Outlook

Public Comment - Rulemaking

From AMS Business Office <business@avalonmedicalspa.net>
Date Tue 3/24/2026 5:23 PM
To ri.aestheticassociation@gmail.com <ri.aestheticassociation@gmail.com>

1 attachment (340 KB)
RI DOH - Proposed Rulemaking.pdf;

To Whom It May Concern:

Please see the attached letter objecting to the proposed regulations related to medical aesthetic procedures.

Respectfully,

Flavia Thornson
Nurse Practitioner

--

Avalon medical spa

77 Wolcott Avenue North Dartmouth, MA 02747 | 774-202-7049
573 Hope Street Bristol, RI 02809 | 401-297-0591
www.avalonmedicalspa.net [avalonmedicalspa.net]

March 24, 2026

Rhode Island Department of Health

Public Comment – Proposed Rulemaking

To Whom It May Concern,

I am writing to formally object to the proposed regulations related to medical aesthetic procedures. The current proposal lists only three procedures and one medication, which does not reflect the full scope of services safely performed by qualified licensed providers. Limiting the scope in this way fails to reflect the intent of the recently passed legislation and creates unnecessary barriers to patient care. If implemented as written, these regulations would have serious consequences on many small healthcare businesses resulting in closures and job loss. The services provided are an important part of patient care and access to healthcare. I respectfully request that the Department reconsider the proposed regulations so that they accurately reflect the law, the scope of licensed providers, and support continued access to safe, regulated aesthetic care.

ENTERED
MAR 31 2026
BY:

Sincerely,

Flavia Thornson, Nurse Practitioner
Avalon Medical Spa
573 Hope Street
Bristol, RI 02809

CC: William J Murphy
127 Dorrance Street
Providence, RI 02903

Date: 3/22/26

Rhode Island Department of Health

Public Comment – Proposed Rulemaking

To Whom It May Concern,

I respectfully submit this letter to object to the proposed regulations related to medical aesthetic procedures. The proposal lists only three procedures and one medication, which does not adequately represent the wide range of treatments that fall within the scope of practice for qualified healthcare providers.

Restricting the scope in this way could have serious consequences for small healthcare businesses across Rhode Island. Many medical aesthetic practices rely on these services to operate and limiting them could result in closures and job loss.

Additionally, reducing access to these services may further strain Rhode Island's already limited healthcare access. I urge the Department to reconsider the proposed language so that it accurately reflects the law and the scope of licensed providers.

Sincerely,

Maria Como, APRN-CNP

Inspire Medical Spa

Narragansett, RI

CC: William J Murphy

127 Dorrance Street

Providence, RI 02903

March 17th, 2026

Rhode Island Department of Health

Public Comment- Proposed Rulemaking

To whom it may concern,

I am writing to object to the proposed regulations related to the medical aesthetic procedures. The current proposal only lists three procedures and one medication, which does not reflect the full scope of services safely performed by qualified licensed providers.

By limiting the scope in this manner directly undermines the intent of the recently passed legislation and imposes unnecessary barriers to patient care. If implemented as written, these regulations would place an undue burden on small healthcare businesses and could ultimately force many medical aesthetic practices across Rhode Island to close- reducing access to safe, regulated for patients statewide.

These services are an important part of patient care and access to healthcare. Respectfully, I request that the department reconsider the proposed language to accurately reflect the law and the scope of licensed providers.

Sincerely,

Amanda Lombardi

BSN RN

Amanda Lombardi RN

Citrine Aesthetics

Cumberland RI

March 23rd, 2026

Rhode Island Department of Health

Public Comment- Proposed rule making

To whom it may concern,

I am writing to formally object to the proposed regulations regarding medical aesthetic procedures. As a licensed esthetician, I am concerned that the current proposal does not accurately reflect the full scope of services that are safely performed within the aesthetic field by trained and licensed professionals.

Limiting the scope in this way undermines the intent of the recently passed legislation and creates unnecessary barriers to patient access to care. Estheticians play a vital role in skin health, patient education, and the delivery of safe, non-invasive aesthetic services. The proposed restrictions fail to recognize the education, training, and clinical standards that licensed estheticians are required to meet.

If implemented as written, these regulations would place an undue burden on small businesses, including independently owned aesthetic practices and medspas. This could ultimately force many to close, reducing access to safe, regulated services for patients across Rhode Island.

Aesthetic services are an important part of overall skin health and patient confidence, and they should remain accessible under the care of properly trained and licensed professionals. I respectfully urge the Department to reconsider the proposed language so that it more accurately reflects both the law and the scope of practice for estheticians and other licensed providers.

Thank you for your time and consideration.

Sincerely,
Katherine Arsenault
Licensed Esthetician

Citrine Aesthetics, Cumberland RI

Katherine Arsenault

Date: 03-24-2026

Rhode Island Department of Health

Public Comment – Proposed Rulemaking

To Whom It May Concern,

My name is Erinn Seyler. I am a nationally certified, multi-state licensed, Physician Associate who has been practicing medical, surgical, and aesthetic dermatology for nearly a decade. I am writing to formally object the proposed regulations related to medical aesthetic procedures. The current proposal lists only three procedures and one medication, which does not reflect the full scope of services safely performed by qualified, licensed providers.

Limiting the scope in this way fails to reflect the intent of the recently passed legislation and creates unnecessary barriers to patient care. If implemented as written, these regulations would significantly impact many small healthcare businesses and could force medical aesthetic practices across Rhode Island to close.

These services are an important part of patient care and access to healthcare. I respectfully request that the Department reconsider the proposed language so that it accurately reflects the law and the scope of licensed providers.

Sincerely,

Erinn Seyler, PA-C

Aspire Dermatology

North Kingstown, RI

CC: William J Murphy

127 Dorrance Street

Providence, RI 02903

Date: 3-23-26

Rhode Island Department of Health
Public Comment – Proposed Rulemaking

To Whom It May Concern,

I am writing to express my objection to the proposed regulations concerning medical aesthetic procedures.

As a licensed aesthetician and electrologist with over 25 years of experience in dermatology practices, licensed in both Rhode Island and Connecticut, I believe the proposed limitations do not accurately reflect the scope of services safely performed by trained providers in medical settings.

If implemented as written, these restrictions could negatively impact small healthcare practices and limit patient access to safe, supervised care. Limiting access to these services may also drive patients toward less regulated environments, which raises significant safety concerns.

I respectfully request that the Department revise these regulations to better align with the intent of the law and support continued access to safe, high-quality aesthetic care in Rhode Island.

Sincerely,

ENTERED
MAR 31 2026
BY:

Mary Polizzi
Licensed Aesthetician & Electrologist (RI & CT)
Licensed Tattoo Practitioner (RI)
Aspire Dermatology / CT Electrology and Aesthetics
Rhode Island

CC: William J Murphy
127 Dorrance Street
Providence, RI 02903

March 19th, 2026

Rhode Island Department of Health
Public Comment – Proposed Rulemaking

To Whom It May Concern,

I respectfully submit this letter to object to the proposed regulations related to medical aesthetic
procedures. The proposal lists only three procedures and one medication, which does not adequately represent the wide range of treatments that fall within the scope of practice for qualified healthcare providers.

Restricting the scope in this way could have serious consequences for small healthcare businesses across Rhode Island. Many medical aesthetic practices rely on these services to operate, and limiting them could result in closures and job loss.

