

Legislative History for Connecticut Act

PA 14-119

SB418

House	6959-6962	4
Senate	862-864, 872-873	5
Public Health	1311, 1357-1358, 1538- <u>1565, 1813-1839</u>	58
		67

H – 1201

**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2014**

**VOL.57
PART 21
6912 – 7260**

Those absent and not voting 6

DEPUTY SPEAKER GODFREY:

The bill, as amended, is passed.

Representative Aresimowicz.

REP. ARESIMOWICZ (30th):

Thank you very much, Mr. Speaker.

Mr. Speaker, I move that we immediately transmit to the Senate any items waiting further action.

DEPUTY SPEAKER GODFREY:

Without objection, so ordered.

Representative Aresimowicz, I understand we have another Consent Calendar.

REP. ARESIMOWICZ (30th):

Thank you very much, Mr. Speaker.

We are. We are about to list off the bills that will be included in our second Consent Calendar for the evening, sir.

DEPUTY SPEAKER GODFREY:

Proceed, sir.

REP. ARESIMOWICZ (30th):

Thank you very much, Mr. Speaker.

I move -- I'd to add the following to the Consent Calendar. Calendar 426, Calendar 308, Calendar 438, Calendar 488 --

SB281
SB19
SB182
SB330

DEPUTY SPEAKER GODFREY:

Whoa, whoa, whoa.

REP. ARESIMOWICZ (30th):

I apologize, Mr. Speaker. The first number was
427.

DEPUTY SPEAKER GODFREY:

So 427, thank you, sir. Proceed.

REP. ARESIMOWICZ (30th):

Calendar 476, as amended by Senate "A"; Calendar
445, Calendar 514, Calendar 505, as amended by Senate
"A"; Calendar 455, Calendar 456, as amended by Senate
"A"; Calendar 322, Calendar 536, as amended by Senate
"A" and Senate "B"; Calendar 430, Calendar 520, as
amended by Senate "A" and Senate "B"; Calendar 538, as
amended by Senate "A"; Calendar 424, as amended by
Senate "A"; Calendar 439, as amended by Senate "A";
Calendar 482, as amended by Senate "A"; Calendar 325,
as amended by Senate "A."

Calendar 526, as amended by Senate "A"; Calendar
509, as amended by Senate "A"; Calendar 532, Calendar
502, as amended by Senate "A"; Calendar 421, as
amended by Senate "A"; Calendar 431, as amended by
Senate "A"; and Calendar 539, as amended by Senate
"A."

- SB 194
- SB 402
- SB 324
- SB 45
- SB 221
- SB 257
- SB 201
- SB 389
- SB 418
- SB 438
- SB 427
- SB 260
- SB 208
- SB 424
- SB 241
- SB 14
- SB 106
- SB 322
- SB 410
- SB 217
- SB 477
- SB 429

DEPUTY SPEAKER GODFREY:

Is there objection to any of these items being placed on the Consent Calendar? If not, Representative Aresimowicz, would you like to move passage of the Consent Calendar?

REP. ARESIMOWICZ (30th):

Mr. Speaker, I want to remove Calendar 539.

SB429

DEPUTY SPEAKER GODFREY:

Please remove Calendar 539, Mr. Clerk.

REP. ARESIMOWICZ (30th):

Mr. Speaker, I move passage of the bills on the second Consent Calendar of the day.

DEPUTY SPEAKER GODFREY:

The question is on passage of the items on Consent Calendar Number 2.

Staff and guests please come to the well of the House. Members take your seats. The machine will be open.

THE CLERK:

The House of Representatives is voting by roll.

The House of Representatives is voting by roll on the second Consent Calendar of the day, House Consent 2. Please report to the Chamber immediately.

DEPUTY SPEAKER GODFREY:

Have all the members voted? Have all the members
voted?

If all the members have voted, the machine will
be locked.

The Clerk will take a tally.

And the Clerk will announce the tally.

THE CLERK:

Consent Calendar Number 2.

Total Number Voting 147

Necessary for Passage 74

Those voting Yea 147

Those voting Nay 0

Those absent and not voting 4

DEPUTY SPEAKER GODFREY:

The items on the Consent Calendar are passed.

(Speaker Sharkey in the Chair.)

SPEAKER SHARKEY:

The House will please come back to order.

Will the Clerk please call Emergency Certified
Bill 5597.

THE CLERK:

S - 671

**CONNECTICUT
GENERAL ASSEMBLY
SENATE**

**PROCEEDINGS
2014**

**VOL. 57
PART 3
703 – 1013**

mhr/gbr
SENATE

131
April 17, 2014

THE CHAIR:

Amendment fails.

Will you remark further? Will you remark further?

If not, oh, Senator Gerratana.

SENATOR GERRATANA:

Madam President, if there is no objection, I would like to place this item on Consent.

THE CHAIR:

Seeing no objection, so ordered.

Madam Clerk.

THE CLERK:

Page 23, Senate Calendar 290, Senate Bill 418.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Madam President.

Madam President, I move acceptance of the joint committee's Favorable Report and passage of the bill.

THE CHAIR:

The motion is on acceptance and passage. Will you remark, ma'am?

SENATOR GERRATANA:

Yes; thank you, Madam President.

The bill here before us sets a protocol in the area of medical spas, "med spas," as they're commonly known in our communities. And the bill sets out certain

mhr/gbr
SENATE

132
April 17, 2014

requirements and limitations for medical spas. These are establishments where cosmetic medical procedures are performed. And it requires medical spas to employ or contract for the services of a physician, a physician assistant or an APRN with specified training experience.

It requires such provider to provide an initial physical assessment for the person before he or she undergoes the cosmetic medical procedure.

It also allows such providers or others under their direction to perform cosmetic medical procedures at medical spas and also requires that medical spas provide information regarding the formats and the providers' names and specialties.

Thank you, Madam President.

THE CHAIR:

Thank you.

Will you remark? Will you remark?

Senator Welch.

SENATOR WELCH:

Thank you, Madam President.

I also think it's important to note with respect to this bill that it is really the culmination of a year-long task force which brought a lot of parties together, doctors, APRNs, physicians' assistants, owners of medical spas. If you recall, it wasn't but a year ago we were voting on a similar concept, which was ultimately vetoed, and I think that the bill before us addresses most of those concerns. I will be supporting it as well.

Thank you, Madam President.

THE CHAIR:

Thank you.

mhr/gbr
SENATE

133
April 17, 2014

Will you remark? Will you remark? Will you remark?

Seeing none, Senator Gerratana.

SENATOR GERRATANA:

Madam President, if there's no objection, I would like to place this item on our Consent Calendar.

THE CHAIR:

Seeing no objection, so ordered, ma'am.

Madam Clerk.

THE CLERK:

Page 25, Senate Calendar 303, Senate Bill 217, and there are amendments.

THE CHAIR:

Senator Leone, good afternoon, sir.

SENATOR LEONE:

Good afternoon, Madam President.

Madam President, I move acceptance of the joint committee's Favorable Report and passage of the bill.

THE CHAIR:

Motion is on acceptance and passage. Will you remark, sir?

SENATOR LEONE:

Thank you, Madam.

Colleagues, this bill is a very good bill for our veterans and our active service members. What it does is it requires local or regional boards of education to grant ten days of excused absence in any school year to any student whose parent or legal guardian is an active-duty member of the Uniformed Services and who has been called for or is on leave from and has

mhr/gbr
SENATE

141
April 17, 2014

Page 8, Calendar 74, Senate Bill Number 95; also on page 8, Calendar 80, Senate Bill 188.

On Calendar page 9 -- I'm sorry -- on page, yeah, page 9, Calendar 110, Senate Bill 125; Calendar 112, Senate Bill 255; Calendar 113, Senate Bill Number 256; Calendar 122, Senate Bill 260.

On page 11, Calendar 163, Senate Bill 280; Calendar 177, Senate Bill 271.

On page 13, Calendar 207, Senate Bill Number 193.

On page 14, Calendar 225, Senate Bill Number 281.

On page 15, Calendar 244, Senate Bill 283.

Page 17, Calendar 255, Senate Bill 477.

On page 23, Calendar 288, Senate Bill 413; Calendar 290, Senate Bill 418.

And on page 25, Calendar 303, Senate Bill Number 217.

THE CHAIR:

I'm sorry. At this time, Mr. Clerk, will you call for a roll call vote, and the machine will be open on the second Consent Calendar.

THE CLERK:

Immediate roll call has been ordered in the Senate on the second Consent Calendar of the day. Immediate roll call has been ordered in the Senate.

THE CHAIR:

If all members voted, all members voted, the machine will be closed.

Mr. Clerk, will you please call the tally.

THE CLERK:

On the second Consent Calendar for today.

mhr/gbr
SENATE

142
April 17, 2014

Total Number Voting	35
Those voting Yea	35
Those voting Nay	0
Absent, not voting	1

THE CHAIR:

The Consent Calendar passes.

Mr. Clerk -- oh, I'm sorry -- Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, if we might go back to the item that was removed from Consent and ask for a roll call vote on that item. That was Calendar page 8, Calendar 78, Senate Bill 186.

THE CHAIR:

Mr. Clerk, will you call for a roll call vote, and the machine will be open.

THE CLERK:

Immediate roll call has been ordered in the Senate.
Immediate roll call has been ordered in the Senate.
Immediate roll call ordered in the Senate. An
immediate roll call has been ordered in the Senate.

THE CHAIR:

Have all members voted; all members voted? The machine will be closed.

Mr. Clerk, will you please call the tally.

THE CLERK:

Senate Bill Number 186.

Total Number Voting	33
Those voting Yea	23
Those voting Nay	10
Absent, not voting	3

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
PART 4
1268 – 1862**

2014

And, of course, if there is any emergency, you know, blocking the doors would be very dangerous. So I ask that please everyone take a seat -- seat if they can, and we appreciate it so much. Safety first. Next is Jewel Mullen followed by Representative Elissa Wright.

COMMISSIONER JEWEL MULLEN: Good morning, Senator Gerratana --

SENATOR GERRATANA: Good morning.

