Oregon: the rules for aesthetic practice

What Oregon's laws and boards say about who may do aesthetic treatments, who must supervise them, and who can own the practice.

Nurse practitioners: Full Practice Authority

Nurse practitioners

Full (AANP). NPs evaluate, diagnose and prescribe without physician supervision; the Board of Nursing alone regulates NP licensure (ORS 678.375, 678.150).

Delegating to RNs, estheticians and staff

No Board of Nursing guidance on cosmetic injections by RNs was checked in November 2026. Ask the Board of Nursing before delegating.

Advanced estheticians

Only a certified advanced esthetician (or a licensed health care professional whose scope covers it) may do nonablative laser, IPL or other device procedures on skin or hair: rejuvenation, body contouring, dyschromia and cellulite reduction, hair removal and nonablative tattoo removal (ORS 676.630-676.660). Certification takes approved training and an exam and renews yearly. The advanced esthetician needs a referral agreement with a physician or NP (or a prescriber at the same location), works in a licensed facility, and discloses liability insurance to clients. Injections aren't included.

Who can own the practice

Oregon wrote corporate practice limits into law in 2025 (SB 951, Oregon Laws 2025 ch. 295). A management services organization (MSO) and its owners, directors, officers and employees may not own or control a majority of a medical practice it manages, run it, or control licensee hiring and pay, clinical staffing levels, diagnostic coding, prices, billing policies or payer contracts; support work such as accounting, compliance and facilities is allowed, and contracts that break these rules are void. The rules apply from January 1, 2026 to practices formed after the law took effect and to ownership transfers, and from January 1, 2029 to practices that already existed. A professional corporation for physicians, physician associates and NPs needs licensees holding a majority of voting shares and of directors (ORS 58.376), and no non-licensee owner may direct a licensee's judgment. The law also voids most noncompetes with medical licensees. Whether a practice organized only for NP services is covered isn't clear from the text; confirm the structure, and any MSO deal, with an Oregon healthcare attorney.

The biggest risk in Oregon. An MSO or investor agreement that gives the management company control over staffing, prices or coding, which SB 951 makes void.

Check it with your boards: Oregon State Board of Nursing - oregon.gov/osbn and Oregon Medical Board - oregon.gov/omb. Checked November 3, 2026. Rules change, so read the current rule on the board's own site before you act.

Ask S.A.G.E. next. S.A.G.E., our AI practice advisor, answers from this same Oregon reference, free in your TMAA account, which you can set up at go.medicalaestheticsassociation.com/start-here. Try:

1. I'm an RN in Oregon. What has to be in place before I offer injectables?
2. What must my medical director agreement cover in Oregon?
3. What can an esthetician do in Oregon, and what needs an order?

S.A.G.E. is not legal advice. For a binding answer, talk to a healthcare attorney in your state.