Additionally, reducing access to these services may further strain Rhode Island's already limited healthcare access. I urge the Department to reconsider these regulations so they better align with
the intent of the law and the realities of modern medical practice.

Sincerely,

Jessica Ritchotte

Jessica Ritchotte, RN
Seamist MedSpa
S. Kingstown, RI

CC: William J Murphy
127 Dorrance Street
Providence, RI 02903

Date: 3/23/26

Rhode Island Department of Health

Public Comment – Proposed Rulemaking

To Whom It Concerns,

I am writing to formally object to the proposed regulations related to medical aesthetic procedures. The current proposal lists only three procedures and one medication, which does not reflect the full scope of services safely performed by qualified licensed providers.

As a board-certified Nurse Practitioner with extensive experience in Internal Medicine and Primary Care, I have spent years diagnosing, managing, and treating a wide range of medical conditions, as well as performing procedures requiring clinical judgment and risk management.

These competencies are not setting-dependent. The skills, training, and decision-making required to safely perform procedures do not change based on whether care is delivered in a primary care office or an aesthetics practice.

In fact, in primary care, Nurse Practitioners routinely manage complex, high-risk conditions and prescribe medications with significant systemic implications. It is therefore inconsistent to restrict lower-risk procedural care in an aesthetic setting while allowing broader medical management elsewhere.

These proposed limitations risk reducing patient access to qualified providers in a state already facing healthcare workforce constraints. They may also fragment care, forcing patients to seek services from providers who may not have the same familiarity with their medical history, ultimately compromising continuity and safety.

Limiting the scope in this way fails to reflect the intent of the recently passed legislation and creates unnecessary barriers to patient care. If implemented as written, these regulations would significantly impact many small healthcare businesses and could force medical aesthetic practices across Rhode Island to close.

These services are an important part of patient care and access to healthcare. I respectfully

request that the Department reconsider the proposed language so that it accurately reflects the law and the scope of licensed providers.

Sincerely,

Emily Weibel, APRN, FNP-BC

Emily Weibel

CC: William J Murphy

127 Dorrance Street

Providence, RI 02903

DOT
MEDICAL EXPRESS

ENTERED
MAR 3 1 2026
BY:

March 23, 2026

Rhode Island Department of Health
Public Comment – Proposed Rulemaking

To Whom It May Concern,

I respectfully submit this letter to object to the proposed regulations related to medical aesthetic procedures. The proposal lists only three procedures and one medication, which does not adequately represent the wide range of treatments that fall within the scope of practice for qualified healthcare providers.

Restricting the scope in this way could have serious consequences for small healthcare businesses across Rhode Island. Many medical aesthetic practices rely on these services to operate, and limiting them could result in closures and job loss.

Additionally, reducing access to these services may further strain Rhode Island's already limited healthcare access. I urge the Department to reconsider these regulations so they better align with the intent of the law and the realities of modern medical practice.

Sincerely,

Teresa M. Maine APRN

Terri M Maine Name
APRN
DOT Medical Express
Narragansett, RI 02882

CC: William J Murphy
127 Dorrance Street
Providence, RI 02903

DOT
MEDICAL EXPRESS

March 23, 2026

Rhode Island Department of Health
Public Comment – Proposed Rulemaking

To Whom It May Concern,

I respectfully submit this letter to object to the proposed regulations related to medical aesthetic procedures. The proposal lists only three procedures and one medication, which does not adequately represent the wide range of treatments that fall within the scope of practice for qualified healthcare providers.

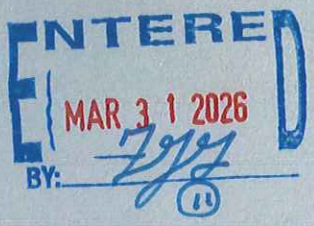
Restricting the scope in this way could have serious consequences for small healthcare businesses across Rhode Island. Many medical aesthetic practices rely on these services to operate, and limiting them could result in closures and job loss.

Additionally, reducing access to these services may further strain Rhode Island's already limited healthcare access. I urge the Department to reconsider these regulations so they better align with the intent of the law and the realities of modern medical practice.

Sincerely,

Kimberly McDonough, APRN

CC: William J Murphy
127 Dorrance Street
Providence, RI 02903



Date: 3/19/26

Rhode Island Department of Health
Public Comment – Proposed Rulemaking

To Whom It May Concern,

I am writing to express my objection to the proposed regulations governing medical aesthetic procedures. The proposal currently references only three procedures and one medication, which does not accurately reflect the breadth of treatments performed by licensed healthcare professionals. I have worked in healthcare for almost twenty years and these limitations would negatively impact my patients and my business.

These limitations appear inconsistent with the intent of the legislation and could have a devastating impact on small healthcare practices throughout Rhode Island. Many providers depend on these services to maintain viable practices and continue serving patients.

I respectfully request that the Department revise the proposed regulations so they properly reflect the scope of practice of licensed providers and support continued access to safe, regulated aesthetic care.

Sincerely,

Priscilla Ventura-Medeiros, MSN, APRN, AGACNP-BC
Aesthetic Beauty Medical Spa
Bristol, Rhode Island

CC: William J Murphy
127 Dorrance Street
Providence, RI 02903

March 24, 2026

ENTERED
MAR 3 1 2026
BY: (12)

Rhode Island Department of Health
Public Comment – Proposed Rulemaking

To Whom It May Concern,

I am writing to formally object to the proposed regulations related to medical aesthetic procedures. The current proposal lists only three procedures and one medication, which does not reflect the full scope of services safely performed by qualified licensed providers.

I have managed a medical aesthetics practice for 15 years. During this time, I have worked closely with physicians as well as many talented, well-trained Nurses, Nurse Practitioners, and Estheticians. Based on this experience, I believe these proposed regulations would significantly and unnecessarily limit the scope of practice for these licensed professionals.

Limiting the scope in this way fails to reflect the intent of the recently passed legislation and creates unnecessary barriers to patient care. These services are an important part of accessible, safe, and effective healthcare.

Additionally, the proposed regulations would have serious negative implications for small businesses throughout Rhode Island. Many medical aesthetic practices could face substantial hardship or even closure if these limitations are implemented as written.

I respectfully request that the Department reconsider the proposed language so that it accurately reflects both the law and the full scope of licensed providers.

Sincerely,

Margo Fausset

Margo Fausset
Ocean State Laser & Aesthetics
Warwick, RI

CC: William J. Murphy
127 Dorrance Street
Providence, RI 02903

Date: March 21, 2026

Rhode Island Department of Health
Public Comment – Proposed Rulemaking

To Whom It May Concern,

I am writing to express my objection to the proposed regulations governing medical aesthetic procedures. The proposal currently references only three procedures and one medication, which does not accurately reflect the breadth of treatments performed by licensed healthcare professionals.

These limitations appear inconsistent with the intent of the legislation and could have a devastating impact on small healthcare practices throughout Rhode Island. Many providers depend on these services to maintain viable practices and continue serving patients.

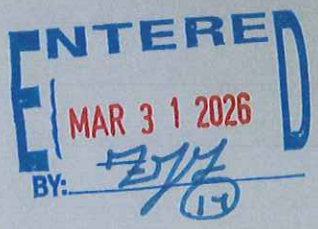
I respectfully request that the Department revise the proposed regulations so they properly reflect the scope of practice of licensed providers and support continued access to safe, regulated aesthetic care.