COMMISSIONER JEWEL MULLEN: -- and Representative Johnson. I'm Dr. Jewel Mullen, Commissioner of the Connecticut Department of Public Health, and I'm here to testify this morning on behalf of a number of the Department's bills. First, I would like to take us back to Medical Orders for Life-Sustaining Treatment, Senate Bill Number 413, AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATION REGARDING MEDICAL ORDERS OF LIFE-SUSTAINING TREATMENT -- MOLST.

The Department of Public Health supports Senate Bill 413 and would like to thank the Committee for raising our bill. In 1990, under Title 42 U.S.C. 1395 CCA of the Omnibus Reconciliation Act, Congress passed an amendment known as the Patient Self-Determination Act, which gives individuals the right to make their own healthcare decisions and to prepare advance directives.

Medical Orders for Life-Sustaining Treatment, MOLST, is an adjunct to a formal written advance directive and will benefit Connecticut residents with life-limiting illnesses for residents of advanced age who wish to make their choices known by exercising their rights and articulating their choices about the

SB418

AEMTs. I felt those things are necessary to point out.

REP. CONROY: Okay. Thank you for your response. And do you know what our neighboring states do? Do they -- they have the advanced EMTs in place?

RAPHAEL BARISHANSKY: Some do, and some do not.

REP. CONROY: All right. Thank you for your response. And then on 418, the med spa, I just have a question, because I was reading some of the testimony, and there'll be -- just like Senator Welch said earlier, you'll be gone, and we'll get these questions. There's some testimony in there concerning about designating it as a facility. And I see you want that out of the language. Can you tell us if you have any concerns that others that will come in before us saying that there won't be oversight because it won't be termed a facility? Can you address that?

COMMISSIONER JEWEL MULLEN: Yes, we can.

REP. CONROY: Thank you.

MARIANNE HORN: Good morning. My name is Marianne Horn. I'm the legal director at the Department of Public Health. And your question was if the term facility is eliminated from the medical spa --

REP. CONROY: Correct.

MARIANNE HORN: -- the medical spa, will there be concern about how the facility is regulated?

REP. CONROY: Correct.

MARIANNE HORN: Yes. We had a -- a very large taskforce that discussed these issues, and the -- the spas are -- do not perform the kinds of services that would be included within the meaning of facility for our institutions that are licensed by the Department of Public Health. These are not entities that perform the level of medical services that would require licensure from the Department of Public Health.

And I think inserting facility might lead both the public to assume that the Department of Public Health is regulating them as a facility and the -- the operators of a medical spa to think that they are required to get a license. The regulation comes through the individual practice license of the practitioners. So that, I think, is the response to those questions.

REP. CONROY: Great. Well, thank you very much. Thank you, Madam Chair.

SENATOR GERRATANA: Very good. Thank you. Representative Ziobron.

REP. ZIOBRON: Thank you, Madam Chair, and I just have a quick couple of questions, if you don't mind. Going back to Bill 5537, on Section 5 you talk about the technical changes to the multicultural health statutes. And I had the opportunity to hear from one of the staff of DPH who I have a lot of respect for at an appropriations meeting. I'm sure you've heard about our exchange.

And at that meeting, I had gotten an e-mail from one of my constituents who happens to be an employee of DPH who had received a program announcement through the auspices of the Multicultural Health Office that was quite

SENATOR GERRATANA: And testifying.

STEPHEN MENDELSON: You're welcome.

SENATOR GERRATANA: Okay.

Next, we're on Senate Bill 418 now. Mac Hadden -- Haddow, I'm sorry. Mac Haddow, followed by Dr. Patrick Felice. This must be MedSpas.

MAC HADDOW: Yes.

SENATOR GERRATANA: All right.

MAC HADDOW: Senator Gerratana and Representative Johnson, thank you for this opportunity, and members of the committee. I represent the International Aesthetics and Laser Association, and we strongly support S.B. 418 as it was developed by the Governor's Taskforce.

We believe that it provides a balance that protects the safety of Connecticut residents who seek cosmetic medical procedures and allows consumer access to those procedures to be reasonably available.

The key issue is the training that's required in the legislation for the medical professional who makes the initial patient assessment, and then follows with the treatment that is provided. Those training requirements provide equally to a physician, a physician's assistant, or an advanced practice nurse who conducts the initial assessment and then administers the procedure.

Notices will be provided in each facility describing each practitioner who will provide the medical procedure so that consumers are adequately provided the information that will

help them make an informed decision.

You will hear the deliberations of the taskforce characterized in some cases as a compromise from the previous legislation, but I think that misstates what actually occurred. There was an exhaustive examination as to what the standard should be that apply to Med-Spas in the administration of cosmetic medical procedures. The final product that was provided greatly refined the original proposal, and it does, today, provide the right balance between those required qualifications that are necessary for the medical professionals who assess individuals seeking cosmetic procedures and those who ultimately administer those procedures.

This refined proposal is now before you, and we believe it merits your support because it strikes that appropriate balance. Thank you so much, and I'd be glad to answer any questions.

SENATOR GERRATANA: Thank you. Thank you so much. Does anyone have any questions or comments? No. Oh, Representative Johnson.

REP. JOHNSON: Thank you, Madam Chair. Thank you for your testimony. I just was wondering: You started out your testimony by saying that it's -- it's imperative that the person who does the initial evaluation had a handle on the overall condition of the patient, and the type of service that will be rendered in the MedSpa?

MAC HADDOW: The protocol that a -- a medical professional uses to evaluate a -- a consumer who seeks these procedures has to examine the medical history of that patient and evaluate them for the appropriateness of the procedure that they're seeking. So, that's in the bill, and we think it's an important element for that

assessment to be made in order to maintain the safety that's necessary for those -- for those consumers.

REP. JOHNSON: We've also included notice provisions for Med-Spas, so people will know who they are receiving care from, and what's available in the MedSpa.

MAC HADDOW: We think that's an important part of the -- of the bill because it does allow for an informed consumer to evaluate who's actually going to provide those treatments. And they are allowed a choice as to whether they want to proceed or not.

REP. JOHNSON: Great. Thank you so much. Thank you, Madam Chair.

SENATOR GERRATANA: Thank you, and oh, yes, I just wanted to make a comment. I don't see your testimony here online, but did you submit it.

MAC HADDOW: Well I tried and I apparently failed, but I'll make sure I follow through on that.

SENATOR GERRATANA: No, we really appreciate it, and I use the testimony actually quite a bit --

MAC HADDOW: Great.

SENATOR GERRATANA: -- as I craft legislation. We all do.

MAC HADDOW: I sent it from an airplane and it obviously didn't send properly, so I'll make sure I follow through.

SENATOR GERRATANA: Oh dear; we won't go there.

Representative Srinivasan.

REP. SRINIVASAN: Thank you, Madam Chair. Good afternoon, and thank you for your testimony today.

Would a medical spa require a medical director, who would the medical director is, or can the medical spa just have A, B, C, and D as their employees, whether they be physicians, PAs or PRNs, and who is the one who oversees the medical spa?

MAC HADDOW: In the legislation, you will see that the medical director can be either a licensed physician, or a licensed physician's assistance, or an advanced practice nurse, and within their scope of practice which is appropriate for the level of services that are provided under cosmetic medical procedures that are provided to consumers, that's an appropriate level of intensity of care and training for the individuals responsible for that.

REP. SRINIVASAN: Thank you for that information. If the medical director happens to be a physician's assistant, would that automatically imply that there would have to be an MD in that -- in that system, because physician assistants need to be supervised?

MAC HADDOW: As a medical director for a medical spa under this legislation, it does not require them to be a physician. Within the scope of practice, and I think this was what the Governor's objection was last year to the legislation that went through, was that for cosmetic medical procedures, the appropriate level of intensity for training can be held by any of those three within their scope of practice because they are licensed medical professionals in the state of Connecticut.

REP. SRINIVASAN: Just by clarification, yes, you're talking about scope of practice, but as we speak right now, unless things change, the -- an APRN has a collaboration with a physician. I'm not sure what's going to happen at the end of the session.

MAC HADDOW: Right.

REP. SRINIVASAN: A PA always has to be under the supervision of a physician.

MAC HADDOW: That's correct.

REP. SRINIVASAN: So it is confusing to me how, in a medical spa, that suddenly a physician's assistant suddenly has a scope of practice where there is no MD that he or she is -- is attached to one way or the other in terms of -- in terms of a supervisor.

MAC HADDOW: The relationship between both a physician's assistant and the collaborative agreement with an advanced practice nurse covers a broad spectrum of services that they provide to patients, and what we looked at in the taskforce was what's the appropriate level of medical training that's needed for a person that would be at a medical spa, given the kinds of procedures that are administered there. And based on that, the recommendation in the legislation is that that medical director, for a MedSpa can be either a licensed physician, licensed physician's assistant, or the advanced practice nurse, all of which have specific requirements under their licensing and training requirements under the -- the various sections of the code that apply to them.

REP. SRINIVASAN: And my final question is, so in these procedures, and I'm not sure of the list of the procedures that are done at a medical

spa, but I will go and look it up, in these -- all the procedures that are done in a medical spa can be done by either of the three professionals, whether it be an APRN, a PA, or an MD.

MAC HADDOW: With one caveat, with the proper training, and that's within the legislation requiring the training where the specific kind of procedures.

A physician can go through medical school and never touch a laser for example. They need training in order to do this. So with the license that's provided, that gives them that authority, they then have to have the additional training that's specific to the procedures that are being provided to a customer in a MedSpa.

REP. SRINIVASAN: Thank you for the clarification. Thank you, Madam Chair.

SENATOR GERRATANA: You're welcome. Are there any other questions? If not, thank you very much for coming today and giving your testimony, and I know for your help with the taskforce, also.

MAC HADDOW: Thank you.

SENATOR GERRATANA: Thank you, sir.

Next is Dr. Patrick Felice, followed by Dr. Donna Aiudi.

Welcome. Your microphone is not on. I'm so sorry. Could you just identify yourself into the microphone. Thank you.

DR. DONNA AIUDI: Donna Aiudi.

SENATOR GERRATANA: Thank you.

DR. DONNA AIUDI: I'm a board certified dermatologist, a board eligible internist, and I'm the current president of the Connecticut Dermatology and Dermatologic Surgery Society. I've been in private practice for 18 years. My practice is both general and surgical dermatology, and I do have a small cosmetic practice. I also employ three nurse practitioners within our practice.

