

# **Connecticut Dermatology and Dermatologic Surgery Society**

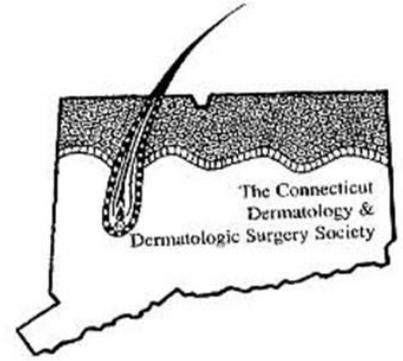
## **Before the Public Health Committee**

**On March 14, 2014**

S.B. No. 418 (RAISED) AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S  
RECOMMENDATIONS CONCERNING MEDICAL SPAS.

Good Morning Senator Gerrantana, Representative Johnson and distinguished members of the Public Health Committee, my name is Donna Aiudi, M.D. and I am a board certified dermatologist and internist and current president of the Connecticut Dermatology and Dermatologic Surgery Society. I am offering testimony supporting SB 418 AAC The Department of the Public Health's Recommendations Concerning Medical Spas, as a first step to protecting patients.

I am here today to speak on behalf of Connecticut Dermatology and Dermatologic Surgery Society, an organization representing 90% of the dermatologists practicing in Connecticut and to present further comments from the American Society for Dermatologic Surgery Association. We would like to thank this committee for raising a bill that sheds light on some of the safety concerns we have for our patients. Because of time restraints most of the testimony we have filed will not be read, but will be summarized and I will use my allotted time to answer questions from the committee on this bill.



March 13, 2014

The Honorable Terry B. Gerratana  
The Honorable Susana M. Johnson  
Co-Chairs, Public Health Committee  
Connecticut General Assembly  
Room 3000, Legislative Office Building  
Hartford, CT 06106

Re: SUPPORT SB 418

Dear Co-Chairs Gerratana and Johnson:

On behalf of the Connecticut Society of Dermatology and Dermatologic Surgery (CDS) and the American Society for Dermatologic Surgery Association (ASDSA), we are writing to voice our support for SB 418, which defines the term "medical spa" in law, requires an appropriate, good faith examination prior to the performance of cosmetic medical procedures, and stipulates that the names and levels of licensure of medical professionals working in these facilities be clearly posted both in the facilities themselves as well as in any advertisements. We believe this legislation is an important first step to improve safety to consumers seeking these services.

Members of the ASDSA and the CDS are treating numerous patients with horrific complications who have received a cosmetic medical procedure in a spa, beauty salon or some other facility where onsite physician supervision does not exist. Many patients are lured into these facilities by false, deceptive and misleading advertising. These practices are not concerned with patient safety, but rather are interested only in financial gain.

It should be noticed that the problem lies not with the medical spa model, itself, but rather with non-physician-owned medical spas that do not provide adequate physician supervision and oversight. There are many legitimate, safe, physician-owned medical spas that operate with a high standard of patient care. However, lack of regulation and enforcement has enabled a large number of medspas to offer cosmetic medical procedures by inadequately trained or supervised persons to an unsuspecting public.

Our organizations have, on an ongoing basis, received a number of reports from our members who have been solicited to act as medical directors in name only, in a medical spa, or "medspa" in exchange for a monthly fee. We have become increasingly concerned about the proliferation of non-physicians practicing medicine and its impact on patient safety. Recent studies conducted by the ASDSA have shown an increase in patient complications resulting from this trend. A 2005 study of laser complications by non-physicians published in *Skin and Aging* magazine found that, "Eighty-two percent of all complications occurred in facilities that had no direct physician supervision. Of these, 57 percent were in facilities with a 'medical director' who had limited training in dermatologic procedures and laser/light-based therapy. Of all the complications, 78 percent occurred in non-traditional medical facilities, such as free-standing medical spas and laser centers in shopping malls."<sup>1</sup> Additionally, the first-ever comprehensive study of laser surgery liability claims, published *Journal of the American Medical Association-Dermatology* in October 2013, shows patients are filing more injury lawsuits in recent years when laser treatments are performed by non-physicians outside traditional medical settings.<sup>2</sup>

<sup>1</sup>Narurkar, V. Complications from Laser Procedures Performed by Non-Physicians. *Skin & Aging*. 2005; 13; 9: 70-71.