Sincerely,

Sean Rebello
Family Nurse Practitioner
RI Aesthetics
North Providence, RI

CC: William J Murphy
127 Dorrance Street
Providence, RI 02903

3/20/26



Rhode Island Department of Health
Public Comment – Proposed Rulemaking

To Whom It May Concern,

This letter is in response to the proposed regulations governing medical aesthetic procedures in the state of Rhode Island. I strongly object to the proposal as it is greatly lacking and omits numerous procedures that Nurse Practitioners, Physician Assistants and Registered Nurses perform safely and competently on a daily basis.

Additionally, these limitations appear inconsistent with the intent of the legislation and could have a devastating impact on small healthcare practices throughout Rhode Island. Many providers depend on these services to maintain viable practices and continue serving patients.

As a Nurse Practitioner with over 14 years experience I respectfully request that the Department revise the proposed regulations so they properly reflect the scope of practice of licensed providers and support continued access to safe, regulated aesthetic care.

Sincerely,

Susan McKenna
Acute Care Adult Gerontology Nurse Practitioner
SeaMist MedSpa
155 Main Street Wakefield, RI 02879
35 Broadway Newport, RI 02840

CC: William J Murphy
127 Dorrance Street
Providence, RI 02903

Date: 03/20/2026

Rhode Island Department of Health

Public Comment – Proposed Rulemaking

To Whom It May Concern,

I am writing to express my formal objection to the proposed regulations governing medical aesthetic procedures.

As a physician working alongside licensed aesthetic providers, I have firsthand experience with the structure, oversight, and safety measures that are currently in place within this field.

The proposed regulations significantly limit the recognized scope of aesthetic procedures, which does not reflect the full range of treatments that are safely performed under physician supervision. This approach appears inconsistent with the intent of the legislation and does not align with the current standards of care.

Medical aesthetic practices are often small, locally owned healthcare businesses that rely on these services to remain viable. Implementing these restrictions would have a disproportionate impact on these practices and could result in closures, reduced patient access, and loss of jobs.

Equally important, effective regulation should be informed by those actively practicing within the field. Without that perspective, there is a risk of creating policies that do not achieve their intended goals and may instead create unintended harm.

I respectfully request that the Department of Health revise the proposed regulations to better reflect the scope of practice of licensed providers and the role of medical director oversight in maintaining patient safety.

Sincerely,

Dr. Martha Pizzarello, MD

Center for Medical Aesthetics

CC: William J Murphy

127 Dorrance Street

Providence, RI 02903

Date: 03/20/2026

Rhode Island Department of Health

Public Comment – Proposed Rulemaking

To Whom It May Concern,

I am writing to formally object to the proposed regulations related to medical aesthetic procedures on as a dual licensed RN and Esthetician that has been practicing in this field for 10 years.

As a registered nurse actively practicing in medical aesthetics, I work directly with patients every day and collaborate closely with experienced physician medical directors. Together, we have built safe, compliant, and patient centered practices within the framework of existing laws.

The current proposal, which limits recognition to only three procedures and one medication, does not reflect the true scope of modern medical aesthetic practice. More importantly, it does not reflect the intent of the legislation that was recently passed.

While regulation is necessary and important for patient safety, creating regulations without sufficient input from experienced aesthetic providers introduces serious risk. Individuals who are not actively working within this specialty may not fully understand the procedures, training, protocols, and safety measures already in place across reputable practices.

If implemented as written, these regulations would have devastating consequences for small healthcare businesses across Rhode Island, which are owned and operated by licensed professionals. It would also significantly limit patient access to safe, regulated care and push patients toward less regulated alternatives.

I respectfully urge the Department of Health to reconsider and revise these proposed regulations to better reflect both the intent of the law and the realities of modern medical aesthetic practice.

Thank you for your time and consideration.

Sincerely,

Kylie Hope Galligan BSN, RN, LE

Center for Medical Aesthetics

CC: William J Murphy

127 Dorrance Street

Providence, RI 02903

Date: 03/20/2026

Rhode Island Department of Health

Public Comment – Proposed Rulemaking

To Whom It May Concern,

I am writing to formally object to the proposed regulations related to medical aesthetic procedures.

As a physician serving as a medical director within the field of medical aesthetics, I am directly involved in overseeing patient care, ensuring safety protocols, and supporting licensed providers in delivering appropriate treatment.

The current proposal, which recognizes only a limited number of procedures and one medication, does not accurately represent the breadth of services safely performed under physician supervision. This narrow interpretation is inconsistent with both the intent of the legislation and the realities of clinical practice.

Medical aesthetics is a regulated and protocol driven field when practiced appropriately. Physicians and Nurse Practitioner medical directors play a critical role in maintaining these standards, and the current model allows for safe delegation, oversight, and collaboration among healthcare professionals.

Restricting the scope as proposed would not enhance patient safety. Instead, it risks disrupting established care models, limiting access to treatment, and placing unnecessary strain on small healthcare businesses across Rhode Island.

I respectfully urge the Department of Health to reconsider these regulations and engage with experienced providers and medical directors in the aesthetic space to ensure that any final rule reflects safe, modern, and evidence based practice.

Sincerely,

Dr. Lisa Boyle, MD

Center for Medical Aesthetics

CC: William J Murphy

127 Dorrance Street

Providence, RI 02903

19, March 2026

Rhode Island Department of Health
Public Comment-Proposed Rulemaking

To whom it may concern,

My name is Rose Larrivee, and I am writing to formally express my objection to the proposed regulations related to medical aesthetic procedures.

I have been a healthcare provider for over two decades and a solo business owner serving patients here in Rhode Island. In addition to my professional responsibilities, I am a single parent, which gives me a deep appreciation for both the accessibility and efficiency our healthcare system must provide to working families.

The current proposal lists only three procedures and one medication, which does not reflect the full scope of services safely performed by qualified licensed providers.From my decades of experience, I can attest that patients benefit most when qualified providers are able to practice to the full extent of their training and expertise. Restricting that ability does not enhance safety, it restricts access.

Limiting the scope in this way fails to reflect the intent of the recently passed legislation and creates unnecessary barriers to the patient care if implemented as written, these regulations would significantly impact many small healthcare businesses and could force medical aesthetic practices across Rhode Island to close.

These services are an important part of patient care and access to healthcare. I respectfully request that the department reconsider the proposed language, so that it accurately reflects the law and the scope of licensed providers.

Sincerely,
Rose Larrivee, APRN
Rose Larrivee, Adult Health Nurse Practitioner

La vie en rose Esthestics, LLC, Warren, RI

CC: William J Murphy

127 Dorance Street

Providence, RI 02903

March 19, 2026

Rhode Island Department of Health Public Comment – Proposed Rulemaking

To Whom It May Concern,

I respectfully submit this letter to object to the proposed regulations related to medical aesthetic procedures. The proposal lists only three procedures and one medication, which does not adequately represent the wide range of treatments that fall within the scope of practice for qualified healthcare providers.

Restricting the scope in this way could have serious consequences for small healthcare businesses across Rhode Island. Many medical aesthetic practices rely on these services to operate, and limiting them could result in closures and job loss.

Additionally, reducing access to these services may further strain Rhode Island's already limited healthcare access. I urge the Department to reconsider these regulations so they better align with the intent of the law and the realities of modern medical practice.

Sincerely,

Noelle Gallison MSN, RN, CCRN

Brown Health
Providence, RI 02809

CC: William J Murphy 127 Dorrance Street Providence, RI 02903

Date: 03/19/26

Rhode Island Department of Health

Public Comment – Proposed Rulemaking

To Whom It May Concern,

I am writing to formally object to the proposed regulations related to medical aesthetic procedures. The current proposal lists only a limited number of procedures and medications, which does not reflect the full scope of services safely performed by qualified licensed providers.