At this point I'm offering testimony supporting Senate Bill 418 AAC, with the Department of Public Health's recommendation concerning medical spas as a first step in protecting patients.

I support it with some reservation, and I think my reservation lies with the points that Representative Srinivasan made regarding the role of a medical director, and whether that medical director can legally, or should legally be a nurse practitioner or a PA.

I know our -- our Society was in support of the original bill that was submitted last year requiring a medical director to provide direct supervision of medical spa facilities, but because this board -- this bill was vetoed, we feel that the current bill provides the next best provision for safety.

I realize that the Department of Public Health as well as my colleague, Dr. Phil Kerr, spent numerous hours kind of going through and coming up with a bill that would best meet the requirements, while not limiting the scope of practice of the APRN and the PAs.

I think it's in part problematic because there really are no standard -- standards of care for physicians, PAs, or APRNs in the practice of --

of this -- of this cosmetic medical dermatology. Within my training I did receive, I received training on laser safety, proper use of lasers. I received training in cosmetic procedures. I go to our yearly meetings and update my knowledge in both anatomy, physiology, new techniques. I know within our Academy that those -- those courses are limited to physicians within the practice of dermatology.

The degree of training that different people can have is varied. You can be trained by a pharmaceutical representative in the administration of some of these substances, so we don't have good -- good guidelines at this point, but in light of the lack of any certification or regulation, I think that this bill at least provides a modicum of some of the safety issues, as well as transparency issues to the patients and consumers who will be utilizing these services.

So it should be clearly delineated what specialty a physician is practicing in, what -- whether they are an MD, an APRN, or a PA, and I also -- I think that's basically about it. I think it's imperative amongst our specialties of dermatology: plastic surgery and ear, nose and throat, to continue to monitor outcomes, because as we see in the literature, many of the complications that have occurred, 70 to 80 percent -- I have some written testimony from our American Society of Dermatologic Surgery -- they occur in unsupervised settings. So I kind of feel like we're in the wilderness as far as these medical spas are concerned. I feel like it's a currently evolving field, but that this bill does provide a first step.

SENATOR GERRATANA: Right. Dr. Aiudi, I would agree. I think it is evolving and we shall see. I am

glad to see the language in front of us. At least we're addressing it which I think is what your testimony basically says, you know, in support, and that this is really a concern and something that we have to get a little handle on. There is no -- I don't believe there's any designation of a medical director. I think that was in the old language.

DR. DONNA AIUDI: That was in it, uh-huh.

SENATOR GERRATANA: Right? And that was taken out. But we did put in Lines 33 to 35: Any cosmetic medical procedure performed, and we define what that is in the bill, at the medical spa shall be performed in accordance with the provisions of Titles 19a and 20 of the General Statutes which are our Practice Acts. So all other consider, you know, all the law remains the same, but that we also put in there the requirement for additional training. You can't do any of these things unless you have that additional training, and also subject to the Medical Practice Act. So I think that's very appropriate.

I thank you very much. Do you have a question for her?

Yes, Representative Srinivasan.

REP. SRINIVASAN: Thank you, Madam Chair. Thank you, Dr. Aiudi for coming out here and testifying in front of us today. Could you tell us what the experience is, or the training, the one that Chair, Senator Gerratana just referred to, that if I was an MD, you know, an MD just practicing family medicine or internal medicine, and then one fine day I decided, you know what, let me go into this cosmetic surgery. Let me get trained, obviously get trained first, and after

training, open up my own business, or whatever. The fact that I'm an MD, I'm a PA, or an APRN, when that person gets the idea that let me do this, could you just educate us as to what the training would involve, so that at the end of the day I can open up a shop and tell my patients now I am training in cosmetic surgery?

DR. DONNA AIUDI: Well that's the problem. I think there is no standardization of training. I think you can purchase a laser and be trained by the laser company. Oftentimes it is a nurse trainer who will come in and go over just the operational part of the laser, and -- and they do go over safety and some basic guidelines, but it's usually an afternoon of hands-on training with the equipment. In addition, the representatives from the various fillers, Botox, neurotoxins, they oftentimes will have a nurse -- it oftentimes is a nurse practitioner, nurse trainer, who will come in and train somebody. It's usually a session of a couple of hours.

So, I mean you really could go out with very, very limited training and perform these procedures under the scope of a medical license. You can also take it much further. I know within our Academy there are courses on anatomy. There are courses on technique. There are hands-on training courses, but there is no actual standardization or certification process at this point, and I think that's what makes it so problematic. We employ three nurse practitioners and we do hands-on training with them. We have them -- we observe them -- we observe their technique. We observe, you know, to make sure that they're knowledgeable of any complications that can occur before we will sign off on them performing a given procedure like Botox or a filler. In our practice we don't allow them to progress to something more

substantial until we would feel they're ready, and -- and we place limitations on -- on some of the things that we feel they're capable of doing, particularly since they're under our license and our malpractice -- they're under our malpractice.

REP. SRINIVASAN: Thank you very much. So if I glean from what you're saying, you have a couple of hours training one afternoon, a Friday afternoon, or a Monday afternoon, or a Saturday morning. One of us, or any of us, you know, with the background of the three professions could become a cosmetologist, or whatever you call them.

DR. DONNA AIUDI: Right.

REP. SRINIVASAN: I mean minimum. You're right, as you said, you could go on and go to anatomy and all of that or the other, but if I chose not to do all of that, just in one afternoon and another morning, I could be able to do these -- these procedures. Is that -- ?

DR. DONNA AIUDI: That's correct.

REP. SRINIVASAN: Thank you. Thank you, Madam Chair.

SENATOR GERRATANA: Thank you. Are there any other questions? No? Thank you for your testimony.

DR. DONNA AIUDI: Okay.

SENATOR GERRATANA: Next is Donna Montesi, followed by Donna Sanchez.

DONNA MONTESI: Hello. Senator Gerratana --

SENATOR GERRATANA: Yes.

DONNA MONTESI: -- Representative Johnson, and

members of the Public Health Committee, thank you for hearing this bill.

My name is Donna Montesi Enters. I'm an adult nurse practitioner working in the New Haven area. I provide care to geriatric patients residing in their homes and in skilled nursing facilities. I am testifying in support of Raised Bill No. 1 -- of 418, AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS CONCERNING MEDICAL SPAS.

As a clinician, I appreciate the extent of effort that was directed at reviewing the 2013 bill and drafting this bill. I was present during the MedSpa taskforce meetings as a representative from the Connecticut APRN Society.

The new definition of what constitutes a cosmetic medical procedure will provide safer practice. Under this legislation, it will now be necessary for each client to have an initial physical assessment performed properly by licensed personnel before undergoing a cosmetic medical procedure as defined in the law.

Consumers will be protected under Raised Bill No. 418. This is a good bill. The bill will also allow current APRN-owned medical spas to stay open in Connecticut. It allows APRNs to maintain the ability to work to their full scope of their practice in accordance with existing practice acts.

I urge you to support this bill. Thank you.

SENATOR GERRATANA: Thank you very much. Are there any questions? I guess not. Thank you for coming and giving testimony.

I hear Doctor -- well, I did announce Donna

Sanchez, and then after that I hear Dr. Felice might be here? Yes, good. Go ahead, Donna.

DONNA SANCHEZ: Good afternoon, Senator Gerratana and Representative Johnson. My name is Donna Sanchez and I'm a certified registered nurse anesthetist, and on behalf of the Connecticut Association of Nurse Anesthetists, we support the Senate Bill 418.

The current language of the bill, Senate Bill 418, does much to ensure the welfare of Connecticut's residents. This language comes forth from the working group of healthcare professionals who spent many hours discussing line by line what best to serve and protect Connecticut's residents. We believe the original intent of the bill was to put some structure and -- and uniformity to the facilities that label themselves as MedSpas, and to ensure that the petitioners who practice the procedure have some accountability to our Connecticut residents.

The bill was also designed to add a level of safety for those pursuing by ensuring that the procedures were done by qualified personnel and that the people who are receiving them were indeed healthy enough to undergo these procedures, especially in light of the fact that these were not things that would improve, preserve, or enhance their overall physical health, or their physical functioning. These procedures are not lifesaving, nor are they medically necessary.

During the workgroup we discussed many of the issues that came up from this bill. We defined what exactly is a MedSpa, who can call themselves a MedSpa. We outlined the types of procedures that would be done, even to the detail of the percentages of the chemical peels

to be used, the layers of the skin that would be interrupted or worked on, and even -- even who can and what can -- what devices that we could actually use to achieve the end.

So I think that we've done our duty by making sure that these facilities protected the Connecticut residents from harm. Furthermore, as the bill is written, it does its due diligence and by clearly identify who would be responsible to perform these -- these procedures by virtue of their licensure and their training. It also identifies who is accountable to perform the needed physical assessment prior to the start of the procedure, all key factors in ensuring that these procedures were made as safe as possible.

Bill No. 418 provides the Connecticut residents with transparency by knowing just who was performing these procedures they seek by legislating that the facility must provide updated information on the credentials of their personnel, not only on their web sites, but on their advertisements.

I believe it is unrealistic to think that law can mandate by their very virtue of existence anything or everything possible that can go and harm Connecticut's residents, but I believe this bill can at least eliminate some of the common elements that lead to the potential for harm.

Thank you for the opportunity of talking to you today, and also for the ability to work -- be part of the workforce group on this issue.

SENATOR GERRATANA: Thank you very much, and thank you for your testimony. I don't think anyone has any questions, so that will be fine. Okay.

Dr. Felice, to be followed by Christine Zarb.

DR. PATRICK FELICE: Good afternoon, Senator Gerratana and Representative Johnson, distinguished members of the Public Health Committee.

I'm Dr. Patrick Felice and I am here today as the president of the Connecticut Society of Plastic Surgeons, and on behalf of the Connecticut State Medical Society to speak on S.B. 418, AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS CONCERNING MEDSPAS.

You may remember that I was here last year testifying -- I think it was about 1 o'clock in the morning, so this is much better.