<sup>2</sup>Jallan, HR.; et al. Increased Risk of Litigation Associated with Laser Surgery by Nonphysician Operators. *JAMA Dermatol*. doi: 10.1001/jamadermatol.2013.7117.

Among other findings, the study shows that despite only one-third of laser hair removal procedures being performed by non-physicians – including registered nurses, nurse practitioners, aestheticians or “technicians” – they accounted for about 76 percent of injury lawsuits from 2004 to 2012. That number jumped to 85.7 percent in the time period from 2008 to 2012, with 64 percent of procedures being performed outside a traditional medical setting.

It is the position of the CDS and the ASDSA that the practice of medicine involves diagnosis, treatment, or correction of human conditions, ailments, diseases, injuries, or infirmities whether physical or mental, by any means, methods, devices, or instruments. The practice of medicine includes, but is not limited to undertaking to perform any surgical operation upon any person; performing any act or procedure that uses a biologic or synthetic material, or chemical application of any kind if it alters or damages or is capable of altering or damaging living tissue; and performing any act or procedure using a mechanical device, or displaced energy form of any kind if it damages or is capable of damaging living tissue.

Such acts or procedures include, for example, the use of all lasers, light sources, microwave energy, electrical impulses, chemical application, particle sanding, the injection or insertion of foreign or natural substances, or soft tissue augmentation. Living tissue is any layer below the dead cell layer (stratum corneum) of the epidermis. The epidermis, below the stratum corneum, and dermis are living tissue layers. Certain FDA-approved Class I and II devices, by their intended or improper use, can damage below the stratum corneum. Therefore, their use and the diagnosis and treatment surrounding their use, constitutes the practice of medicine.

The requirement that a good faith appropriate examination be conducted by the overseeing physician before the initial procedure or course of treatment ensures that a patient does not have pre-existing conditions which would render treatment harmful or ineffective.

Finally, in a 2013 survey of nearly 2,000 patients, 99 percent of those surveyed said that they want to know what type of practitioner is performing cosmetic medical procedures prior to undergoing such procedures. Eighty-nine percent said that they would like the level of licensure listed in print advertisements. An infographic summarizing the survey results is attached to this letter.

For these reasons, we strongly support SB 418. Thank you again for your consideration. For further information, please feel free to contact Debbie Osborn, Executive Director at the CDS, at [eyemaster2020@yahoo.com](mailto:eyemaster2020@yahoo.com).

Sincerely,



Philip Kerr, MD, Legislative Chair &  
Past President  
Connecticut Dermatology  
& Dermatologic Surgery Society



Mitchel P. Goldman, MD, President  
American Society for Dermatologic  
Surgery Association

# Patient Safety Advocacy

## Truth in Medical Advertising Survey\*

ASDS **A**  
American Society for  
Dermatologic Surgery ASSOCIATION™

# 99%

want to know

## what type of practitioner

is performing their cosmetic medical procedure



**73% believe** level of training is the **most important** factor when selecting their practitioner



Transparency in medical advertising allows patients to make informed decisions about where to receive their medical care.

# 95%

want to know the **BOARD CERTIFICATION** of their physician

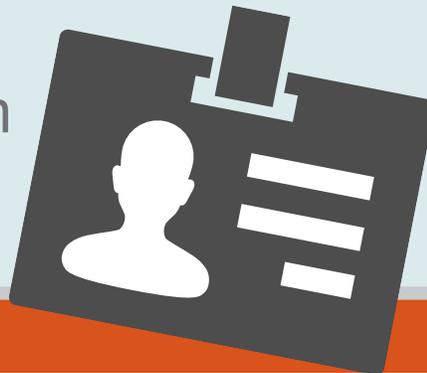


# Only 33%

of respondents **understand** medical title abbreviations

(DNP, MA, RN, PA, etc.)

**80%** want name badges  
**86%** want to see the **full title** spelled out on name badges



# 89%

want to see **level of licensure** in print ads

\*Source: Smith, A.; Brod, B. Public Perceptions of Varied Providers of Cosmetic Medical Procedures in the United States. 1765 patients surveyed

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