BEFORE THE ALABAMA BOARD OF NURSING

IN THE MATTER OF:	)	
	)	
	)	
	)	**PETITION FOR DECLARATORY RULING**
LAURA HART, 1-069535 RN SSL (Active); CRNP	)	
	)	
	)	
Petitioner.	)	

DECLARATORY RULING

COMES NOW the Alabama Board of Nursing, by and through its Executive Officer Peggy Sellers Benson, RN, MSHA, MSN, NE-BC, and issues the following ruling:

QUESTION PRESENTED

Pursuant to Code of Alabama (1975) §§ 34-21-1(9)(a) and 34-21-86(c) and Chapter 610-X-6 of the Alabama Board of Nursing Administrative Code, is it within the scope of practice for an appropriately trained registered nurse to administer botulinum a product (i.e. Botox, etc.) injections for cosmetic purposes on the order of a lawfully recognized prescriber after competency validation?

FINDINGS OF FACT

1. On or about August 13, 2025, Hart filed a request for a declaratory ruling. Hart requests a declaratory ruling to answer the question whether it is within the scope of practice for an appropriately trained registered nurse to administer botulinum a product (i.e. Botox, etc.) injections for cosmetic purposes on the order of a lawfully recognized prescriber after competency validation.

2. Hart is a registered nurse in Alabama; thus, she is substantially affected by the rules which govern standards and scope of practice for RNs (ABN Administrative Chapter 610-X-6).

3. Hart asserts in her request: "As a registered nurse in Alabama and in response to member questions and comments as the Executive Director of the Alabama State Nurses Association, it is observed that administration of botulinum toxin a products (i.e. Botox, etc.) is considered within the scope of practice for a registered nurse in almost every state in the United States. In fact, a nurse living in Alabama can use a multistate license in the surrounding states to administer botulinum toxin a products to patients on the order of a lawful prescriber. In light of the recent retraction of the ABME position that administration of Botox, Restalyn, collagen, and mesotherapy must be exclusively administered by a physician, stated in a 2004 letter by Larry Dixon, and the recent advances of CRNPS with regard to botulinum toxin a product administration at the Joint Committee, the question is timely." Hart requested that her request incorporate her previously-submitted Botox and Dermal Filler Table, which includes a summary of information pertaining to the scope of practice for RNs regarding the administration of "Botox" in the various states and documentation in support of the table.

4. According to Hart's summary, 42 states permit RNs to administer botulinum toxin a. A review of the supporting documentation supports that table but also shows that the oversight of and limitations regarding such authority varies among the various states. Different levels of education and training are required, and there are differences among the states regarding whether the prescriber is required to be physically present at the time of the administration of the neuromodulators by the RN. As of this writing, ABN has been able to independently confirm that RNs in at least 37 states are permitted to administer neuromodulators pursuant to orders from prescribers.

5. On November 18, 2021, ABN issued a declaratory ruling which stated, in relevant part: "The ABN cannot answer whether it is within the scope of practice for a CRNA or RN to inject botulinum toxin into targeted sites of facial muscles for aesthetic maintenance pursuant to an order from a lawful prescriber, because the Alabama Board of Medical Examiners has neither formalized nor overturned its previously stated opinion that the injection of botulinum toxin is the practice of medicine and must be performed by a physician."

6. Thereafter a representative informed ASNA Director Laura Hart that its statement regarding the injection of botulinum toxin was never an official opinion of the ALBME and there was no rule or statute that prevented the administration of minimally invasive cosmetic injectables by CRNPs.

7. In response to ALBME's request for comments from the ABN, on November 18, 2024, the ABN issued a letter to the ALBME which stated, in part, "the ABN agrees that registered nurses who have completed an organized program of study, engaged in supervised clinical practice, and demonstrated clinical competence both initially and periodically, may inject neuromodulators/botulinum toxin A . . . pursuant to an ABN-approved standardized procedure[] and an order from a lawful prescriber."