I spoke about this issue. I discussed the explosion of MedSpas around the country, and the variety of injuries and even deaths that have occurred in these facilities. I felt grateful that we were able to pass this important legislation last year overwhelmingly in both chambers. Our original bill would have established standards and safety provisions that we believed were critical. Unfortunately that bill was vetoed by the Governor, referencing among other issues undue burden on small business.

At the Governor's request, a workgroup was created in an effort to reach a compromise. I would personally like to thank Senator Terry Gerratana, Anne Foley from the Governor's staff, and Wendy Furniss from GPH for their involvement in this sometimes difficult process. In my mind compromise is difficult when talking about patient safety.

To be clear, MedSpas are facilities where

surgical and nonsurgical procedures are performed. Currently there are no licensure requirements in Connecticut and therefore there is no regulatory oversight by the Department of Public Health, no facility inspections, no infection control requirements, or other patient safety and quality of care guidelines as we have in place for hospitals and ambulatory surgery centers.

Several states have moved to regulate these facilities, with our neighbor Massachusetts requiring licensure as a clinic. Understand that currently in some MedSpas procedures are performed without supervision -- physician supervision, and without patients being seen or evaluated by a physician. This fact will not change under S.B. 418. While we did not favor the language, an actively-practicing physician medical director was also eliminated from the bill before you today.

Please understand that in my own practice I have seen patients who have been treated in facilities without physician oversight and have needed corrective intervention. The DPS -- DPH has documented a number of proceedings filed against designated providers in MedSpas for inappropriate or illegal actions.

The bill before you today looks at MedSpas in office setting, and therefore only provides licensed providers to provide services. No need for physician oversight. This hardly raises the bar for safety. Remember, this very committee passed legislation to address safety concerns in physician office settings several years ago when you required physicians' offices that provided certain levels of anesthesia to become licensed as outpatient surgical centers. Who is checking and who is responsible under this bill? I'm not sure that issue has truly

been addressed and the public wants to know where does the buck stop?

In summary, I have attached language that we had suggested after our last working group meeting in an effort to address one aspect of our concern with this proposal. As you review it, I ask you to ask yourself how could more disclosure to the patient be a bad thing.

I hope with this added language to S.B. 418 that we will be improving the safety and well being of patients that access care in Connecticut's MedSpas. I'm not just -- I'm just not completely convinced that short of licensure and physician oversight that this will occur.

As a final thought, a mentor of mine once said to me when I finished my training: We need not fear the conscientious providers who know what they don't know. We must be fearful, however, of providers who do not know what they do not know, and that really goes to training and who is doing these procedures.

Thank you for your time.

SENATOR GERRATANA: Thank you, sir.

DR. PATRICK FELICE: We've also, by the way, included in the packet, a CBS News article on -- they did -- they did a survey of medical spas around the areas and documented some problems with those MedSpas and various complications that have occurred. There's also, in your packet, the -- the California regulatory site that has had issues with MedSpas, and there are several questions they ask the public to ask when they are going to MedSpas --

SENATOR GERRATANA: Right.

DR. PATRICK FELICE: -- and I think that's a great site.

SENATOR GERRATANA: I didn't see, though, attached to your testimony alternate language. Did you submit that electronically? Maybe I --

DR. PATRICK FELICE: Yeah, we had submitted -- we feel it's very important to -- although it's not required under Statute, we require that the medical director component stays, so those of us who are medical directors would recognize that.

SENATOR GERRATANA: Okay, so did you put something in writing regarding that?

DR. PATRICK FELICE: Yes.

SENATOR GERRATANA: You did? Okay. Now I do have your testimony, and I -- should I extrapolate from your testimony the points that you think should be included in the bill, or -- I'm confused. I thought you said you had attached something to this testimony, but we don't have that. That's what I'm looking for, and that was the changes -- but, it was submitted?

DR. PATRICK FELICE: I think Lisa is bringing it up there now.

SENATOR GERRATANA: Okay. Very good. So long as we have it. I just wanted to make sure it's not embedded somewhere in your testimony. It was actually sent. Okay. Very good.

Are there any questions?

Representative Srinivasan.

REP. SRINIVASAN: Thank you, Madam Chair. Good

afternoon. Thank you for your testimony this afternoon. Just for our clarification, you're going to submit some language which is on its way suggesting improvements, or suggesting how we should alter Raised Bill 418, because the concerns that you have are exactly the concerns that I have, and that was what I was trying to get to to the people who spoke ahead of you on this bill in terms of oversight, in terms of experience, in terms of, you know, how they learn these procedures, so on and so forth, and I mean it's appalling that you could be in a -- in a half-day session, or a one-morning session, one afternoon or one morning, you could suddenly be a -- I mean, you could have the technique and the knowledge to do these, and I'm not so sure how you would handle the, you know the complications which, you know, unfortunately can and will occur in any medical procedure.

Could you comment on the fact that one -- one of our colleagues earlier on in the testimony who didn't like the bill all the way, but at the end of that said that this bill is a reasonable bill, a good first step, and to move on? Is that how you also feel, that this is a good first step? Or without -- without those changes, this would not be a good first step?

DR. PATRICK FELICE: No I feel the bill that the Chamber passed last year was a good first step. Taking out the medical director does nothing but lower the bar. Now although we can't require, through Statutes, everyone to have a medical director, I still think the very thought that anybody can be a medical director but a physician is ludicrous. There's no hospital in the nation that a medical director is not a physician. I don't think we should just throw that term around lightly. Being a medical director requires a lot of training and

aspects of medicine that physicians have, and we felt that if the statutes require -- or do not require the use of a physician in a medical spa, why is the medical director being removed when those of us that do run medical spas, that are medical directors, should be recognized by the public for such. We're not saying that they have to require it for everyone, but through transparency and what we put into this bill through the workgroup, I think we agreed on the majority of things. We made transparency a very big issue through advertising, through the websites, through conspicuous places in the waiting room, and the person that's responsible for that MedSpa has to answer to those patients. If they don't want a physician medical director for that added security, that's fine. But why take it out when a medical director in other facilities is there? So we want the medical director component to stay.

REP. SRINIVASAN: Thank you, and if I may one more followup question. Thank you, Madam Chair. How do you feel when our colleagues -- physician colleagues, who are not in this particular field of specialization -- they're not dermatologists, they're not plastic surgeons, say for example, somebody like me, an allergist, takes a course and then says, you know what, on the side, along with my allergy injections, I'll be doing Botox, and I'll be doing that as well? Are you comfortable with that, or even in your opinion, that training is not adequate, even though the person providing the service happens to be an MD?

DR. PATRICK FELICE: Well I think you know, the MDs, irregardless of their specialty, certainly we feel that dermatologists and plastic surgeons are specifically trained in this area for the same reason that I don't do brain surgery; I

don't go off and do endoscopies and things that, you know, I'm not trained to do. However, for a medical spa community, physicians at least have extensive training through medical school and residency where they're doing, irregardless of our specialties, from primary care throughout, we do a pretty extensive residency to where you do a number of procedures; you do a lot of basic science toward these things that -- that you have a better understanding of -- of what's going on. I think with regard to complications and how to treat them, you get a better understanding of those type of things. Our feeling was, with regards to even the basic medical knowledge of evaluating the patient's suitability for these procedures, I think a physician can do that. And it's not that an APRN or PA can't evaluate that, but I think there's a different level at the MD level that we've done residencies; we've done extra training, and I think the majority of them can pick it up pretty quickly by being trained by plastic surgeons or dermatologists. And that's -- that -- I don't really have a problem with that.

REP. SRINIVASAN: Thank you very much. Thank you, Madam Chair.

SENATOR GERRATANA: Are there any other questions? Dr. Felice, before you go away, I thank you for submitting your language. Unfortunately, it's very similar to the language that the Governor vetoed last year, and I ask you this sir: Would you be in favor of the legislation that we have before us, or would you rather have no legislation.

DR. PATRICK FELICE: No, it's not similar to what the Governor vetoed. The Governor vetoed the requirement for a medical director.

SENATOR GERRATANA: And that's in here.

DR. PATRICK FELICE: What we're -- what we're asking is that the medical director component stay as -- as someone that -- a facility can have a medical director. It's not required, but it can -- they can have a medical director. So in our advertising or our disclosure to the public, we can say our medical director is Dr. so-and-so.

SENATOR GERRATANA: Well, in essence the bill that we have before us doesn't specifically say a medical director. You're just using may be a medical director, but the bill that we have before us actually does provide for similar situation that there would be the list of who it is, who would be doing what, contained in the -- in the advertisements, so that would be disclosed. When you say credentials, does that mean -- ? Actually, I would have to ask what do you mean by a list of their credentials in this language.

DR. PATRICK FELICE: If I were to go to a medical spa, I would want to know what are the credentials of the individual that is going to treat me?

SENATOR GERRATANA: What do you mean by that?

DR. PATRICK FELICE: What's their training? What's their board certification? What's the board certification in? Where did they get their training to inject my face?

SENATOR GERRATANA: Okay. So are you saying it would be for instance: Jane Smith, MD, board certified in gastroenterology?

DR. PATRICK FELICE: Correct.

273
rc/gbr PUBLIC HEALTH COMMITTEE

March 14, 2014
9:00 A.M.

SENATOR GERRATANA: I see, and the same thing with an
APRN.

DR. PATRICK FELICE: See, the part --

SENATOR GERRATANA: So you feel that the
advertisements and the information that would
be there wouldn't be sufficient? It says each
medical spa facility shall post notice of the
names of any specialty areas and so forth and
so on. That's not sufficient?

DR. PATRICK FELICE: We -- we would like to see -- we
-- we essentially compromised during the
workgroup on the need -- or the requirement --

SENATOR GERRATANA: The need for disclosure so that
when people -- when people go there, they will
know who the healthcare professionals are that
is rendering the service --

DR. PATRICK FELICE: Right. Right.

SENATOR GERRATANA: -- or the people who are
involved. Okay.

DR. PATRICK FELICE: I -- I was getting back to the
medical director component.

SENATOR GERRATANA: Uh-huh.

DR. PATRICK FELICE: We -- we agreed that we won't
require it, but the Governor vetoed it because
he felt that was an undue burden to require a
medical director. We said well, under the
Statutes, independent, whatever they -- they
can practice under their Statutes, we would
agree to that; however, we felt that the
medical director, if available, should still
maintain some position in medical spas.