I am a Certified Registered Nurse Anesthetist (CRNA) with over fifteen years of clinical experience and the owner of a medical aesthetic practice in Rhode Island. My training includes advanced anatomy, pharmacology, sterile technique, and procedural safety—skills that are directly applicable to the safe delivery of medical aesthetic treatments. In my practice, I care for patients using a conservative, evidence-based approach with a strong emphasis on safety and education.

Scope of practice should be determined by a provider's education, training, and demonstrated competency—not by a limited list of procedures that does not reflect current clinical practice.

Limiting the scope in this way fails to reflect the intent of the recently passed legislation and creates unnecessary barriers to patient care. The proposed language also omits many commonly performed, evidence-based treatments used in modern medical aesthetics, creating ambiguity around what is permissible and potentially restricting safe, established care.

If implemented as written, these regulations would significantly impact small healthcare businesses like mine and reduce patient access to qualified providers. In a state already facing healthcare access challenges, this could have unintended consequences for both patients and providers.

These services are an important part of patient care and access to healthcare. I respectfully request that the Department reconsider the proposed language so that it accurately reflects the law, current standards of care, and the scope of licensed providers.

Sincerely,

Tara Leigh D'Arcy, MSN, CRNA

Subtle T Aesthetics

Rhode Island

CC: William J Murphy

127 Dorrance Street

Providence, RI 02903

March 18, 2026
Rhode Island Department of Health
Public Comment – Proposed Rulemaking

To Whom It May Concern,

I am writing to formally object to the proposed regulations related to medical aesthetic procedures. The current proposal lists only a limited number of procedures and medications, which does not reflect the full scope of services safely performed by qualified licensed providers.

I am a Certified Registered Nurse Anesthetist (CRNA) with over thirteen years of clinical experience and an advanced practice nurse injector at a medical aesthetic practice in Rhode Island. My training includes advanced anatomy, pharmacology, sterile technique, and procedural safety—skills that are directly applicable to the safe delivery of medical aesthetic treatments. In my practice, I care for patients using a conservative, evidence-based approach with a strong emphasis on safety and education.

Scope of practice should be determined by a provider's education, training, and demonstrated competency—not by a limited list of procedures that does not reflect current clinical practice.

Limiting the scope in this way fails to reflect the intent of the recently passed legislation and creates unnecessary barriers to patient care. The proposed language also omits many commonly performed, evidence-based treatments used in modern medical aesthetics, creating ambiguity around what is permissible and potentially restricting safe, established care.

If implemented as written, these regulations would significantly impact small healthcare businesses like mine and reduce patient access to qualified providers. In a state already facing healthcare access challenges, this could have unintended consequences for both patients and providers.

These services are an important part of patient care and access to healthcare. I respectfully request that the Department reconsider the proposed language so that it accurately reflects the law, current standards of care, and the scope of licensed providers.

Sincerely,

Alexandra Kashmanian, MSN, CRNA
Subtle T Aesthetics
Wakefield, Rhode Island

CC: William J Murphy
127 Dorrance Street
Providence, RI 02903

March 17th, 2026

ENTERED
MAR 3 1 2026
BY:

Rhode Island Department of Health
Public Comment- Proposed Rulemaking

To whom it may concern,

I submit this letter to respectfully object to the proposed regulations related to medical aesthetic procedures. The proposal imposes limitations on procedures and medications that do not accurately reflect the full scope performed by qualified healthcare providers.

This limitation does not align with the intent of the current legislation and creates unnecessary barriers to care. As written, it would significantly burden many small healthcare businesses, mine alike, and could force many medical aesthetics practices to close in Rhode Island. These are not just businesses, they are livelihoods, patient relationships, and trusted sources of care within our communities.

Additionally, reducing access to these services may further strain Rhode Island's already limited healthcare access. I urge the Department to reconsider these regulations so they better align with the intent of the law and the realities of modern medical practice.

Sincerely,
Michelle Bessette
BSN RN, AGACNP student
Citrine Aesthetics
Cumberland RI

Michelle Bessette

Date: March 17, 2026

Rhode Island Department of Health
Public Comment— Proposed Rulemaking

To Whom It May Concern,

I am writing to express my objection to the proposed regulations go

I am writing to express my objection to the proposed regulations governing medical aesthetic procedures. The proposal currently references only three procedures and one medication, which does not accurately reflect the breadth of treatments performed by licensed healthcare professionals.

These limitations appear inconsistent with the intent of the legislation and could have a devastating impact on small healthcare practices throughout Rhode Island. Many providers depend on these services to maintain viable practices and continue serving patients.

I respectfully request that the Department revise the proposed regulations so they properly reflect the scope of practice of licensed providers and support continued access to safe, regulated aesthetic care.

Sincerely,

Linnea Bjornson
RN, BSN
Island Retreat a Medical Spa
Portsmouth, RI

CC: William J Murphy
127 Dorrance Street
Providence, R1 02903

6 Blackstone Valley Place
Building 1, Suite 100
Lincoln, RI 02865

Compassionate Care, Inc
Dr. Linda S. Young, DNP

P: 401-767-8766
F: 866-486-1245

Date: March 17, 2026

Rhode Island Department of Health
Public Comment – Proposed Rulemaking

ENTERED
MAR 31 2026
BY: LY

CC: William J. Murphy
127 Dorrance Street
Providence, RI 02903

To Whom It May Concern,

I am writing as a Doctor of Nursing Practice and practicing nurse practitioner in Rhode Island to formally express my concern regarding the proposed regulations governing medical aesthetic procedures.

In my clinical practice, I provide comprehensive patient care within the scope of my education, training, and licensure. Medical aesthetics represents an extension of that care for many patients, often supporting both physical and psychological well-being. The current proposed regulations, however, refer to only a limited number of procedures and a single medication. This narrow framing does not reflect the reality of contemporary medical aesthetic practice or the breadth of services safely provided by licensed healthcare professionals.

Equally concerning is the assertion within the proposal that these services fall outside the scope of practice for nurse practitioners, physician assistants, and registered nurses. This position is inconsistent with the education, certification, and clinical competencies of these providers, as well as with the intent of the legislation that was recently enacted.

If adopted as written, these regulations would create significant disruption to established healthcare practices across the state. Many small, independently operated practices integrate medical aesthetics as part of a broader care model. Restricting these services would not only jeopardize the sustainability of these practices but would also reduce patient access to safe, regulated care delivered by qualified clinicians.

I respectfully urge the Department to reconsider and revise the proposed regulations so that they more accurately reflect current clinical practice, align with provider scope of practice, and uphold the intent of the legislation. Thoughtful revision is essential to ensure that patients in Rhode Island continue to have access to safe, high-quality medical aesthetic services within a regulated healthcare framework.

Thank you for your time and consideration of this matter.

Sincerely,

Linda Young, DNP

Linda Shappy Young, DNP, APRN-CNP, AGNP

RE

RADIANT ESTHETICS

March 17, 2026

Rhode Island Department of Health
Public Comment – Proposed Rulemaking

To Whom It May Concern,

I am writing to formally object to the proposed regulations related to medical aesthetic procedures. The current proposal lists only three procedures and one medication, which does not reflect the full scope of services safely performed by qualified licensed providers.

