

CURRENTS

A PUBLICATION OF THE AMERICAN SOCIETY FOR DERMATOLOGIC SURGERY

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Top ASDSA priorities: Scope of practice,

Top legislative successes this summer for the American Society for Dermatologic Surgery Association's legislative team include the domino-effect passage of several pieces of indoor tanning legislation, while scope of practice issues were more hit and miss.

Preserving patient access to safe and affordable office-based surgery remains a top priority for the ASDSA as does appropriate regulation for medical spas and transparency in medical advertising.

With a handful of states still in session, here are some of the highlights from the ASDSA's summer state-level legislative work:

Connecticut and Utah: Medical spa advertising bills

One of the newer strategies addressing both truth in advertising and medical spa regulation emerging this year was the issuance of bills to restrict the use of the terms medical spa, medspa and medspa.

The ASDSA was disappointed that Connecticut Gov. Dannel P. Malloy (D) on July 12 vetoed the ASDSA-supported SB 1067, a measure to place limits on what facilities can advertise using the terms medical spa, medspa

or medspa. The bill would have required facilities using these terms to have cosmetic medical procedures performed only by physicians, or by physician assistants, registered nurses or advanced practice registered nurses with physician oversight and supervision. In his veto message, Gov. Malloy stated, requiring physicians to perform all initial assessments and to perform or supervise and control all cosmetic medical procedures may unnecessarily limit the scope of practice of Advanced Practice Registered Nurses and other licensed medical professionals.

The ASDSA also was disappointed that a Utah bill died in committee. SB 251 would have prohibited the use of the term medical or similar terms by a facility performing cosmetic medical procedures unless the facility has a doctor on the premises at least 75 percent of the time it is open.

Nevada and California: Scope of practice

Despite opposition from the ASDSA and other groups, two bills became law in 2013. AB 170 enhances the ability of nurses to practice independently by removing the collaborative practice agreement requirement for nurse

practitioners. AB 170 prohibits nurse practitioners, however, from prescribing Schedule II drugs unless they have attained at least two years or 2,000 hours of clinical experience or prescribe in accordance to a protocol approved by a collaborating physician.

While introduced as a bill to provide stiffer penalties for the unlicensed practice of medicine, SB 199 was amended late in the process to increase the scope of practice of non-MD dentists, allowing them to perform surgical procedures in the oral and maxillofacial area and associated structures.

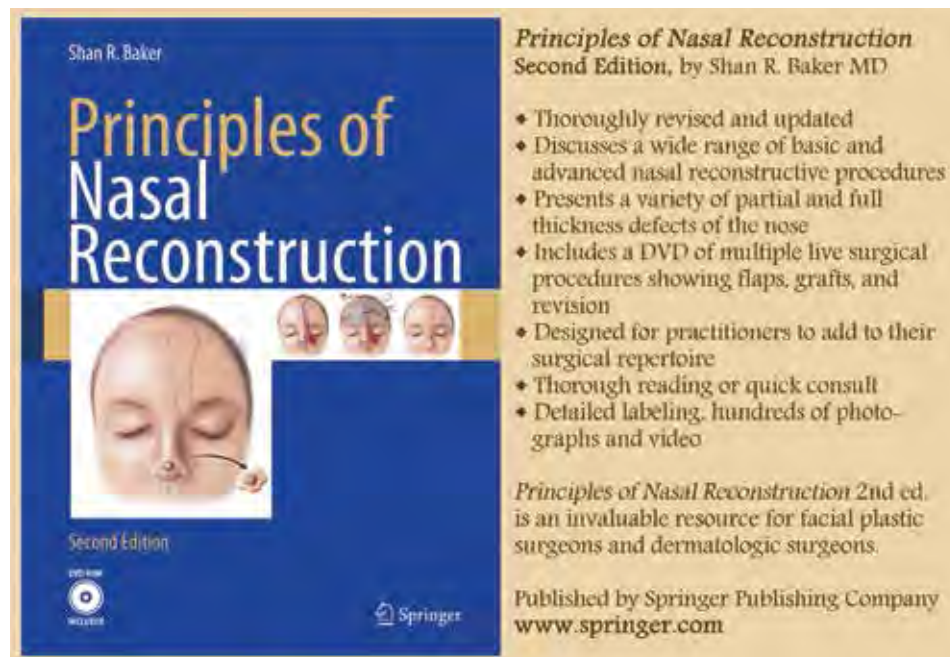
With Nevada's passage of AB 170, California becomes the last remaining Western state prohibiting independent practice for nurse practitioners. SB 491, which would allow nurse practitioners to practice independently, passed through the California State Senate and is moving through the State Assembly with significant amendments anticipated.

Colorado: Naturopath and alternative medicine bills

The ASDSA, Colorado Dermatological Society and Colorado Medical Association convinced legislators to amend two bills that would have increased patient risk. SB 215 was amended to prohibit alternative health care providers from using medical lasers. HB 1111, a bill to increase the scope of practice of naturopaths was amended to remove its most concerning provisions.