SENATOR GERRATANA: Right, and if you recall during

the taskforce that it was very difficult to define, at that point, what the medical or who the medical director would be given the other considerations that we were discussing. So to go back to that reference to a medical director, even if you say that maybe it should be -- or I think you say here, the physician whose license pursuant to Chapter 370 of the General Statutes may be a medical director.

I don't understand why we would even have to put that into the language of the bill.

DR. PATRICK FELICE: Because that's a physician's -- that's what the physician holds in -- in this bill. The physician holds that they can be a medical director. While -- while others may open medical spas, the public needs to know that a medical director is a physician. And I don't see any problem with leaving that in the bill, because essentially what you're doing is taking away a title from a physician. We've earned that title as medical director. And it's fine with us if other people do not want to use a physician/medical director, but why would that be taken -- why would that be an issue?

SENATOR GERRATANA: No, no. Your -- your language is -- it's incidental if you learn my way I interpret it. I just didn't understand why it would be incidental that way to put into Statute. But I appreciate your testimony very much. Are there any other questions? If not, thank you, sir --

DR. PATRICK FELICE: Thank you.

SENATOR GERRATANA: -- for coming today and giving your testimony.

Next is Christine Zarb, followed by Mark

275
rc/gbr PUBLIC HEALTH COMMITTEE

March 14, 2014
9:00 A.M.

Ginella.

CHRISTINE ZARB: Good afternoon --

SENATOR GERRATANA: Good afternoon.

CHRISTINE ZARB: -- Senator Gerratana, Representative Johnson, and members of the committee. My name is Christine Zarb, and I'm a nurse practitioner, and owner and operator of a small boutique MedSpa in Wilton, Connecticut. I am here today to declare my support for bill number 418.

To quote my first medical director upon entering the aesthetic medical field:
Aesthetic medicine is a marriage of art and science. She understood that it is not enough to merely know how to do a procedure. One must also have an aesthetic sensibility, know when you can or cannot achieve a certain result, excuse me, and know when the work is completed.

Not any one discipline of medicine owns the franchise on aesthetic acumen. I truly appreciate the combined efforts of -- of Legislators, the American Society for Dermatologic Surgery Association, and the Connecticut Society of Plastic and Reconstructive Surgeons for originating the original bill to make our industry safer.

Although I didn't agree with the original bill because it conflicted with the APRN Practice Act, I agreed with the intent of it. I appreciate the Governor's efforts to bring together the various professions that make up the aesthetic industry. As a result of this collective taskforce, the language has been revised in the current bill to include important definitions, and recognize the expertise of other providers that perform many

of these services in this industry,
specifically NPs, RNs, and PAs.

My observation over the past ten years working in the aesthetic medicine field has been that it is collegial. The first course I took to learn how to inject was taught by an RN, and my fellow classmates included physicians. During the course -- during the course of my aesthetic medicine career, I've not only honed my skills under the tutelage of NPs, RNs, and MDs, but I have trained others, including physicians in a formal professional capacity, as well as informally during the course of practicing in the York office.

This past fall I was privileged to attend one of the medical spa workgroup meetings held to write this bill. One of the concerns voiced by a physician in the group was regarding training and continuing the education of providers who are not dermatologists or plastic surgeons. It occurred to me that perhaps there is a knowledge deficit about the vast amount of training available in aesthetic medicine. To help clarify, I have assembled a short list of professional organizations that offer professional membership and certification tests, and it's attached to my testimony.

I care about my industry, and I care about public safety. If I could be of service to the committee on matters of aesthetic medicine as this bill moves forward, it would be my pleasure to serve you, and thank you for this opportunity to testify in support of Bill 418.

SENATOR GERRATANA: And thank you, Ms. Zarb. It's -- it's very appreciated that you actually list the professional organizations, and the certifying exam and so forth, and that was what we were talking about in the legislation. I

wasn't even aware of that. Okay. Thank you so much. Are there any questions? No.

Thank you for coming today and giving your testimony. Next is Mark Ginella, followed by John Lynch.

MARK GINELLA: Senator Gerratana, Representative Johnson, and members of the committee, I apologize for my sartorial splendor. I didn't think I'd be given public testimony today. I thought I was going to be in the gallery.

A little historical perspective: Last year Bill -- by the way, I'm sorry -- the managing partner of Radiance MedSpa in Avon, Connecticut. Last year, when Bill 1064 was crafted without input from the various stakeholders who provide a bulk of the noninvasive cosmetic services in Connecticut, the MedSpa owners, APRNs, RNs, and PAs were made aware of the bill, and we organized a veto request from the Governor's office on the basic fact that it did trample on the Scope of Practice Statutes in the State of Connecticut. The Governor, in his wisdom, saw it that way, and in fact did issue the veto.

I had the privilege to serve on the Governor's taskforce which was called upon to craft legislation with all of the aforementioned stakeholders, as well as the plastics and the dermatologists. One of the first questions the taskforce dealt with was assessing the number and severity of injuries that have occurred in Connecticut MedSpas. Again, not MedSpas in Florida or California, or anywhere else in the country, but here in our state. And there were none. There was no data.

We asked Wendy Furniss; we asked all the appropriate people that would have that data

and -- and there just -- there wasn't any there. You're going to see the term "wild west" used in some of the testimony before you to describe the MedSpa industry in our state, but we have some of the stringent Scope of Practice standards of any state in the union. We took an informal survey of the eight or nine MedSpa owners that, you know, I was representing, and thousands and thousands of procedures have been performed: filler injections, Botox, laser hair removal, and none of us have had a single claim against our medical malpractice insurance.

We had in-depth and frank discussions on patient safety, and we believe that the language before you will be more than adequate to ensure that Connecticut will continue to be one of the safest states to receive cosmetic treatments in a medical spa environment, and it will also ensure consistent application of scope of practice across all the medical industry. Thank you.

SENATOR GERRATANA: Thank you so much, Mark. I call you Mark, because I got to know you with our work in the taskforce, and I appreciate very much that you -- you came up here. I was very impressed during the taskforce that you were the one who constantly challenged and pushed back a little bit, because you're out there working in reality in this field. So that was a very valuable contribution.

MARK GINELLA: Well if I can just say to the committee, having been here since 11 o'clock, I have a new-found appreciation for what our Legislators go through. I would never do it. You guys are great.

SENATOR GERRATANA: I think -- I think when you first came in you thought, oh, a State Senator.

Nikki Rasmussen

SB 418

3/13/2014

PUBLIC HEALTH COMMITTEE PUBLIC HEARING March 14, 2014

GOVERNOR'S BILL No418 AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S
RECOMMENDATIONS CONCERNING MEDICAL SPAS.

To implement the Department of Public Health's recommendations concerning medical spas

Nikki Rasmussen, RN- testimony IN SUPPORT OF #sb418

I am a Registered Nurse, owner of a "Medical Spa," and a student working towards my Masters of Nursing, as a Family Nurse Practitioner. I am strongly in favor of SB418. SB418 clearly defines what procedures are medical procedures, who can perform them, and the oversight required, while being conscious of current scope of practice for Registered Nurses, Nurse Practitioners, Physician Assistants and Medical Doctors.

This Act will strengthen the focus of public safety by defining what unlicensed personnel, such as estheticians are allowed to perform. I urge the committee to vote in favor of the recommendations that were formulated by the task force and supported by the Governor

Thank you for your consideration.

Nikki Rasmussen, RN

Lynn Rapsilber SB 418

Connecticut Coalition of Advanced Practice Nurses

American College of Nurse-Midwives (ACNM), Region 1, Chapter 2

Connecticut Advanced Practice Registered Nurses Society (CTAPRNS)

Connecticut Association of Nurse Anesthetists (CANA)

Connecticut Nurses' Association (CNA)

Connecticut Chapter of the American Psychiatric Nurses Association (APNA-CT)

National Association of Pediatric Nurse Practitioners (NAPNAP), Connecticut Chapter

The Northwest Nurse Practitioner Group

Senator Gerratana, Representative Johnson and Members of the Public Health Committee:

My name is Lynn Rapsilber and I am an APRN and Chair of the Connecticut Coalition of Advanced Practice Nurses. I am testifying in strong support for Raised Bill #418 An Act Concerning the Department of Public Health's Recommendations concerning Medical Spas.

A bill on this topic passed last session, was an attempt to keep patrons of medical spas safe. While admiring the purpose of that bill, it infringed on the scope of practice of the APRN and was vetoed by the Governor. This resulted in a taskforce to review the language and come to consensus on language. I was happy to serve on this taskforce. Several meetings were held attended by the governor's office, Department of Public Health, MDs, APRNs, PAs and members of the medical spa industry. I want to thank all the parties involved in this process for giving a thorough review of the information presented and reaching the consensus language contained in this bill.

APRNs have independent practice without MD oversight, supervision or co-signature for 15 years. APRNs own medical spas and as small business owners contribute to the tax base in Connecticut. They employ staff providing jobs within their community.

This bill protects the public by defining for the first time cosmetic medical procedures and who can practice those procedures. It does not infringe on the APRN Practice Act. This bill will allow APRN owned medical spas to continue to provide quality, safe and cost effective care to those patrons seeking medical spa procedures. I urge your support of this bill.

Lynn Rapsilber MSN ANP-BC APRN

Donna Montesi

PUBLIC HEALTH COMMITTEE - PUBLIC HEARING - MARCH 14, 2014

IN SUPPORT OF RAISED BILL No. 418

AAC THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS CONCERNING MEDICAL SPAS

Donna Montesi-Enters DNP, APRN, WCC

33 Old Farms Rd

Cheshire, Ct 06410

Senator Gerratana, Representative Johnson and Members of the Public Health Committee:

Thank you for hearing this Bill.

My name is Donna Montesi -Enters, I am an adult nurse practitioner, practicing in the New Haven Area. I provide care to geriatric patients residing in their homes and skilled nursing facilities. I am testifying in support of **Raised Bill #418 An ACT Concerning the Department of Public Health's Recommendation's concerning Medical Spas.**

As a clinician, I appreciate the extent of effort that was directed at reviewing the 2013 bill and drafting this bill. I was present during the Med Spa Task Force meetings as a representative from the Ct APRN Society. The new definition of what constitutes a cosmetic medical procedure will provide safer practice. Under this legislation, it will now be necessary for each client to have an initial physical assessment performed by properly licensed personnel before undergoing a cosmetic medical procedure as defined in law.