Limiting the scope in this way fails to reflect the intent of the recently passed legislation and creates unnecessary barriers to patient care. If implemented as written, these regulations would significantly impact many small healthcare businesses and could force medical aesthetic practices across Rhode Island to close.

These services are an important part of patient care and access to healthcare. I respectfully request that the Department reconsider the proposed language so that it accurately reflects the law and the scope of licensed providers.

Sincerely,

Jana Magarian

Jana Magarian, APRN, NCMP
Radiant Esthetics
Newport, RI 02840

CC: William J Murphy
127 Dorrance Street
Providence, RI 02903

RADIANT ESTHETICS

March 17, 2026

Rhode Island Department of Health
Public Comment – Proposed Rulemaking

To Whom It May Concern,

I am writing to formally object to the proposed regulations related to medical aesthetic procedures. The current proposal lists only three procedures and one medication, which does not reflect the full scope of services safely performed by qualified licensed providers.

Limiting the scope in this way fails to reflect the intent of the recently passed legislation and creates unnecessary barriers to patient care. If implemented as written, these regulations would significantly impact many small healthcare businesses and could force medical aesthetic practices across Rhode Island to close.

These services are an important part of patient care and access to healthcare. I respectfully request that the Department reconsider the proposed language so that it accurately reflects the law and the scope of licensed providers.

Sincerely,

Julia Horan, NP

Julia Horan, MSN, APRN, FNP - BC
Radiant Esthetics
Newport, RI 02840

CC: William J Murphy
127 Dorrance Street
Providence, RI 02903

3/17/2026

Rhode Island Department of Health
Center for Health Facilities Regulation
3 Capitol Hill
Providence, RI 02908

RE: Formal Objection to Proposed Rulemaking – Medical Aesthetic Practice Regulations

Dear Sir/Madam,

I am writing to formally object to the proposed rulemaking related to medical aesthetic practice in Rhode Island. I submit this response in my capacity as both a Medical Director and a licensed Advanced Practice Registered Nurse with over a decade of clinical experience. Importantly, I actively practice in both Rhode Island and Massachusetts, providing me with direct, real-world insight into how differing regulatory frameworks impact patient care, provider practice, and healthcare operations.

While I fully support the Department's responsibility to ensure patient safety and appropriate oversight, the proposed regulations, as currently written, are not aligned with the intent of the recently enacted legislation and are inconsistent with established, safe, and effective models of care utilized in neighboring states, most notably Massachusetts.

In Massachusetts, medical aesthetics is delivered through structured, medically directed models that include physicians, nurse practitioners, physician assistants, and registered nurses working collaboratively within clearly defined scopes of practice. These models emphasize competency-based training, clinical oversight, and accountability, and they have demonstrated the ability to safely support a wide range of aesthetic procedures that extend well beyond the limited scope outlined in the proposed Rhode Island regulations. As a practicing provider in Massachusetts, I can attest that these services are delivered safely, effectively, and in a manner that prioritizes patient outcomes while maintaining regulatory compliance.

In contrast, the Rhode Island proposal adopts an unusually narrow interpretation of medical aesthetic practice by identifying only a small subset of procedures and a single medication, while continuing to assert that such services fall outside the scope of practice for Nurse Practitioners, Physician Assistants, and Registered Nurses. This position is not only inconsistent with national standards, but it also stands in direct contrast to the regulatory environment in Massachusetts, where similarly trained and licensed providers are recognized as competent to perform these services within appropriate supervisory frameworks.

This inconsistency creates a significant and concerning disparity. As a licensed provider practicing in both states, I am permitted to safely and competently deliver a full range of aesthetic services in Massachusetts, yet under the proposed Rhode Island regulations, those same services, performed with identical training, protocols, and standards, would be deemed outside of scope. This raises fundamental questions about regulatory alignment and creates unnecessary barriers to care that are not grounded in differences in provider competency or patient safety, but rather in regulatory interpretation.

The impact of this divergence extends beyond providers to patients and the healthcare system as a whole. Restrictive regulations in Rhode Island will inevitably reduce access to qualified providers, particularly in community-based settings, and may drive patients to seek care across state lines or, more concerningly, in unregulated environments. From both a public health and safety perspective, this is counterproductive. Safe, medically supervised environments should be supported—not restricted—in favor of models that have been proven effective in neighboring jurisdictions.

Additionally, as a Medical Director overseeing clinical operations, I am deeply concerned about the implications for small healthcare businesses and the broader workforce. Many practices in Rhode Island operate under physician-led or medically directed models similar to those in Massachusetts. The proposed regulations would place these practices at significant risk, potentially leading to closures, workforce displacement, and loss of access to care. At a time when healthcare systems are already strained, further limiting provider capacity is both unnecessary and avoidable.

It is also important to reiterate that the recently passed legislation was intended to recognize and appropriately regulate the role of qualified healthcare professionals in medical aesthetics—not to restrict it to an extent that effectively undermines its implementation. The current proposal does not reflect that intent and instead introduces limitations that are out of step with both legislative direction and contemporary clinical practice.

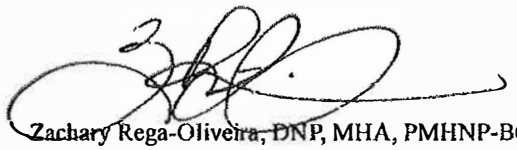
Finally, I would like to express concern regarding the accessibility of the rulemaking process. The limited visibility of the public notice and the requirement for submission of comments by traditional mail present barriers to meaningful stakeholder engagement. Given the far-reaching implications of these regulations, it is essential that the Department ensure a transparent and inclusive process that allows for adequate input from affected providers.

In closing, I respectfully urge the Rhode Island Department of Health to reconsider and substantially revise the proposed regulations to better align with legislative intent, national standards of practice, and the established, safe care models currently in use in neighboring states such as Massachusetts. As a provider actively practicing in both jurisdictions, I can attest that alignment across states is not only achievable but essential to ensuring safe, accessible, and sustainable care.

I would welcome the opportunity to participate in further discussion or stakeholder engagement to support the development of a regulatory framework that appropriately balances patient safety with access to care.

Thank you for your time and consideration.

Respectfully submitted,



Zachary Rega-Oliveira, DNP, MHA, PMHNP-BC, NEA-BC
Medical Director & Advanced Practice Provider
Skin Theory, LLC
P.O. Box 1352
Mansfield, MA 02048

CC: William J Murphy
127 Dorrance Street
Providence, RI 02903

March 17, 2026

Rhode Island Department of Health

Public Comment – Proposed Rulemaking

To Whom It May Concern,

I am writing to formally object to the proposed regulations related to medical aesthetic procedures. As a Registered Nurse in Rhode Island with 2.5 years of experience working closely under a Nurse Practitioner, I am directly involved in patient care that prioritizes safety, clinical judgment, and positive patient outcomes every day.

The current proposal, which limits recognition to only a small number of procedures and one medication, does not reflect the full scope of safe and effective treatments performed by qualified licensed providers. These restrictions could unnecessarily limit patient access to care and disrupt established clinical practices that operate with strong oversight and safety standards.

I respectfully urge the Department to reconsider and revise the proposed regulations so they more accurately reflect the scope of practice of licensed professionals and support continued access to safe, high-quality patient care.