8. On December 20, 2024, the Alabama Board of Medical Examiners issued a Statement of the Alabama Board of Medical Examiners, pursuant to which the ALBME stated: "The Board considers the *decision to* order, inject, and administer a neuromodulator, like botulinum toxin A, . . . to be the practice of medicine" [emphasis added]. In discussion of its answer, the ALBME stated that "it is not appropriate for the ABN to presume to create procedures for RNs to perform medical procedures" and that it "cannot agree with ABN's apparent desire to establish training and procedures for skills that constitute the practice of medicine."

9. Since that time, the Alabama Board of Nursing and the Alabama Board of Medical Examiners have approved a protocol for cosmetic botulinum toxin injection which states: "The CRNP scope of practice includes: evaluation of patients for treatment appropriateness with neuromodulators, development of a treatment plan including ordering appropriate neuromodulators treatment product and dosage, administration by injection of botulinum toxin A ("Botox"), prabotulinumtoxinA-xvfs ("Jeuveau"), incobotulinumtoxinA ("Xeomin"), abobotulinumtoxinA ("Dysport"), and daxibotulinumtoxinA-lanm ("Daxxify") for cosmetic purposes according to the treatment plan, following up to evaluate treatment effectiveness with intervention as needed to correct adverse reactions, and adjustment of the individual treatment plan as needed."

10. Physician assistants are authorized by protocol: "To evaluate patients for appropriateness of treatment with neuromodulators, develop a treatment plan including ordering appropriate treatment product and dosage, administration by injection ofbotulinum-toxin A ("Botox"), prabotulinumtoxinA-xvfs ("Jeuveau"), incobotulinumtoxinA ("Xeomin"),

abobotulinumtoxinA ("Dysport"), and daxibotulinumtoxinA-lanm ("Daxxify") for cosmetic purposes according to the treatment plan, follow up to evaluate treatment effectiveness with intervention as needed to correct adverse reactions, and to adjust the individual treatment plan."

11. Ofbotulinum-toxin A ("Botox"), prabotulinumtoxinA-xvfs ("Jeuveau"), incobotulinumtoxinA ("Xeomin"), abobotulinumtoxinA ("Dysport"), and daxibotulinumtoxinA-lanm ("Daxxify") are medications which are injected intramuscularly into the muscles of the face for cosmetic purposes.

JURISDICTION

Pursuant to Section 41-22-11 of the Code of Alabama (1975), the Alabama Board of Nursing has jurisdiction to issue declaratory rulings with respect to the validity of a rule, with respect to the applicability to any person, property or state of facts of any rule or statute enforceable by it, or with respect to the meaning and scope of any order of the agency, if a written petition for declaratory ruling is filed by a person who states with specificity the reason why the person is substantially affected by the rule at issue. See also Alabama Board of Nursing Administrative Code § 610-X-1-.09. Hart is substantially affected by the Board's statutes and rules pertaining to scope of practice for RNs because she, herself, is a licensed RN in Alabama.

CONCLUSIONS OF LAW

1. A petition for declaratory ruling to the Alabama Board of Nursing should state the name and address of the petitioner, a statement of facts sufficient to show that the petitioner is substantially affected by the rule, and identification of the rule, statute or order and the reasons for the questions. Alabama Board of Nursing Administrative Code § 610-X-1-.09. Petitioner has satisfied these requirements.

2. Alabama law defines the practice of professional (registered) nursing as follows:

> The performance, for compensation, of any act in the care and counselling of persons or in the promotion and maintenance of health and prevention of illness and injury based upon the nursing process which includes systematic data gathering, assessment, appropriate nursing judgment and evaluation of human responses to actual or potential health problems through such services as case finding, health teaching, and health counselling; and provision of care supportive to or restorative of life and well-being, and executing medical regimens including administering medications and treatments prescribed by a licensed or otherwise legally authorized physician or dentist. A nursing regimen shall be consistent with and shall not vary any existing medical regimen. Additional acts requiring appropriate education and training designed to maintain access to a level of health care for the consumer may be performed under emergency or other conditions which are recognized by the nursing and medical professions as proper to be performed by a registered nurse.