Consumers will be protected under Raised Bill #418. This is a good bill.

This Bill will also allow current APRN owned medical spas to stay open. It allows APRN's to maintain the ability to work to the full scope of their practice in accordance with the existing Practice Act. I urge you to support this bill.

Donna Montesi-Enters DNP, APRN, WCC



Connecticut Association of Nurse Anesthetists

Testimony of
Donna Sanchez CRNA, APRN
Connecticut Association of Nurse Anesthetists

Senate Bill 418
An Act Concerning the Department of Public Health's Recommendations Concerning Medical Spas

Friday, March 14, 2014
Connecticut General Assembly's Public Health Committee

Good day Senator Gerratana, Representative Johnson, Senator Welch, Representative Srinivasan and members of the Public Health Committee My name is Donna Sanchez and I am a Certified Registered Nurse Anesthetist (CRNA), I am here today on behalf of the members of the Connecticut Association of Nurse Anesthetists in support of Senate Bill 418, "An Act Concerning the Department of Public Health's Recommendations Concerning Medical Spas."

In the current language of the bill as it is before us today, Senate Bill 418 does much to ensure the welfare of Connecticut's residents The current language of this bill comes forth from a working group of healthcare professionals who spent many hours discussing line-by-line what served and protected Connecticut residents best.

We believe the intent of the original bill was to put some structure and uniformity to the facilities that labeled themselves as Medical Spas. And to ensure that there was some accountability of the practitioners who performed procedures on Connecticut's residents. The original bill was designed to add a level of safety to those procedures by ensuring that there was someone overseeing the care that our friends and neighbors received. Procedures needed to be performed by qualified personnel and that the clients were well enough to undergo such procedures especially in light that these procedures were not ones that would improve, preserve or enhance their overall physical health and physical functioning. These procedures are not life saving nor are they medically necessary.

During the work group on Medical Spas, we discussed many issues that arose from this bill. We clearly defined what is a Medical Spa, and who can call themselves a Medical Spa. We outlined what procedures can be performed in these facilities even to the detail of the percentage allowed to be used on chemical peels, the layers of skin that can be manipulated and the devices to be used to achieve the desired effect. It is on this kind of extensive depth that we discussed all aspects of the types of procedures that would be allowable by law to be performed in these facilities that I believe we surely have fulfilled our duty to protect Connecticut's residents from harm.

Furthermore, this bill as it is written does its due diligence by identifying who would be responsible to perform these procedures by virtue of their licensure and training. It also identifies who is accountable to perform the needed physical assessment prior to start of the procedure. All key factors in ensuring that these procedures are made as safe as possible.

Senate Bill 418 provides the Connecticut residents with transparency by knowing just whom would be performing the procedures they seek by legislating that these facilities must provide updated information on the credentials of their personnel not only on their websites but on any advertisements.

It is unrealistic to think that laws can mandate by their very virtue of existence everything possible to ensure that no harm comes to Connecticut's residents but we believe this bill can at least eliminate some common elements to the potential for harm.

I sincerely appreciate the opportunity to present you with this testimony and I would be glad to answer any questions.

X
X

TESTIMONY PRESENTED BEFORE THE PUBLIC HEALTH COMMITTEE

MARCH 14, 2014

CHRISTINE ZARB, APRN-BC, MPH – MEDSPA OWNER/OPERATOR

ON BILL #418, AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S
RECOMMENDATIONS CONCERNING MEDICAL SPAS

Senator Gerratana, Representative Johnson, and Members of the Committee,

I am a Nurse Practitioner and owner/operator of a small boutique medspa in Wilton, CT. I am here today to declare my support for Bill #418.

To quote my first medical director upon entering the aesthetic medicine field, "*aesthetic medicine is a marriage of art and science*". She understood that it is not enough to merely know how to do a procedure. One must also have an aesthetic sensibility, know when you can or cannot achieve a certain result, and know when the work is completed. Not any one discipline of medicine owns the franchise on aesthetic acumen.

I truly appreciate the combined efforts of legislators, The American Society for Dermatologic Surgery Association, and The Connecticut Society of Plastic & Reconstructive Surgeons for initiating the original bill to make our industry safer. Although I didn't agree with the original bill because it conflicted with the APRN Practice Act, I agreed with the intent of it. I appreciate the Governor's efforts to bring together the various professions that make up the aesthetic industry. As a result of this collective task force, the language has been revised in the current bill to include important definitions and recognize the expertise of other providers that perform many of the services in this industry, specifically NP's, RN's, and PA's.

My observation over the past ten years working in the aesthetic medicine field has been that it is *collegial*. The first course I took to learn how to inject was taught by an RN, and my fellow classmates included physicians. During the course of my aesthetic medicine career, I have not only honed my skills under the tutelage of NP's, RN's, and MD's, but *I have trained others, including physicians* in a formal professional capacity as well as informally during the course of practicing in the office.

This past fall, I was privileged to attend one of the Medical Spa Workgroup meetings held to write this bill. One of the concerns voiced by a physician in the group was regarding training and continuing education of providers who are not dermatologists or plastic

X
X

surgeons. It occurred to me that perhaps there is a knowledge deficit about the vast amount of training available in aesthetic medicine. To help clarify, I have assembled a short list of professional organizations that offer professional membership and certification tests and have attached it to my testimony.

I care about my industry and I care about public safety. If I can be of service to the committee on matters of aesthetic medicine as this bill moves forward, it would be my pleasure to serve you.

Thank you for this opportunity to testify in support of Bill #418

X
X

Professional Organization	Certifying Exam	Web Address
American Academy of Medical Esthetic Professionals	Medical Esthetic Professional - Certified (MEP-C)	www.aamep.org
American Society of Plastic Surgical Nurses	Certified Plastic Surgical Nurse (CPSN)	www.aspsn.org
American Society of Plastic Surgical Nurses	Certified Aesthetic Nurse Specialist (CANS)	www.aspsn.org
Dermatology Nurses Association	Dermatology Nurse Certified (DNC)	www.dnanurse.org
Dermatology Nurses Association	Dermatology Certified Nurse Practitioner (DCNP)	www.dnanurse.org
National Academy of Dermatology Nurse Practitioner's	(in the process of developing an evidence-based certification exam)	www.nadnp.net

Notable web resources:

The American College of Aesthetic and Cosmetic Physicians
www.medicalaestheticsociety.org
 Offers a comprehensive list of professional organizations in the aesthetic medicine field.

The American Society for Aesthetic Plastic Surgery
www.surgery.org
 Offers a free 109 page workbook about "Safety With Injectables"

The American Academy of Aesthetic Medicine
www.aamed.org
 Lists aesthetic certification courses by city and date both nationally and internationally.

The American Society for Laser Medicine & Surgery
www.aslms.org
 Offers lists of laser and light based energy educational conferences, online laser education, and safety training.

The Esthetic Skin Institute
www.esiw.com
 Offers various training courses in aesthetic medicine

X
X

Practical CME

www.practicalcme.com

Offers training in aesthetic procedures and CME-accredited certification.

Aesthetic Medical Educators Training

www.aestheticmedicaltraining.com

Offers hands-on aesthetic medical training courses.

Laser Vision Academy

Academy.lasersafety.com

Offers training in laser safety.

The Laser Training Institute

www.lasertraining.org

Provides training on laser use and safety.

Public Health Committee
Public Hearing
Friday, March 14, 2014

Good morning Chairs Senator Gerratana and Representative Johnson, Vice Chairs Senator Slossberg and Representative Miller, Ranking Members Senator Welch and Representative Srinivasan, and Members of the Public Health Committee.

My name is Dr. David Goodkind, and I thank you for hearing my testimony today. I am here today in support of **Senate Bill 418: An Act Concerning the Department of Public Health's Recommendations Concerning Medical Spas**. I would like to thank the Public Health Committee for raising this important concept and sustaining its discussion.

Medical Spas are facilities that perform surgical and non-surgical procedures, and at present have no Connecticut licensure requirements, which means there is no regulatory oversight from the Department of Public Health. No regulation or oversight means no inspections, no infection control requirements, or other guidelines or services which would be made available to patients in a formal hospital or similar location.

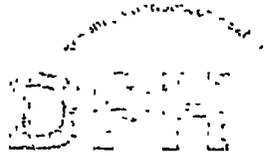
Medical Spas exist in which clients can have procedures performed without the physician supervision which would be available to patients in a properly run setting. In the past, physicians have cited examples of needing to treat patients who at one time had been clients of these Medical Spas and needed corrective intervention. The Department of Public Health has also documented several proceedings filed against designated providers in Medical Spas for inappropriate or illegal actions.

I support the current language of **Senate Bill 418**, however I believe the following should be added in concrete language to the bill:

I have been in extensive communication with colleagues, and we agree that a physician, PA-C or APRN is capable of running a stand-alone medical spa with a MD supervising the PA-C or APRN on an intermittent or PRN basis. Furthermore, I believe that an RN could provide services at a spa, but only with full time physician supervision. It is a fair compromise to have a full time credentialed physician working with the RN, so the RN may function as an extension of the MD and not an independent provider of services.

I urge you, as the members of the Public Health Committee, to do everything in your power to pass **Senate Bill 418** so we can have higher standards of medical practice in the state of Connecticut, and ensure greater protections for Connecticut's residents seeking medical treatment.

David J. Goodkind, MD
Plastic Surgeon
Medical Director
Fuzion Medical Aesthetic Boutique



Connecticut Department
of Public Health

Connecticut Department of Public Health
Testimony Presented Before the Public Health Committee

March 14, 2014

Commissioner Jewel Mullen, MD, MPH, MPA
860-509-7101

**Senate Bill 418: An Act Concerning The Department Of Public Health's
Recommendations Concerning Medical Spas**

The Department of Public Health (DPH) supports Senate Bill 418 and would like to thank the committee for raising the Department's bill.