Sincerely,

Brianna Blanchette BSN, RN

Face First LLC

North Smithfield, RI

CC: William J Murphy

127 Dorrance Street

Providence, RI 02903

March 23rd, 2026

Rhode Island Department of Health

Public comment-proposed rule making

To whom it may concern,

I am writing to express my concern regarding the proposed regulations for medical aesthetic procedures. As a licensed esthetician, I believe the current proposal does not accurately represent the scope of services that are safely and appropriately performed within the aesthetic field.

The regulations, as written, appear overly restrictive by recognizing only a limited number of procedures. This narrow definition does not reflect the reality of modern aesthetic practice, where licensed professionals are trained to perform a wide range of treatments that support skin health, maintenance, and overall patient well-being.

Estheticians undergo extensive education and hands-on training to safely deliver non-invasive and adjunctive aesthetic services. These treatments are an essential component of the patient experience, often working in collaboration with medical providers to achieve optimal outcomes. By limiting the recognized scope so significantly, the proposed regulations risk disrupting this collaborative model of care.

In addition, these changes may have unintended consequences for small businesses and independently owned practices throughout Rhode Island. Many esthetic practices rely on offering a variety of services to remain sustainable. Restrictive regulations could limit access to care for clients while placing financial strain on local businesses that are committed to operating safely and within their professional scope.

I respectfully ask that the Department revisit the proposed language to ensure it reflects current industry standards, supports safe practice, and preserves access to care for patients. Thoughtful revision will help maintain both public safety and the viability of the aesthetic profession.

Thank you for your time and consideration.

Sincerely,

Erica Sciarra

Licensed Esthetician

Citrine Aesthetics, Cumberland RI

THE LASER LOUNGE
Laser Hair Removal & Skin Rejuvenation

3/25/2026

Rhode Island Department of Health
Public Comment – Proposed Rulemaking

To Whom It May Concern,

I am writing to express my objection to the proposed regulations governing medical aesthetic procedures. The proposal currently references only three procedures and one medication, which does not accurately reflect the breadth of treatments performed by licensed healthcare professionals.

I opened The Laser Lounge in 2017, we are a small locally operated aesthetic practice in East Greenwich. I see firsthand the importance of offering safe, effective and regulated treatments to meet the needs of our clients. We offer non ablative laser hair removal and skin rejuvenation. Unlike some of the larger Medical Spa facilities, we do *not* offer injectables, IV infusions, ablative or surgical procedures.

These limitations appear inconsistent with the intent of the legislation and could have a devastating impact on small healthcare practices throughout Rhode Island. Many providers depend on these services to maintain viable practices and continue serving patients.

I respectfully request that the Department revise the proposed regulations so they properly reflect the scope of practice of licensed providers and support continued access to safe, regulated aesthetic care.

Sincerely,

Holly Adams — Date: 3/25/26

Holly Adams
The Laser Lounge
East Greenwich RI

CC: William J Murphy
127 Dorrance Street
Providence, RI 02903

Outlook

Public Comment – Clarification on Injectable Products & Regulatory Framework

From pamela spabyinspire.com <pamela@spabyinspire.com>
Date Sat 3/28/2026 6:24 PM
To Garceau, Zachary (RIDOH) <Zachary.Garceau@health.ri.gov>
Cc Beatrice Sarah <Beatriceaesthetics@gmail.com>; Murphy Bill <bill@murphyandfay.com>; Baginski Jacquelyn <jacquelyn.baginski@gmail.com>

Dear Mr. Garceau,

I am writing in response to a request communicated to me by Neil Hytinen, asking that RIAAP submit, as public comment, a list of brand-specific neurotoxins and dermal fillers for the Department's consideration.

I would like to clarify again that the list previously provided to the Governor's office was not intended to suggest that the Department expand or refine a product-specific list within the proposed regulations. Rather, it was submitted to demonstrate the opposite. Attempting to regulate aesthetic medicine through a finite list of products or procedures is impractical, rapidly outdated, and fundamentally inconsistent with how medical care is delivered.

This point has been communicated multiple times in prior written submissions, including by both Sarah Beatrice and myself. Significant time and effort have gone into preparing detailed explanations, examples, and supporting rationale to help inform the Department's understanding. The continued request for a product-specific list suggests that these materials are either not being fully reviewed or that the underlying concerns are not being understood.

To be clear, the issue is not that the current list is incomplete. The issue is that the entire framework is flawed.

The field of aesthetic medicine is dynamic and continually evolving. New formulations, indications, and combination therapies are introduced regularly. Any regulation that relies on enumerating specific drugs or procedures will quickly become obsolete and will fail to provide meaningful guidance or protection.

More importantly, this approach departs from the standard regulatory framework used throughout medicine. Across all specialties, care is governed by a delegation-based model, in which qualified, licensed providers perform procedures under appropriate supervision, based on training, competency, and clinical judgment, not on a static list of approved products.

Rhode Island has already taken meaningful steps to enhance patient safety through requirements such as:

- A qualified medical director who is able to perform the procedures they oversee
- Responsibility for managing complications and adverse events
- Increased accountability for supervision and clinical decision-making

These safeguards align with how modern medicine is practiced and provide a far more effective foundation for regulation.

In contrast, a procedure- or product-based regulatory model introduces ambiguity, limits adaptability, and does not meaningfully improve safety. It also raises serious concerns when paired with the position that these procedures fall outside the scope of practice of Nurse Practitioners, Physician Assistants, and Registered Nurses, despite these providers safely performing more complex and invasive procedures in other settings.

For these reasons, RIAAP strongly opposes any regulatory framework that attempts to define aesthetic practice through a list of specific injectable compounds or procedures. We instead urge the Department to adopt a provider-based, delegation-focused model centered on training, competency, and appropriate supervision.

We remain willing to collaborate in good faith. However, meaningful progress will require alignment on these fundamental principles.

Sincerely,

Pamela Lutes, MSN, RN, APRN, FNP-C
Co-Founder and Co-President
Rhode Island Association of Aesthetic Providers (RIAAP)

Sincerely,
Pamela

Pamela Lutes, MSN, RN, APRN, FNP
Owner & Founder | Inspire Medical Spa and Wellness Center
📞 Work: 401-284-4545 | 📱 Cell: 401-641-4378
🌐 www.SpaByInspire.com [spabyinspire.com]

Pamela Lutes, MSN, RN, APRN, FNP-C
Co-Founder & Co-President
Rhode Island Association of Aesthetic Providers (RIAAP)
Owner, Inspire Medical Spa and Wellness Center, LLC
14 Woodruff Ave Suite 10
Narragansett, RI 02882
Pamela@SpaByInspire.com
March 18, 2026

VIA U.S. MAIL

Zachary Garceau
Department of Health
3 Capitol Hill
Room 403
Providence, RI 02908

RE: Objection to Proposed Rulemaking

Dear Mr. Garceau:

I write in formal objection to the recently issued Public Notice of Proposed Rulemaking.

As Co-Founder and Co-President of the Rhode Island Association of Aesthetic Providers (RIAAP), I have made repeated, good faith efforts to collaborate with the Department of Health to support the safe, thoughtful implementation of the law. It is therefore deeply disheartening that this proposal was not communicated transparently to stakeholders, and instead was effectively buried, with the additional barrier of requiring submission by U.S. mail. This approach does not reflect a collaborative regulatory process and feels like a deliberate effort to limit meaningful engagement.

Despite multiple meetings with the Department, it is clear that the expertise and counsel offered by those actively practicing in this field have not been meaningfully considered. The recent proposal to modify the definition of "surgery" demonstrates a fundamental misunderstanding of aesthetic medicine. The inclusion of one medication and two procedures—out of hundreds performed safely every day—does not constitute a thoughtful or comprehensive approach to regulation. It is arbitrary and fails to address the realities of clinical practice.