Ala. Code § 34-21-1(9)(a).

3. Registered nurses may "execut[e] medical regimens including administering medications and treatments prescribed by a licensed or otherwise legally authorized physician or dentist," and may "administer any legend drug that has been lawfully ordered or prescribed by an

authorized practitioner including certified registered nurse practitioners . . . and/or assistants to physicians." Ala. Code §§ 34-21-1(9)(a) and 34-21-86(c).

4. Standards for medication administration requires the RN to "have applied knowledge of medication administration and safety, including but not limited to:

(a) Drug action.
(b) Classifications.
(c) Expected therapeutic benefit of medication.
(d) Expected monitoring.
(e) Indications based on existing patient illness or injury processes.
(f) Contraindications based on presence of additional known patient illnesses, disease processes, or pre-existing conditions.
(g) Possible side effects and interventions for same.
(h) Adverse reactions and interventions for same.
(i) Emergency interventions for anaphylactic reactions.
(j) Safety precautions, including but not limited to:
1. Right patient.
2. Right medication.
3. Right time.
4. Right dose.
5. Right route.
6. Right reason.
7. Right documentation.
(k) Interactions with other drugs, foods, or complementary therapies.
(l) Calculation of drug dosages.
(m) Federal and state legal requirements related to storage of controlled substances.
(n) Healthcare facility policy and procedure on secure storage of all medications.
(o) Patient education specific to medication.

ABN Administrative Code § 610-X-6-.07(1).

The licensed nurse shall exercise decision-making skills when administering medications, to include but not limited to:
(a) Whether medications should be administered.
(b) Assessment of patient's health status and complaint prior to and after administering medications, including as needed (PRN) medications.
(c) When to contact the prescriber.
(d) Education of patient, family, and caregiver regarding prescribed medication.

(3) The licensed nurse shall exhibit skills when administering medications, including but not limited to:
(a) Physical ability to open medication packaging and access delivery systems.
(b) Read, write, and comprehend English.
(c) Read, write, and comprehend scientific phrases relevant to administration of medication.
(d) Measuring medication dosages.
(e) Math calculations.
(f) Routes of administration.
(g) Proper usage of technical equipment for medication administration.

ABN Administrative Code § 610-X-6-.07(2) and (3).

5. Although basic nursing education includes the administering of intramuscular injections, it does not include the injection of neuromodulators. "For practice beyond basic education that has not been previously approved by the Board, a standardized procedure is required for the licensed nurse in any practice setting." ABN Administrative Code § 610-X-6-.12(1).

> (2) A complete Standardized Procedure Application shall be submitted to the Board for practice beyond basic education preparation required in rule, practice not previously approved by the Board, and shall include:
> (a) Approval from the submitting facility, as evidenced by signatures on the application form of:
> 1. The chief nursing officer or, if no such position exists within a facility, an Alabama-licensed registered nurse who has oversight responsibility for the procedure.
> 2. The Alabama-licensed chief medical officer or an Alabama-licensed physician.
> 3. The chief executive officer for the Alabama organization.
> (b) The policy and procedure.
> (c) The organized program of study by a qualified instructor with the method of evaluation of learning specified.
> (d) The plan for supervised clinical practice.
> (e) The plan for demonstration of competence, initially and at periodic intervals, during which the nurse demonstrates the knowledge, skills, and ability to perform the procedure safely and to manage any complications.

ABN Administrative Code § 610-X-6-.12(2).

