

MINUTES
MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE
MEDICAL SPA TASK FORCE

November 28, 2007

PRESENT

Task Force Members

Boards:

Gino Chisari, RN, Board of Registration in Nursing
Barbara Kellman, JD, Board of Registration in Nursing
Kathe Mullally, JD, Board of Cosmetology
Catherine Hinds, Board of Cosmetology

Legislature:

Senator Joan Menard

Appointees:

Stephanie Cogliano, RE
Dianne Quibell, MD
Winifred Nee Tobin, Consumer
Jeffrey Dover, MD
Karen McKoy, MD
Jagruti Patel, MD

Absent:

Nancy Achin Audesse, Board of Registration in Medicine
Faye Marie Jenkins, RN

Board Staff

Russ Aims, Board of Registration in Medicine
Brenda Beaton, Esq., Board of Registration in Medicine
Kathleen DiTonno, Board of Registration in Medicine

1. Welcome, Goals for Today's Discussion

Russ Aims, Special Assistant of the Board of Registration in Medicine called to order the meeting of the Medical Spa Task Force. The goal of this meeting is to focus on education, supervision and training requirements of medical spas.

2. Approval of July 18th, August 29th and September 26th Minutes

Mr. Aims brought forth a motion to approve the meeting minutes of July 18, 2007, August 29th and September 26th Medical Spa Task Force Meetings. Minor corrections were made to past minutes, but task force members have not been able to review changes. A vote will be taken at next meeting of the task force. Mr. Aims will post the draft minutes on the Board's website in the meantime so that the public will have access to the information.

3. Discussion Topic: Supervision and Training

Beginning with the topic of credentialing, Dr. Dover provided the task force with a form similar to a document currently used in his own practice. This credentialing form has been modified to fit the needs of a medical spa, and is attached at Tab A. There will be a few changes to device names as well as additions of devices that were omitted. Level I II and III procedures are defined and there is a separate designation for laser and light hair removal only. The use of this form would allow the person(s) designated to credential to approve, deny, or approve with conditions each applicant based on applicants training. It was suggested that one would have to be recredentialed every 2-3 years to ensure that training requirements are updated. Mr. Chisari added that the form itself would not be written into statute in order to allow for it to be easily updated, but laws and regulations would mimic the requirements within the form.

Training documents would be submitted with application and all employees must be named on the form to ensure that unlicensed persons are not performing procedures. Applicant must be able to perform approved procedure unassisted. While the supervising practitioner does not have to be a physician, the supervising practitioner must have a level of training and licensure at least equal to the person with highest licensure and training in the medical spa.

The task force went into a discussion about how much credentialing will cost, who will do it, and who will be the overseeing agency. There would be a supplemental fee for credentialing which would cover the cost of processing. Individual medical spas would report credentialing to DPH for licensure. Applicants of individual disciplines (private practice) would report credentialing directly to his or her licensing board. This would prevent the need for a separate board. It was discussed that the form should be filed with DPH to ensure that medical directors do not oversee more than one facility at any given time. Senator Menard summarized the process by stating that the applicant would fill out

the form, which would then be given to his/her supervisor, who must also be qualified to provide services. From the medical director a form would be sent to DPH for licensure with information of responsible parties and employees as well as an attestation that the medical director is responsible for his/her facility. DPH would have the authority to check each licensee and facility. Mr. Aims pointed out that this would be a similar process to what currently exists for hospital credentialing. Each hospital is responsible for credentialing its physicians and the Board of Registration in Medicine trusts that the hospital will appropriately credential. It is an honor system coupled with a malpractice system that each person would be held accountable for his/her actions.

Ms. Kellman suggested that each board could provide an advisory opinion to its licensees to ensure that providers are not practicing beyond their level of training.

Those practitioners who qualify for private office exemption would submit credentialing form directly to his/her respective licensing board because there would not be a medical director. The task force went into discussion about the need for having an appropriately credentialed person at each regulatory board and what this may cost, which will be determined at a future meeting.