This bill was developed with the input from all involved stakeholders who provided their valuable expertise to the Department. DPH believes that this legislation provides significant protection to the public by explicitly defining cosmetic medical procedures and clarifying these procedures must be performed by, or under the direction of, licensed healthcare practitioners as applicable under their scope of practice.

"Cosmetic medical procedure" is defined to include procedures that are directed at improving a person's appearance, rather than a procedure that promotes the proper functioning of the body or prevents or treats illness or disease. This definition was carefully drafted to include cosmetic medical procedures that should be directly performed by a licensed healthcare practitioner or delegated by such practitioner to a person qualified to perform the procedure

The bill defines "medical spa" as a place where cosmetic medical procedures are performed. As such, this bill requires each medical spa to contract with a physician, an advanced practice registered nurse (APRN) or a physician's assistant (PA) that is currently licensed in this state. These individuals must have received additional training and have experience in performing cosmetic medical procedures. The physician, APRN or PA is responsible for performing an assessment of each person undergoing a cosmetic medical procedure and is responsible for the care rendered under his or her supervision as required by each profession's current statutes

In order to provide information to consumers about the practitioners employed by a medical spa, each such medical spa is required to post the names and any specialty areas of any licensed health care practitioner performing medical procedures. This information is to be posted in a conspicuous place at the medical spa and on any internet site maintained by the

*Phone: (860) 509-7269, Fax: (860) 509-7100, Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 13GRE, P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer*

medical spa This information, or a reference to the internet site where such information may be obtained, is also required to be included in any advertising and contained in any written information provided to a medical spa client.

The Department respectfully requests deleting the word "facility" in lines 3, 18 and 41. The Department is concerned that the use of "medical spa facility" rather than simply "medical spa" could create confusion for the public who may have expectations that such spa is licensed by the Department. The term "facility" has a specific meaning within the definition of "institution" for purposes of the DPH licensure statutes. These medical spas do not provide the kinds of services that fall within this meaning of "facility" requiring licensure. Adding "facility" to medical spa could be read to imply that such spa is licensed or requires a license.

The Department also requests the following changes to lines 18 – 26 to ensure there is no confusion about the need for practitioners to have both a current license and additional training and experience: (b) Each medical spa facility shall employ or contract for the services of: (1) A physician licensed pursuant to chapter 370 of the general statutes, (2) a physician assistant licensed pursuant to chapter 370 of the general statutes; or (3) an advanced practice registered nurse licensed pursuant to chapter 378 of the general statutes. Each such physician, physician assistant or advanced practice registered nurse shall: [who] (A) [is] be actively practicing in the state, and (B) [has] have received education or training from an institution of higher education or professional organization to perform cosmetic medical procedures and has experience performing such procedures.

Finally, the Department requests deleting language in lines 26-35 starting with "each such physician" and replace it with: Any cosmetic medical procedure performed at a medical spa shall be performed by a physician licensed pursuant to chapter 370 of the general statutes, a physician assistant licensed pursuant to chapter 370 of the general statutes, an advanced practice registered nurse licensed pursuant to chapter 378 of the general statutes or a registered nurse licensed pursuant to chapter 378 of the general statutes in accordance with applicable statutory authority. This will avoid any confusion about whether or not a procedure can be delegated to an unlicensed person.

Thank you for your consideration of the Department's testimony.

Public Health Committee
Public Hearing
Friday, March 14, 2014

Good morning Chairs Senator Gerratana and Representative Johnson, Vice Chairs Senator Slossberg and Representative Miller, Ranking Members Senator Welch and Representative Srinivasan, and Members of the Public Health Committee.

My name is Dr. David Goodkind, and I thank you for hearing my testimony today. I am here today in support of Senate Bill 418: An Act Concerning the Department of Public Health's Recommendations Concerning Medical Spas. I would like to thank the Public Health Committee for raising this important concept and sustaining its discussion

Medical Spas are facilities that perform surgical and non-surgical procedures, and at present have no Connecticut licensure requirements, which means there is no regulatory oversight from the Department of Public Health. No regulation or oversight means no inspections, no infection control requirements, or other guidelines or services which would be made available to patients in a formal hospital or similar location.

Medical Spas exist in which clients can have procedures performed without the physician supervision which would be available to patients in a properly run setting. In the past, physicians have cited examples of needing to treat patients who at one time had been clients of these Medical Spas and needed corrective intervention. The Department of Public Health has also documented several proceedings filed against designated providers in Medical Spas for inappropriate or illegal actions

I support the current language of Senate Bill 418, however I believe the following should be added in concrete language to the bill:

I have been in extensive communication with colleagues, and we agree that a physician, PA-C or APRN is capable of running a stand-alone medical spa with a MD supervising the PA-C or APRN on an intermittent or PRN basis. Furthermore, I believe that an RN could provide services at a spa, but only with full time physician supervision. It is a fair compromise to have a full time credentialed physician working with the RN, so the RN may function as an extension of the MD and not an independent provider of services.

I urge you, as the members of the Public Health Committee, to do everything in your power to pass Senate Bill 418 so we can have higher standards of medical practice in the state of Connecticut, and ensure greater protections for Connecticut's residents seeking medical treatment.

David J. Goodkind, MD
Plastic Surgeon
Medical Director
Fuzion Medical Aesthetic Boutique



Connecticut Association of Nurse Anesthetists

Testimony of
Donna Sanchez CRNA, APRN
Connecticut Association of Nurse Anesthetists

Senate Bill 418
An Act Concerning the Department of Public Health's Recommendations Concerning Medical Spas

Friday, March 14, 2014
Connecticut General Assembly's Public Health Committee

Good day Senator Gerratana, Representative Johnson, Senator Welch, Representative Srinivasan and members of the Public Health Committee My name is Donna Sanchez and I am a Certified Registered Nurse Anesthetist (CRNA), I am here today on behalf of the members of the Connecticut Association of Nurse Anesthetists in support of Senate Bill 418, "An Act Concerning the Department of Public Health's Recommendations Concerning Medical Spas "

In the current language of the bill as it is before us today, Senate Bill 418 does much to ensure the welfare of Connecticut's residents The current language of this bill comes forth from a working group of healthcare professionals who spent many hours discussing line-by-line what served and protected Connecticut residents best.

We believe the intent of the original bill was to put some structure and uniformity to the facilities that labeled themselves as Medical Spas And to ensure that there was some accountability of the practitioners who performed procedures on Connecticut's residents The original bill was designed to add a level of safety to those procedures by ensuring that there was someone overseeing the care that our friends and neighbors received Procedures needed to be performed by qualified personnel and that the clients were well enough to undergo such procedures especially in light that these procedures were not ones that would improve, preserve or enhance their overall physical health and physical functioning These procedures are not life saving nor are they medically necessary.

During the work group on Medical Spas, we discussed many issues that arose from this bill We clearly defined what is a Medical Spa, and who can call themselves a Medical Spa We outlined what procedures can be performed in these facilities even to the detail of the percentage allowed to be used on chemical peels, the layers of skin that can be manipulated and the devices to be used to achieve the desired effect. It is on this kind of extensive depth that we discussed all aspects of the types of procedures that would be allowable by law to be performed in these facilities that I believe we surely have fulfilled our duty to protect Connecticut's residents from harm.

Furthermore, this bill as it is written does its due diligence by identifying who would be responsible to perform these procedures by virtue of their licensure and training. It also identifies who is accountable to perform the needed physical assessment prior to start of the procedure All key factors in ensuring that these procedures are made as safe as possible.

Senate Bill 418 provides the Connecticut residents with transparency by knowing just whom would be performing the procedures they seek by legislating that these facilities must provide updated information on the credentials of their personnel not only on their websites but on any advertisements

It is unrealistic to think that laws can mandate by their very virtue of existence everything possible to ensure that no harm comes to Connecticut's residents but we believe this bill can at least eliminate some common elements to the potential for harm

I sincerely appreciate the opportunity to present you with this testimony and I would be glad to answer any questions.



Testimony of

CT Society of Plastic Surgeons

Before the Public Health Committee

On SB 418, AAC the Recommendations of the Department of Public Health Concerning
Medspas.

March 14, 2014

Good Afternoon Senator Gerratana, Rep. Johnson and distinguished members of the Public Health Committee. I am here today as the President of the CT Society of Plastic Surgeons and on behalf of the Connecticut State Medical Society to speak on SB 418, An Act Concerning the Department of Public Health's Recommendations Concerning MedSpas.

You may remember that I was here last year testifying on this issue at about 1:00am. As I spoke about this issue, I discussed the explosion of Medspas around the country and the variety of injuries and even deaths that had occurred in these facilities. To quote my testimony from that night, "We are before you today with the hope of avoiding that outcome here in Connecticut." I was thrilled that we were able to pass this important legislation last year, overwhelmingly in both chambers. Our original bill would have established standards and safety provisions that we believed were critical. Unfortunately, that bill was vetoed by the Governor and a working group created in an effort to reach a "compromise." I would personally like to thank Sen. Terry Geratanna, Anne Foley from the Governor's staff and Wendy Furniss from the Department of Public Health for their involvement in this sometimes difficult process. In my mind, "compromise" is difficult

when we are talking about patient safety. While we were not able to come to complete agreement on this bill, I do believe that with some adjustments to the proposal before you, we will be taking a step toward addressing with I consider to be "the wild west "

To be clear, Medspas are facilities where surgical and non-surgical procedures are performed. Currently, there are no licensure requirements in Connecticut and therefore, there is no regulatory oversight by the department of public health, no facility inspections, no infection control requirements or other patient safety and quality of care guidelines now in place in hospitals and ambulatory surgical centers. Several states have moved to regulate these facilities, with Massachusetts requiring licensure as a clinic. In fact, we would have liked to see these facilities licensed by the Department of Public Health, but because of budgetary constraints, instead suggested some requirements be established in the short term to address safety concerns, while further licensure requirements could be explored.

Understand that currently in some Medspas, procedures are performed without physician supervision and without patients being seen or evaluated by a physician. This fact will not change under SB 418. An actively practicing physician medical director was also eliminated from the bill before you today.

Please understand that in my own practice, I have seen patients who have been treated in facilities without physician oversight and have needed corrective intervention. These patients present to me with irregular contours and skin irregularities following liposuction, problems associated with lidocaine toxicity, unnatural features following botox and cosmetic filler application and scarring from laser procedures. The DPH has documented a number of proceedings filed against designated providers in Medspas for inappropriate or illegal actions.