6. The "practice of medicine or osteopathy" includes the following conduct: "To diagnose, treat, correct, advise, or prescribe for any human disease, ailment, injury, infirmity, deformity, pain, or other condition, physical or mental, real or imaginary, by any means or instrumentality." Ala. Code § 34-24-50(1). As noted above, registered nurses "execut[e] medical regimens including administering medications and treatments prescribed by a licensed or otherwise legally authorized physician or dentist," and may "administer any legend drug that has been lawfully ordered or prescribed by an authorized practitioner including certified registered nurse practitioners . . . and/or assistants to physicians." Ala. Code §§ 34-21-1(9)(a) and 34-21-86(c). CRNPs and PAs, pursuant to their respective cosmetic botulinum toxin injection protocols, are authorized to, among other things, "order[] appropriate treatment product and dosage." When nurses execute treatments of patients pursuant to lawful orders of lawful prescribers and consistent with the ABN's laws and rules, they do not engage in the unlawful practice of medicine.

7. Every standardized procedure is required to be signed by an Alabama-licensed physician. ABN Administrative Code § 610-X-6-.12(2)(a)1.

RULING

The Petition for a Declaratory Ruling is hereby granted, and the Alabama Board of Nursing hereby rules as follows:

The administration of botulinum toxin A and similar neuromodulators constitutes practice beyond basic education for registered nurses; accordingly, it is within the scope of practice for a registered nurse in Alabama to administer botulinum toxin A ("Botox"), prabotulinumtoxinA-xvfs

("Jeuveau"), incobotulinumtoxinA ("Xeomin"), abobotulinumtoxinA ("Dysport"), and daxibotulinumtoxinA-lanm ("Daxxify") for cosmetic purposes (hereinafter collectively referenced as "neuromodulators for cosmetic purposes") only if all of the following requirements are met:

1. The RN may only inject neuromodulators for cosmetic purposes pursuant to:

    a. an order from a lawful prescriber for whom injection of neuromodulators for cosmetic purposes is within their scope of practice and who is experientially qualified and regularly performs the procedure; and

    b. a facility-specific ABN pre-approved standardized procedure on file with ABN. If the facility is the office of a CRNP or PA or if the RN will be injecting neuromodulators for cosmetic purposes pursuant to an order from a CRNP or PA, the collaborating or supervising physician must sign the standardized procedure.

2. RNs may only administer neuromodulators for cosmetic purposes in locations authorized in the Cosmetic Botulinum Toxin Injection Protocol for CRNPs approved by the Alabama Board of Nursing and the Alabama Board of Medical Examiners. The RN may not administer neuromodulators for cosmetic purposes at other locations, such as patient homes, event venues, salons, etc., regardless of the type of prescriber ordering the administration of the neuromodulator for cosmetic purposes.

3. The facility-specific ABN approved standardized procedure must be on file with the ABN and at the facility. The facility must maintain documentation of the RN's completion of the organized program of study, supervised clinical practice, and demonstration of competence both initially and at periodic intervals (which must be at least annual). Although ABN approval is required for each standardized procedure application individually, the Board notes that the following minimum requirements will be required before approval of the standardized procedure may be considered:

    a. The organized program of study must include at least ten hours of didactic training and successful completion of and certification from a course approved by the Alabama Board of Nursing. At a minimum, the organized program of study should address instruction regarding anatomy, physiology and pathophysiology of the integumentary and supporting structures, and facial muscles, nerves, and vasculature, including nerves, blood vessels and any other structures which must be avoided when injecting neuromodulators; cosmetic and dermatologic conditions; proper techniques specific to the procedures and products and equipment to be used; pharmacological principles related to drug actions and interactions, side effects, contraindications, and complications; nursing care and interventions in the event of complications; immediate management of adverse events; infection control and aseptic technique; safety precautions; informed consent; and laws and rules pertaining to RN injection of neuromodulators for cosmetic purposes in Alabama. The standardized procedure also should include a requirement that the RN maintain current Basic Life Support (BLS) certification.