The question was raised as to why standards for credentialing will be raised for cosmetic procedures but not for medical, as physicians are not required to submit proof of training for their specialty at this time. This may be change along with the passing of medical spa regulations to require that all disciplines submit a credentialing form along with their application for licensure. For physicians, this would also mean reporting to the Board of Registration in Medicine each time there is a change in credentialing status, rather than waiting for the two year application renewal process. The task force emphasized that there will be a lot more accountability across all disciplines if licensees are aware that they are being watched rather than relying on an honor system coupled with a malpractice system alone. Credentialing would also be a crucial part of gaining and maintaining the public's trust in the medical spa practice. Unlike necessary and required medical procedures, not everybody has an interest in cosmetic procedures and providers are often paid out of pocket by consumers. Credentialing would help to maintain the control that already exists in the medical practice with practitioners who provide cross specialties.

Supervision and education summary:

Mr. Chisari explained the proposal of education and supervision which would be required at each level procedure, and that the determination of such was driven by specific device and procedure. A detailed breakdown can be viewed at as attached as Tab B. Ms. Hinds noted that the reference to cosmetologists in Level I procedures should read aestheticians.

In summary, the proposal states that electrologists can perform laser treatments without supervision if appropriately trained and licensed. Aestheticians/cosmotologists can perform Level I without supervision. They could provide laser treatment or Level II procedures with supervision, which could be an on-site nurse, and appropriate training and licensure. It was discussed that supervision would be necessary due to the need for clinical judgment in reviewing for dangerous medical conditions (i.e. cancerous spots).

Nurses cannot perform Level I procedures without specific licensure. They can perform Level II procedures with or without on-site supervision. Registered nurses can perform Level III with mandatory physician supervision, some procedures requiring supervision to be on-site.

Advanced practice registered nurses could not do Level I without specific licensure, can perform laser hair removal without supervision, can perform Level II without supervision, and can provide Level III with a physicians order, but would not require on-site supervision.

Physician assistants cannot perform Level I procedures without specific licensure, but can perform all other levels with general physician supervision, (not on-site) at supervising physician's discretion.

Physicians cannot perform Level I procedures without specific licensure, can perform all others, self supervised with appropriate demonstration and documentation of training.

Medical Spa Summary:

Medical Spas would require a director in the facility at all times. Aesthetician should have at least an RN on-site supervisor. Laser hair removal can be done by an aesthetician unsupervised if working alone. Aestheticians could perform pulsar light procedures, but supervision should be required of light/photon devices because of the clinical judgment required to view skin for cancerous spots.

Level II procedures performed at a medical spa must require at least the supervision of a Registered Nurse, who could be the medical director. It is required that the medical director be on-site at all times.

Level III medical spas would require the medical director to be a physician.

Medical director could be somebody off-site; clinical supervisor would need to be on-site at medical spa at all times. Both persons would require the highest degree as any of the disciplines working at the same facility, though the owner of the facility may be any discipline. If the medical spa had any combination of Level II and III procedures, this person must be a physician.

Subcommittee discussions:

There were a number of issues that will be discussed in further detail by the subcommittee of the task force and brought before the full task force at the next meeting. Some of these issues include: the need to break up Level I and II procedures further for one with an advanced aestheticians license, adding certain topical treatments to a standing order for prescribing purposes, and determining what the legal ramifications of doing so would be, what is the maximum number of medical spas that one medical director could oversee at any given time, and what would be the required level of involvement. The subcommittee will also discuss the practicality of having the medical

director of the spa be responsible for assembling and periodically submitting documentation with DPH as part of licensure. Dr. Dover pointed out that an office practicing medical spa procedures may be exempt due to the private office exemption, and would not be subject to a similar licensing and credentialing process. A facility registered as a medical spa, but performing the same procedures, would be held to more stringent licensure requirements. The subcommittee will also review this issue and bring it back before the task force at the next meeting.

4. Scheduling

The next meetings of the Medical Spa Task Force are tentatively set for January, 16, 2008, 8:00 AM- 11:00 AM and February 27, 2008, 8:00 AM -11:00 AM. It is the goal of the Medical Spa Task force that February will be the final meeting.