



INTERNATIONAL AESTHETIC & LASER ASSOCIATION

February 20, 2015

Public Health Committee
Room 3000, Legislative Office Building
Hartford, CT 06106

Re: Opposition to Proposed House Bill 5625

Via Email

Dear Committee Members:

On behalf of its Connecticut membership, the International Aesthetic & Laser Association (“IALA”) urges you to report unfavorably on Proposed House Bill 5625 (“HB 5625”). Alternatively, we ask that HB 5625 be amended to provide unambiguously that cosmetic-type procedures, such as laser treatments, including hair, age and sunspot removal, capillary removal and intense pulse light (collectively, “Cosmetic Procedures”) can be performed by physician assistants (“PAs”) and advanced practice registered nurses (“APRNs”). Adoption of HB 5625 without any clarification as to how the definition of “surgery” would accommodate the previously-authorized ability of APRNs to perform Cosmetic Procedures or affect how PAs carry out their responsibilities under their delegation agreements, would add uncertainty and confusion to this area of medicine and would negatively impact public access to health care in Connecticut.

HB 5625 completely ignores the scope of practice of independently licensed practitioners, other than physicians, such as APRNs and PAs. The definition of “surgery” includes “structural alteration of the human body by incision or destruction of tissue or the diagnostic or therapeutic treatment of conditions or disease processes using any instrument causing localized alteration or transposition of live human tissue, including, but not limited to, lasers, ultrasound, ionizing radiation, scalpels, probes and needles, used to cut, burn vaporize, freeze, suture, probe, or otherwise alter by mechanical, thermal, light-based, electromagnetic, or chemical means, or manipulation by closed reductions for major dislocations or fractures, or the injection of diagnostic or therapeutic substances into body cavities, internal organs, joints, sensory organs and the central nervous system.” Under Section 20-9 of the Connecticut General Statutes (“C.G.S.”) only physicians licensed under C.G.S § 20-10 may practice “surgery.”

Currently, APRNs perform biopsies, PAP smears, remove warts, debride wounds and countless other procedures that would be affected by this definition. APRNs safely provide these services which do require ‘structural alteration of the human body by incision or destruction of tissue or the diagnostic or therapeutic treatment of conditions...’ With implementation of this definition, access to care for many patients will be decreased. If the definition of surgery includes simple procedures that are currently within the scope of practice of APRNs and/or PAs, then many patients will not have access to those

procedures. One important example is women's health for which PAP smears and biopsies would fall under the definition of surgery.

Furthermore, at a minimum, the proposed definition of "surgery" will likely cause confusion for APRNs and PAs who safely perform Cosmetic Procedures to the benefit of patients. Specifically, the Connecticut Board of Examiners for Nursing has already clearly established, in its decision dated May 11, 2005, that APRNs and RNs who have received the appropriate training, demonstrated skill/competency and have resources available to them for consultation and supervision may perform certain treatments, including laser treatments (such as hair, age and sun spot removal, capillary removal and impulse light treatments); collagen injections; facials; and Botox injections and Restyline. Adopting the proposed definition of "surgery" in HB 5625 without clarifying how the definition would relate to the standards already set by the Board of Nursing would only add confusion and uncertainty to an area that is presently clear.

Since PAs in Connecticut receive even more extensive training than APRNs, it logically follows that PAs should be able to provide the same treatments as APRNs do. Adopting HB 5625's definition without clarification would muddy the waters and could, as described elsewhere in this letter, negatively affect patients' access to these treatments.

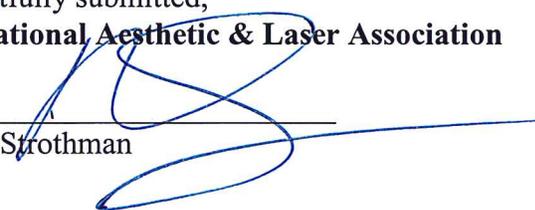
Finally, Governor Malloy, in his veto message regarding substitute Senate Bill 1067, An Act Concerning Medical Spa Facilities, himself made clear that, among his reasons for vetoing the bill was his belief that requiring physicians "to perform or supervise and control all cosmetic procedures may unnecessarily limit the scope of practice of Advanced Practice Registered Nurses (APRNs) and other licensed medical professionals."

Other states that have considered these issues and addressed the roles of APRNs and PAs who perform minor cutting of live tissue. For example, New Hampshire's definition, found in Title XXX, section 329.1, avoids this ambiguity by stating: "Surgery" means any procedure, including but not limited to laser, in which human tissue is cut, shaped, burned, vaporized, or otherwise structurally altered, except that this section shall not apply to any person to whom authority is given by any other statute to perform acts which might otherwise be deemed the practice of medicine.' This definition avoids the ambiguity associated with only referring to physicians.

Similarly, Illinois' regulation addressing the use of light emitting devices makes it clear that the language is not meant to prevent other providers from practicing within their scope. The statute states as follows: "Nothing in this Section shall be deemed or construed to prevent any person licensed in this State under the Illinois Dental Practice Act as a dentist, the Podiatric Medical Practice Act of 1987, the Nurse Practice Act as an advanced practice nurse as specifically authorized by a written collaborative agreement with a physician licensed to practice medicine in all its branches, or the Physician Assistant Practice Act of 1987 as specifically authorized by written guidelines with a physician licensed to practice medicine in all its branches from engaging in the practice for which he or she is licensed." 68 Ill. Admin. Code 1285.336(c).

Clearly, other states have recognized that defining “surgery” can give rise to potential conflict for providers other than physicians, and have taken steps to resolve such conflict. If the legislature desires to define “surgery” at this time, Connecticut should do likewise.

Respectfully submitted,
International Aesthetic & Laser Association



Nicole Strothman