



## Testimony

Before the Public Health Committee

On March 20, 2018

Supporting

---

### **SB No. 402 AN ACT CONCERNING TRUTH IN ADVERTISING BY MEDICAL DOCTORS AND DOCTORS OF OSTEOPATHIC MEDICINE.**

#### **Truth in Advertising: Why it Makes Sense**

**The Above Societies support the position of the American Medical Association, and other medical specialty societies like the American Society for Dermatologic Surgery Association's Position on False and Misleading Advertising.**

Physicians across the state are facing and 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 or where the patient has been led astray thinking they were going to a medical doctor when in actuality they were going to a provider who has not received the highest level of training for a particular treatment. Many patients are lured into these facilities by false, deceptive, and misleading advertising. These practices are not concerned with patient safety, but rather are driven by financial gain. Unfortunately, it is not just happening with cosmetic medical procedures but also with many other medical procedures.

Our organizations recommend the implementation of simple, concise, and uncomplicated regulation and enforcement against fraudulent advertising. Policymakers need to protect consumers and patients by closing the loopholes in the regulation of health care advertising which allows phony "medical-like" individuals to mislead consumers.

Advertising includes oral, written, and other types of communications disseminated for the purpose of soliciting or encouraging the use of the medical services. Newspaper or magazine advertisements, telephone directory displays, printed brochures or leaflets, highway billboards, and television or radio advertisements are all considered forms of advertising. Media interviews, editorial writing, health care screening and seminars—intended to promote the use of a particular provider's services—are also considered advertising. Promotional communications made either by agents and employees of a provider, or by hospitals, clinics, medi-spas, and other entities, whether or not the provider's name is included, are considered advertising, as well.

Advertisements should not be false, fraudulent, deceptive or misleading, nor should they omit any pertinent information. They must transmit a clear and honest reflection of the provider's credentials and experience. Advertisers should be obligated to document and substantiate claims made in ads about safety, efficacy, benefits and risks, as well as unique skillsets and remedies. Photos should be representative of results in general, attained by the average patient, and be of comparable quality so as not to mislead. Photos should neither create false expectations nor be retouched. Testimonials should similarly represent results of the average patient. Advertisements should be readily identifiable as such. The bottom line is that any advertising or publicity, regardless of format or content, should be true and not materially misleading.

On behalf of patients and consumers, we urge policymakers to consider language that would require healthcare providers that use the "Doctor title to include their true credentials and any board certification which clearly delineates their training to perform such services.

Thank you for your consideration of this critical public health and safety issue.