More concerning is the Department's apparent position that these procedures fall outside the scope of practice for Nurse Practitioners, Physician Assistants, and Registered Nurses. This position is inconsistent with long-standing practice in Rhode Island and across the United States. These same providers are entrusted to perform far more invasive and higher-risk procedures in hospitals, surgical centers, and other medical settings.

This raises a critical question: is the Department suggesting that these licensed professionals should no longer be permitted to perform procedures within their training and competency? If so,

the implications for access to care in Rhode Island would be significant and detrimental. The Department cannot simultaneously rely on these providers in broader healthcare delivery while excluding them from aesthetic practice without a rational, evidence-based justification.

It is increasingly difficult to view this proposal as being rooted in patient safety. Over the past 15 years, there has been a consistent effort by certain specialty groups to restrict competition under the guise of safety. However, it remains unclear why the Department of Health appears aligned with this effort rather than with a balanced, evidence-based approach that prioritizes both safety and access.

I want to be clear: I remain fully committed to patient safety. As a Nurse Practitioner and healthcare provider, that is my primary obligation. As a business owner, it is also evident that a safe, well-regulated industry benefits both patients and practices alike. These goals are not in conflict—they are aligned.

What is needed is not arbitrary restriction, but meaningful collaboration. We should be working together to develop regulations that are grounded in clinical reality, supported by evidence, and reflective of how care is actually delivered.

I urge the Department to withdraw this proposal and engage in a transparent, stakeholder-inclusive process to develop appropriate regulations. RIAAP and its members stand ready to contribute constructively to that effort.

Respectfully,

Pamela Lutes, MSN, RN, APRN, FNP-C
Co-Founder & Co-President, RIAAP

CC: William J Murphy
127 Dorrance Street
Providence, RI 02903

Outlook

Proposed regulation change Licensure and Discipline of Physicians (216-RICR-40-05-1) letter of OPPOSITION

From Kathleen GODLEY <kcg88@verizon.net>

Date Tue 3/31/2026 11:30 AM

To Garceau, Zachary (RIDOH) <Zachary.Garceau@health.ri.gov>

Cc Fischer, Staci (RIDOH) <Staci.Fischer@health.ri.gov>; jerome.larkin@healthri.gov <jerome.larkin@healthri.gov>; reubenreich@gmail.com <reubenreich@gmail.com>; Valerie Tokarz <valtokarz@tokarzderm.com>; DiMarco, Christopher M, MD <Christopher.DiMarco@brownhealth.org>; Marc Bialek <mbialek@rhodeislandam.com>

1 attachment (93 KB)

With expanded scope where do NPs practice Its not primary care.pdf;

March 31, 2026

Dear Dr. Larkin, Dr Fischer and Mr Zachary Garceau,

My name is Kathleen Carney-Godley and I am the former President of the Rhode Island Dermatology Society.

Our Rhode Island dermatology colleagues and our national organizations, the American Society of Dermatologic Surgeons (ASDS) and the American Academy of Dermatology Association (AADA) have serious concerns about the proposed rule to amend the definition of Surgery as it stands in RI regulation. (Link below)

I would like to share some of my personal concerns:

1. Cosmetic Medical Procedures are MEDICAL Procedures with benefits, risks and complications. Creating different definitions, scope of practice and safety guidelines in for cosmetic settings is a formula that risks injury to patients. A few serious complications include **blindness**, **blood vessel damage, scarring** and **discoloration**. Hyaluronic acid or Platelet Rich Plasma being injected into a vessel is a medical emergency that must be managed promptly by an oculoplastic surgeon. Remember, these injections are often going into the face which has complicated anatomy and critical structures to avoid! Do we want to loosen regulation when these are the risks?

2. The RI Dermatology Society, the AADA, the ASDA, the American Association of Plastic Surgeons, the RI Medical Society and RI Department of Health (as evidenced by testimony submitted challenging the 2025 Med Spa "Safety" Act) all hold that the issue to bear in mind is **PATIENT HEALTH and SAFETY.** I understand that groups advocating to have different rules for medical procedures when performed in the cosmetic setting couch the issue as one of "supporting small business" and "not losing business to Massachusetts." I commend Rhode Island Governor McKee and others for promoting small business in RI!! Small businesses is our most important economic engine! However, treating cosmetic medical practice rules as a small business issue is a **dangerous narrative.**

3. Physicians, surgeons, the AMA and the national surgical organizations like the American Society of Plastic Surgery ought to be the ones who define surgery. All of these groups would challenge the proposed regulation change. The terminology used in the proposed rule is inaccurate and incomplete. As an example, there are four variations of botulinum-like toxin, not one; that some were omitted reflects the limited understanding of the authors. In addition, every package of hyaluronic acid filler carries a label that is contains an "injectable implant," and inserting an implant is surgery. **The changes proposed do not align with national standards determined by Surgeons!** Reference:: AMA definition of surgery: https://policysearch.ama-assn.org/policyfinder/detail/surgery?uri=%2FAMADoc%2FHOD.xml-0-4317.xml [policysearch.ama-assn.org] We respect our Physician Assistant, PA, and Advanced Practice Registered Nurse, APRN colleagues. Like the AMA we support the model of a physician led team in all medical settings. My personal curiosity wonders if national Medical Spa Association advocates want to redefine some procedures as "not surgery" so practitioners(often nurses, who get No surgical exposure in their training), are not liable for lawsuits accusing them of practicing surgery? Where does changing the definition of surgery leave an injured patient? Across the country, states like Indiana, Texas and California are tightening regulation and statute due to deaths and complications in medical spas and IV infusion centers. In 2025 in our own backyard, several patients were hospitalized with botulism/"lockjaw" after receiving counterfeit toxin at a Milton, Massachusetts medical spa. Reference: Med spa in MA charged for injecting fake botox causing botulism: https://www.mass.gov/news/dph-alerts-public-to-botox-related-botulism-cases-linked-to-rodrigo-beauty-in-milton [mass.gov]

4. If RI wants to align with Massachusetts, where the Nursing board, not plastic surgery and dermatology physician experts, has determined scope of cosmetic practice, how about RI lining up medical reimbursement rates with Massachusetts? Since completing my 4 year residency at Brown in 1992, I have had the privilege to practice general dermatology in RI and in all those years, if I stepped over the border to Massachusetts or Connecticut, I would have been paid 20-30 % more. My husband, also a medical specialist, and I are grateful for the lifestyle RI allows and the privilege of raising our three children in the Ocean State. We know our primary care and our specialist physician colleagues have long been embattled-underpaid, overworked and limited in their ability to recruit doctors to come to the state to care for Rhode Islanders. Out of respect for the superior training of physicians (4 years and 16,000 hours for a

dermatology physician compared to 500 hours for an APRN after their RN and 2000 hours for a PA), burdensome levels of medical education debt and requirement of expensive malpractice coverage, please consider thoughtful what "aligning with Massachusetts" imports! Reference Massachusetts Nursing Board policy: Massachusetts Board of Registration in Nursing [mass.gov] – Massachusetts guidance for nurses I wonder: Why are Nursing Boards determining scope of practice for invasive medical and surgical procedures?