    b. The supervised clinical practice must include at least as many observed and performed injection procedures under supervision of a lawful prescriber of

neuromodulators for cosmetic purposes as is required by Cosmetic Botulinum Toxin Injection Protocol for CRNPs approved by the Alabama Board of Nursing and the Alabama Board of Medical Examiners.

c. Successful completion of the supervised clinical practice as endorsed by the lawful prescriber may constitute initial demonstration of competency. At least annually thereafter, the lawful prescriber must ensure the continued competency by reviewing the charts of the RN's performance of at least the same number of injection procedures as are required for CRNP's to maintain competence pursuant to the Cosmetic Botulinum Toxin Injection Protocol for CRNPs approved by the Alabama Board of Nursing and the Alabama Board of Medical Examiners. In addition, a lawful prescriber must observe the RN performing an injection procedure at least quarterly.

4. Only a lawful prescriber may evaluate patients for treatment appropriateness with neuromodulators for cosmetic purposes, develop a treatment plan including ordering appropriate neuromodulators treatment product and dosage, evaluate treatment effectiveness with intervention as needed to correct adverse reactions, and adjust the individual treatment plan as needed. Thus, the lawful prescriber must perform an in-person examination of the patient, determine the appropriateness of the treatment for the patient, and write patient-specific written orders for administration of the neuromodulator, to include the specific locations of the injections, the number of units to be administered at each anatomic site, and the ordered frequency of the injections. There shall be no use of "standing orders." The RN may reconstitute the neuromodulator consistent with package instructions. The RN may only administer neuromodulators for cosmetic purposes in amounts, anatomic locations, and frequency which are ordered for the patient by the lawful prescriber and which are FDA-approved. The RN may not administer neuromodulators in an off-label manner or in an off-label anatomic location. Any location, amount, or frequency limitations imposed by the Cosmetic Botulinum Toxin Injection Protocol for CRNPs approved by the Alabama Board of Nursing and the Alabama Board of Medical Examiners apply to the RN's administration of neuromodulators for cosmetic purposes. RNs may not administer neuromodulators to any of the following patients or classes of patients: minors; pregnant or breastfeeding patients; patients with glaucoma; patients with peripheral motor neuropathic diseases, amyotrophic lateral sclerosis or neuromuscular junction disorders; or patients whose facial anatomy has been altered due to prior surgical procedures.

5. When the RN is injecting neuromodulators for cosmetic purposes pursuant to an order from the lawful prescriber, the lawful prescriber must remain at the location at which the injection is occurring. Additionally, if additional provider presence requirements are imposed by the Cosmetic Botulinum Toxin Injection Protocol for CRNPs approved by the Alabama Board of Nursing and the Alabama Board of Medical Examiners or the Cosmetic Botulinum Toxin Injection Protocol for PAs approved by the Alabama Board of Medical Examiners, those requirements remain in force when the RN administers the neuromodulator pursuant to that lawful prescriber's order.

6. Only a lawful prescriber may evaluate the efficacy of the treatment, change the treatment plan, or direct interventions needed to address adverse events.

7. The RN shall report to the ABN any incidents in which a patient sustains a permanent injury or requires transfer to a higher level of care related to the RN's injection of the neuromodulator for cosmetic purposes.

8. Questions regarding a physician's authority to prescribe neuromodulators for cosmetic purposes for administration by RNs or authorize a standardized procedure pursuant to this ruling should be directed to the Alabama Board of Medical Examiners.

DONE and **ORDERED** on this the 19th day of September, 2025.

ALABAMA BOARD OF NURSING

PEGGY SELLERS BENSON RN, MSHA, MSN, NE-BC
EXECUTIVE OFFICER

CERTIFICATE OF SERVICE

I hereby certify that on this the 22 day of September, 2025, a copy of the foregoing was served on Laura Hart by placing a copy of same in certified mail, postage prepaid, and properly addressed as follows:

Laura Hart
908 Walnut Street
Gadsden, Alabama 35901

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