes	Yes	No	No	No	No	No	No	No	No	No
Radio Frequency	Yes	Yes	No	No	No	No	No	No	Yes	No	No
Saline Tattoo Removal	Yes	Yes	Yes	No	No	No	No	No	No	Yes	Yes

1. Must have appropriate training in these procedures.
2. In collaboration with a physician.
3. Family practice CNPs and adult gerontology CNPs only.
4. Must have a valid prescription by a physician, PA, or CNP.

5. Dentists can provide this procedure during the course of normal dental work; however, dentists cannot perform such procedure in a medical spa and/or IV therapy businesses.
6. Must meet training requirements in accordance with R.I. Gen. Laws 5-32-21
7. The acidity of the chemical peel cannot exceed 30%.

Ablative lasers or ablative energy devices are intended to excise or vaporize the outer layer of skin. These procedures should only be performed by a physician or delegated to an appropriately trained PA, with training and experience in the use of these devices. Examples of ablative lasers include carbon dioxide (CO₂) lasers and erbium lasers.

Body sculpting (also known as body contouring) is the use of non-invasive means to change the shape of an area of the body. This includes the use of very cold temperatures, heat, laser, red light or radiofrequency energy to destroy fat cells. This includes the use of Zerona®, truSculpt®, CoolSculpting®, ScupltSure®, EMSculpt neo®, Morpheus8 Body, Vanquish RF and other devices.

Chemical Peels means a procedure in which a chemical solution is applied to the skin to remove the top layers. Chemical peels are used to treat wrinkles, discolored skin, and scars. They can be done at different depths from light to deep. Deeper chemical peels offer more dramatic results but also require a longer recovery period.

Cryolipolysis, also known as “CoolSculpting®” means the use of very cold temperature to break down fat cells.

Dermal Filler means injection of synthetic substances (e.g., hyaluronic acid, calcium hydroxyapatite, polymethylmethacrylate, Poly-L-lactic acid), collagen, or fat in order to increase the amount of collagen in a body area.

Dermaplaning is a treatment in which dead skin cells and peach fuzz are scraped off with a scalpel.

Hair Transplant means the surgical technique that removes hair follicles from one part of the body, called the “doner site”, to a bald or balding part of the body known as the “recipient site.”

Hyaluron pens are prohibited for use. They have not been approved by the Food and Drug Administration and are not for legal sale in the United States.

Inkless stretchmark revision means a procedure that involves injecting a serum and/or vitamins into the dermis layer of the skin using a tattoo needle, causing microabrasions. It is also known as dry tattooing, medical needling, inkless needling, and MCA needling.⁹ This process may also be used to improve the appearance of scars.

Intravenous Fluids means injecting liquids to a person through a vein. This includes providing stock intravenous (IV) fluids (e.g., 0.9% normal saline, lactated Ringer’s solutions) with or without the addition of vitamins, minerals, amino acids, medications, etc. Intravenous fluids are, by law, drugs that must be prescribed by a licensed independent practitioner (physician, physician assistant, or CNP) for a specific patient with a specific diagnosis for which the IV fluids are indicated.

⁹ A tattoo is defined as inserting a colored ink into the skin through a needle to mark or color the skin by introduction of non-toxic dyes or pigments into the skin. From the rules and regulations for *Tattoo Artists and Tattoo Parlors*, 216-RICR-40-10-16.

Laser Hair Removal means using a non-ablative laser to perform hair removal or reduction. It differs from electrolysis, which is the use of an electric current to destroy hair follicles.

Laser tattoo removal means a procedure that uses laser light energy to break up tattoo pigment into small particles in which the body's immune system clears over time.

Liposuction means a cosmetic surgical procedure for removing excess fat from under the skin by suction.

Microblading means a semipermanent eyebrow tattooing procedure which uses a handheld tool with tiny needles to inject pigment into the skin.

Micro Channeling means the use of ultra-fine needles to inject customized serums (often containing dermal fillers, platelet rich plasma, and/or Botox) directly into the skin.

Microneedling means the use of thin needles to make tiny holes in the top layer of skin. The damage helps stimulate the skin's healing process, so it produces more collagen and elastin (proteins that keep skin firm and smooth).

Neuromodulators (Botox) means a wrinkle-relaxing injection of botulinum toxin, commercially known as Botox Cosmetic, Dysport, Xeomin, or Jeuveau – that are used to treat wrinkles, frown lines, and crow's feet.

Non-Ablative Lasers, light treatments and energy device treatments that do not excise or vaporize the outer layer of skin, may be provided by a physician or delegated to an appropriately trained CNP or PA with training and experience in these treatments. Laser hair removal uses a non-ablative laser. An electrologist who has completed training pursuant to R.I. Gen. Laws § 5-32-21 may perform laser hair removal without physician supervision.

Oxygen Therapy means the provision of supplemental oxygen.

Platelet Rich Fibrin (PRF) means the process of harvesting one's blood and mixing it with a protein matrix called fibrin. The mixture then is turned into a gel made up of a high concentration of white blood cells, fibrin, and stem cells (growth factors) and injected into other areas of the body.

Platelet Rich Plasma (PRP) means the process of harvesting one's blood, centrifuging it to separate platelets and plasma from other blood cells and injecting the platelets and plasma back into the body.

Pulsed Intense Light means the use of light energy of multiple wavelengths to remove pigmented skin areas including age spots, facial telangiectasia (broken blood vessels), freckles, and birthmarks by focusing the energy into the dermis.

Radio Frequency means a non-surgical skin tightening procedure involving an electromagnetic device that generates heat to stimulate the production of collagen, elastin, and new skin cells.

Saline tattoo removal means injecting saline into an existing tattoo in order to dissolve the ink. This procedure may only be performed by tattoo artists and permanent makeup artists.

Any license type not listed above, such as nursing assistants, emergency medical service practitioners (e.g., EMTs)¹⁰, optometrists, veterinarians, or hairdressers cannot perform any of the above medical procedures as they are not within their scopes of practice.

Persons with no professional licensing are prohibited from performing any medical procedures. **A course certificate of completion for any of the above procedures does not constitute a license.** Performing any medical procedures without a license may subject an individual to fines and/or civil or criminal penalties.

¹⁰ While some of these procedures can be performed by emergency medical service practitioners, they cannot provide services in a medical spa setting, as emergency medical service practitioners licensure is “solely in affiliation with an ambulance service currently licensed by RIDOH unless providing care as a Good Samaritan.” From the rules and regulations for *Emergency Medical Services*, 216-RICR-20-10-2.