The bill before you today looks at a Medspa as an office setting and therefore only requires licensed providers to provide services. It does not raise the bar on safety. Remember, this very committee passed legislation to address safety concerns in the physician-office setting several years ago when you required physician offices that provided certain levels of anesthesia to become licensed as outpatient surgical centers. A new type of facility-the MedSpa- has been established since that time requiring further regulatory oversight in order to ensure the safety and well-being of Connecticut's patients.

While requiring licensure of these "facilities" would be my goal, I do believe there are things we can do in this bill to address existing patient safety concerns. Patients-some likely your own constituents-enter these facilities with the belief that their safety is in the hands not only of their provider but of the state of Connecticut. Thinking that a facility would not be able to operate in our state without the proper oversight and appropriate safety regulations in place. Remember, horrible infections can occur without proper infection control policies and procedures and patients can be injured. For your information, I have also included an article I came across from CBS regarding these very issues. In any case, who is checking and who is responsible under this bill? I'm not sure that issue has truly been addressed.

I have attached language that we had suggested after our last working group meeting in an effort to address one aspect of our concerns with the proposal. It provides greater transparency and public information on the role of key providers within the Medspa setting. How could more patient disclosure be a bad thing?

I hope, with this added language to SB 418, we will be improving the safety and well-being of patients that access care in Connecticut's Medspas. I'm just not completely convinced. Thank you.



**TESTIMONY RE: Raised Bill No. 418 AN ACT CONCERNING THE DEPARTMENT OF PUBLIC
HEALTH'S RECOMMENDATIONS CONCERNING MEDICAL SPAS**

PUBLIC HEALTH COMMITTEE

March 17, 2014

Good Morning, Senator Gerratana, Representative Johnson and esteemed members of the Public Health Committee. Thank-you for the opportunity to provide testimony on behalf of the Connecticut Nurses' Association (CNA) related to Medical Spas. I am Mary Jane Williams Ph.D , RN current chairperson of Government Relations Committee for the Connecticut Nurses Association and professor emeritus from Central Connecticut State University.

I speak in **STRONG SUPPORT OF Raised Bill No. 418 AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS CONCERNING MEDICAL SPAS.**

At the request of the Governor under the Direction of Anne Foley, Under Secretary of OPM a Task Force was developed and met during the Fall of 2013 to construct language related to Medical Spas. This Task Force was developed in order to address issues raised by the Governor's Veto of the 2013 legislation that mandated all Medical Directors must be Medical Doctors.

The task force membership included, representation from the Connecticut Society of Plastic and Reconstructive Surgery, the Department of Public Health, the Connecticut Dermatology and Dermatologic Surgery Society, the Connecticut Academy of Physician

Assistants, the Connecticut Medical Society, the Connecticut Coalition of Advanced practice Nurses the managing Partner of Radiance Med Spa and the Connecticut Nurses Association.

The Task Force addressed the issues raised by each invited group and crafted language that thoroughly defined Cosmetic Medical Procedures, clearly lists the individuals who would be employed for services and their responsibility in delegating appropriately with monitoring of outcomes. It also clearly identifies the necessity of performing a Complete Physical Assessment prior to any Med Spa treatment.

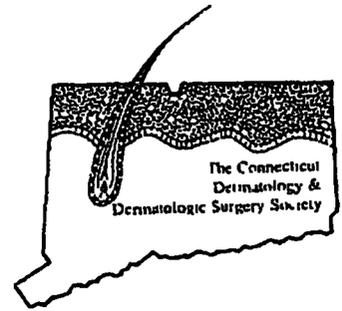
Ultimately this legislation calls for complete transparency in advertising. To assure all clients are aware of the Individuals employed in each Medical Spa and their qualifications. Issues related to Scope of Practice, accountability and transparency, and recurring issues of concern related to Scope of Practice that were raised during the meetings were addressed by the appropriate Task Force member. (DPH)

Ultimately this proposed legislation accomplishes the "INTENT" of the original legislation. It defines the practice and assures accountability. The goal of this legislation is to protect the Public and allow the providers in Medical Spas to continue to provide services in accordance with their Scope of Practice. This proposed legislation does not infringe on any of the providers practices, allows individual to continue to provide services in their settings, and makes them individually accountable for the services they provide.

Therefore I urge you to support Raised Bill No. 418 AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS CONCERNING MEDICAL SPAS. This proposed language enhances and maintain access to dermatological procedures.

Thank you

Mary Jane M. Williams PhD., RN



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."¹ 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.²

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

² 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.

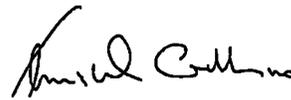
Finally, in a 2013 survey of nearly 2,000 patients, 99 percent of those surveyed said that they want to know what type of practitioner is performing cosmetic medical procedures prior to undergoing such procedures. Eighty-nine percent said that they would like the level of licensure listed in print advertisements.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

Sincerely,



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



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



Connecticut Academy of Physician Assistants

One Regency Drive · PO Box 30 · Bloomfield, CT 06002
860/243-3977 · Fax 860/286-0787 · connapa@ssmgt.com · www.connapa.org

CONNECTICUT ACADEMY OF PHYSICIAN ASSISTANTS

TESTIMONY REGARDING SENATE BILL 418, AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS CONCERNING MEDICAL SPAS

PUBLIC HEALTH COMMITTEE
MARCH 14, 2014

Chairpersons Gerratana and Johnson and members of the Public Health Committee, the Connecticut Academy of Physician Assistants (ConnAPA), the only state organization representing the 1,988 licensed Connecticut PAs and the third profession authorized to practice medicine in Connecticut, is pleased to support the passage of Senate Bill 418.

ConnAPA participated as a member of the ad hoc work group convened by the governor and led by the Office of Policy and Management and the Department of Public Health. Through several meetings, the group was able to achieve a compromise on the language. We support that compromise.

Furthermore, ConnAPA believes that the language as proposed creates the right balance of both insuring public safety and improving access.

Sincerely,

C. Drew Morten, MPH, PA-C
Chairman, Legislative Committee

Connecticut Dermatology and Dermatologic Surgery Society

Before the Public Health Committee

On March 14, 2014

SB 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.



Connecticut Academy of Physician Assistants

One Regency Drive · PO Box 30 · Bloomfield, CT 06002
860/243-3977 · Fax: 860/286-0787 · connapa@ssmgt.com ·
www.connapa.org

**CONNECTICUT ACADEMY OF PHYSICIAN ASSISTANTS
TESTIMONY REGARDING SENATE BILL 418
AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S
RECOMMENDATIONS CONCERNING MEDICAL SPAS
PUBLIC HEALTH COMMITTEE
MARCH 14, 2014**

Chairpersons Gerratana and Johnson and members of the Public Health Committee, the Connecticut Academy of Physician Assistants (ConnAPA) the only state organization representing the 1,988 licensed Connecticut PAs and the third profession authorized to practice medicine in Connecticut is pleased to support the passage of Senate Bill 418.

ConnAPA participated as a member of the ad hoc work group convened by the governor and led by the Office of Policy and Management and the Department of Health. Through several meetings the group was able to achieve a compromise on the language. We support that compromise.

Furthermore, ConnAPA believes that the language as proposed creates the right balance of both insuring public safety and improving access.

Sincerely,

C. Drew Morten, MPH, PA-C
Chairman, Legislative Committee



Connecticut Association of Nurse Anesthetists

Testimony of
Donna Sanchez CRNA, APRN
Connecticut Association of Nurse Anesthetists

Senate Bill 418

An Act Concerning the Department of Public Health's Recommendations Concerning Medical Spas

Friday, March 14, 2014
Connecticut General Assembly's Public Health Committee

Good day Senator Gerratana, Representative Johnson, Senator Welch, Representative Srinivasan and members of the Public Health Committee. My name is Donna Sanchez and I am a Certified Registered Nurse Anesthetist (CRNA), I am here today on behalf of the members of the Connecticut Association of Nurse Anesthetists in support of Senate Bill 418, "An Act Concerning the Department of Public Health's Recommendations Concerning Medical Spas."

In the current language of the bill as it is before us today, Senate Bill 418 does much to ensure the welfare of Connecticut's residents. The current language of this bill comes forth from a working group of healthcare professionals who spent many hours discussing line-by-line what served and protected Connecticut residents best.

We believe the intent of the original bill was to put some structure and uniformity to the facilities that labeled themselves as Medical Spas. And to ensure that there was some accountability of the practitioners who performed procedures on Connecticut's residents. The original bill was designed to add a level of safety to those procedures by ensuring that there was someone overseeing the care that our friends and neighbors received. Procedures needed to be performed by qualified personnel and that the clients were well enough to undergo such procedures especially in light that these procedures were not ones that would improve, preserve or enhance their overall physical health and physical functioning. These procedures are not life saving nor are they medically necessary.

During the work group on Medical Spas, we discussed many issues that arose from this bill. We clearly defined what is a Medical Spa, and who can call themselves a Medical Spa. We outlined what procedures can be performed in these facilities even to the detail of the percentage allowed to be used on chemical peels, the layers of skin that can be manipulated and the devices to be used to achieve the desired effect. It is on this kind of extensive depth that we discussed all aspects of the types of procedures that would be allowable by law to be performed in these facilities that I believe we surely have fulfilled our duty to protect Connecticut's residents from harm.

Furthermore, this bill as it is written does its due diligence by identifying who would be responsible to perform these procedures by virtue of their licensure and training. It also identifies who is accountable to perform the needed physical assessment prior to start of the procedure. All key factors in ensuring that these procedures are made as safe as possible.

Senate Bill 418 provides the Connecticut residents with transparency by knowing just whom would be performing the procedures they seek by legislating that these facilities must provide updated information on the credentials of their personnel not only on their websites but on any advertisements

It is unrealistic to think that laws can mandate by their very virtue of existence everything possible to ensure that no harm comes to Connecticut's residents but we believe this bill can at least eliminate some common elements to the potential for harm.

I sincerely appreciate the opportunity to present you with this testimony and I would be glad to answer any questions.