Louisiana: Optometrist surgery bill

ASDSA and Louisiana Dermatological Society member **Mary P. Lupo, MD**, worked to defeat HB 527 that would have allowed optometrists to perform ophthalmic surgery, including laser procedures in and around the eye. Dr. Lupo's conversation with the bill author about the importance of medical education, which cited an experience from her own life, was critical in convincing the author to withdraw the bill from consideration. Several other Louisiana dermatologic surgeons also



office-based surgery, indoor tanning

made significant behind-the-scenes contributions on this issue.

Massachusetts: Bill defining 'surgery'

The ASDSA is working with the Massachusetts Academy of Dermatology and Dermatologic Surgery and the American Society of Laser Medicine and Surgery to support HB 2031 that would define surgery in statute. The bill would define the use of medical lasers and other prescription energy-based devices to be the practice of surgery as is consistent with the definition used by the American Medical Association and American College of Surgeons.

New Jersey and Oregon: Safe office-based surgery

In May, the New Jersey State Senate Health, Human Services and Senior Citizens Committee approved S 2079, which would require accreditation for many procedures commonly performed by dermatologic surgeons. The bill would include the mandatory accreditation threshold for tumescent liposuction (750 cc total aspirate) as well as require accreditation for the broadly stated aesthetic truncl procedures involving an excision of skin. The ASDSA is working together with the Dermatological Society of New Jersey and the AADA to ensure that the bill does not advance.

The ASDSA provided strong public comment on a proposed Oregon regulation (OAR Chapter 847, Division 017) that would place severe restrictions on office-based surgery. Early versions of the regulation included mandatory hospital privileges and accreditation. There have since been several new versions of proposed regulation that are significantly friendlier to dermatologic surgery.

Nine states and D.C.: Indoor tanning bills

Connecticut: An under-18 tanning bill (SB 872) in Connecticut was amended to an under-17 tanning bill. A late filibuster threatened to sink efforts to

enact stronger indoor tanning restrictions on minors in the state, forcing lawmakers and activists to compromise before the Senate carryover deadline. The compromise legislation quickly passed the Senate and the House and was signed into law June 5 by Gov. Malloy. The new under-17 ban takes effect Oct. 1.

District of Columbia: After an extensive rule-making process dating to 2007, the District of Columbia Department of Health finalized new, comprehensive statutes (25 DCMR, Subtitle F) related to indoor tanning. The regulations contain requirements for health, safety and sanitation; building codes and youth access. Teens under 14 are prohibited from tanning indoors. Teens ages 14 to 17 must have in-person parental consent before using a tanning device.

Illinois: Following the successful enactment of under-18 indoor tanning bans in Chicago and Springfield in 2012, the Illinois General Assembly on May 18 passed HB 188 with strong bipartisan support. The bill became law Aug. 18 without the signature of Gov. Pat Quinn (D). The law takes effect Jan. 1, 2014.



Illinois Gov. Pat Quinn signs a bill restricting minors under 18 from using indoor tanning devices.

Maine: Legislation (LD 272) passed in 2009 to restrict minors under the age of 14 from tanning indoors and requiring teens ages 14 to 17 to obtain parental consent before tanning was codified finally in June. Maine previously had been enforcing the pre-2009 indoor tanning restrictions that required minors to obtain parental consent to use an indoor tanning device.

Nevada: When SB 267, an act prohibiting minors from using indoor tanning devices, was introduced by State Sen. Joyce Woodhouse (D) midway through the state's legislative session, the ASDSA and its SANDS activists moved quickly to help get the bill through the Assembly. The bill passed with bipartisan support and was signed into law by Gov. Brian Sandoval (R) June 3. The law went into effect July 1.

Oregon: Gov. John Kitzhaber (D) on May 16 signed HB 2896, which prohibits minors from using indoor tanning devices. The bill, which does contain a physician prescription exemption for minors to use a tanning device for medical treatments, takes effect Jan. 1, 2014.

Pennsylvania: While the General Assembly considers enacting first-of-its-kind indoor tanning legislation this session, the Philadelphia City Council passed File 130057, prohibiting minors under-14 from using indoor tanning devices. The ordinance, which took effect Aug. 5, requires teens ages 14 to 17 to obtain parental consent. Legislation under consideration in the Pennsylvania General Assembly that would restrict minors under 17 from indoor tanning and require parental consent for teens who are 17, passed the House June 20 and will be considered by the Senate this fall.

Texas: SB 329 became law without the signature of Gov. Rick Perry (R) on June 14. The law, which took effect Sept. 1, received bipartisan support in the Senate but became bogged down in the House. Thanks to successful advocacy efforts by the ASDSA and other skin cancer advocacy organizations, the bill passed the House near the end of the session.

West Virginia: First-of-its-kind legislation restricting youth access to indoor tanning services took effect July 12. SB 464, signed into law April 17 by Gov. Earl Ray Tomblin (D), prohibits minors under 14 from using indoor tanning devices and requires teens ages 14 to 17 to obtain parental consent. ■