5. We have a primary care crisis in RI! During the course of my career, midlevels like PAs and APRNs were promoted as a way to increase the primary care workforce. A recent AMA study state, "Nationwide data from the American Association of Nurse Practitioners shows the 89% of APRNs are trained and certified in primary care, yet multiple workforce studies show that only 1/4 to 1/3 practice in primary care," The most common practice setting for the remainder is cosmetic and non traditional practices. In States where APRNs have independent practice authority, many APRNs seem to specifically train so they can open medical spas. Reference:

Physician practices are **also small businesses,** except our overhead is greater given the costs of longer, comprehensive training, debt, and malpractice insurance (which shockingly is not required for NPs?!) referenced above. RI physicians deserve respect for their expertise and support for their small business. Naturally we each have the freedom to choose our work, but it saddens me that many young nurses seem to get their APRN degree so they can directly enter cosmetic practice.

6. Finally, I would like to name the elephant in the room: MONEY. There is a lot of money to be made in cosmetic medical practice. There are bad actors at all levels of licensure, including doctors. Inspection of facilities and monitoring for compliance is complaint-driven, thus it is challenging to identify problem practitioners before patients are harmed. Complaint driven safety policy places a **heavy burden on our Department of Health**. A recent survey commissioned by the New York City Council (a highly regulated environment) found the 30 medical spa surveyed had practitioners working outside of their scope, not being transparent with patients about their licensure levels, using counterfeit materials (including fake botulinum toxin which risks patients gettin botulism as happened in Milton) and **not carrying malpractice insurance**. Reference:

I submit to you that loosening regulation contributes to the Wild West context of the Medical Spa industry, unwisely changes the rules when a procedure is cosmetic, disrespects physicians and neglects real concerns for patient safety in Rhode Island and across the country. Please do Not approve this amendment to RI regulation!

Thank you all for your service to our amazing state and for your consideration of my viewpoint.

Sincerely,

Kathleen Carney-Godley, MD FAAD

Vice President, Rhode Island Dermatology Society
www.ridermsociety.org [ridermsociety.org]

Personal: kcg88@verizon.net
Mobile: 401-258-8960

"We cannot solve our problems with the same thinking we used to create them." Albert Einstein

Here's the link to the SOS website with the proposed rule posting: Licensure and Discipline of Physicians (216-RICR-40-05-1)

With expanded scope, where do NPs practice? It's not primary care

MAR 5, 2026

Timothy M. Smith
Contributing News Writer

More than half of states have passed laws allowing nurse practitioners to obtain a license to practice without physician supervision, often based on the notion that doing so will expand patients' access to primary care.

Florida is one of those states. Its House Bill 607, passed in March 2020, allows nurse practitioners who have completed at least 3,000 clinical practice hours within the previous five years to practice without physician supervision, with one important stipulation—that they do it within primary care. But new research shows that primary care is getting short shrift from nurse practitioners in the Sunshine State.

For a study published in February in the journal *Family Practice*, researchers examined the practice patterns of autonomous nurse practitioners—those practicing independently, without physician supervision—in Florida. They found that more than half of those reached were practicing in settings outside of primary care. A large number were practicing in medical spas, but others had branched out into other in-demand specialties, even cardiology.

"The reasoning behind the bill is that NPs are supposed to be able to manage low-risk, straightforward conditions," said Rebekah Bernard, MD, the study's lead author and a family physician in private practice at Gulf Coast Direct Primary Care, in Fort Myers, Florida.

Rebekah Bernard, MD

“I'm a primary care doctor, and I understand how hard it is to do good, high-quality primary care,” Dr. Bernard said. “It was very frustrating when our legislators decided to enact primary care unsupervised practice for nurse practitioners under the guise of, ‘There’s a primary care shortage; they will fill the gap.’ So we now have a huge number of NPs, but my phone is still ringing off the hook from people looking for a primary care doctor.”

Learn more with the AMA about what sets apart physicians and nonphysicians.

It started with an observation

Dr. Bernard saw a gaping need for research on the subject.

“As I have eyes that can see, I’ve noticed all these med spas,” Dr. Bernard said, given that the industry has grown sixfold since 2010. But she and her colleagues were interested to study the matter more rigorously to "see if we can validate that what I'm seeing with my eyes is true.’”

Between November 2024 and February 2025, she and her colleagues conducted a randomized sample of autonomous nurse practitioners across Florida using a database obtained from the Florida Department of Health. Of the almost 12,000 autonomous nurse practitioners listed, they randomly sampled 464 from across the state, ultimately reaching 328 autonomous nurse practitioner practices.

“We simply called and asked, ‘I'm seeking a doctor for primary care—do you offer primary care?’ and then coded the responses,” Dr. Bernard said.

They found that 59% of the nurse practitioners they reached were not practicing primary care at all.

Only 128 were in primary care settings, and six were working in nonclinical roles. The remaining 194 autonomous nurse practitioners were working clinically in settings outside primary care.

For the nurse practitioners outside primary care, the five most common settings were:

- Cosmetic and nonstandard medical/surgical practices—53.
- Psychiatry/addiction medicine—53.
- Emergency/urgent care—20.
- Inpatient medicine—13.
- Cardiology—9.

Find out how the AMA is fighting scope creep, defending the practice of medicine against scope of practice expansions that threaten patient safety and undermine physician-led, team-based care.

What needs to change—and what doesn’t

“Our study provides strong evidence that many autonomous NPs in Florida have established specialty practices and other services not within the legal scope of practice of Florida law,” the authors wrote. “Stricter enforcement of NP practice within the scope of training and legislation is needed.”

Looking at the issue more broadly, nationwide data from the American Association of Nurse Practitioners shows that 89% of NPs are trained and certified in primary care, yet multiple workforce studies show that only one-quarter to one-third practice in primary care.

In addition, an AMA survey unveiled at the 2026 AMA State Advocacy Summit found that one in three NPs and PAs switch specialties at least once in their careers, and they often do so without any formal advance training in the new specialty. The AANP’s own data published in 2024 shows that, while NPs can earn optional certifications in various specialties, 92.8% of NPs lack any at all.

"Why aren't NPs going into primary care? Well, it's the same reason everybody's struggling with primary care,” Dr. Bernard said. “It's because of payment issues and overhead costs, and it goes back to the AMA's goal of payment reform. You’re not going to solve problems with payment by coming up with shortcuts, like hiring lesser-trained people.”

According to an AMA issue brief on nurse practitioners' views of physician-led care (PDF), 95% reported practicing on a physician-led team, and 88% said they are satisfied, with over half stating they are very satisfied. Physician assistants (PAs) felt much the same (PDF).

Both groups of nonphysician providers cited collaboration on complex cases, mentorship, liability protection and patient safety as significant benefits.

“In my research for my books, what I discovered is that there's so much great data showing that when physicians and nurse practitioners and physician assistants work together in teams, patients can get fantastic care,” said Dr. Bernard, who has written two books on scope of practice and has a third on the way. “There are no studies that I’ve found that show what care looks like when you remove physicians from the care team.”

Through its Advocacy Resource Center, the AMA works directly with national, state and specialty medical societies to enact state laws and regulations that protect patients and support physicians—and fight back against those that do not.

Outlook

Writing to express disagreement with proposed regulation change

From Alexandra Leonard <alexandra.n.leonard@gmail.com>
Date Wed 4/1/2026 1:58 PM
To Garceau, Zachary (RIDOH) <Zachary.Garceau@health.ri.gov>; Larkin, Jerome (RIDOH) <Jerome.Larkin@health.ri.gov>; Fischer, Staci (RIDOH) <Staci.Fischer@health.ri.gov>

To the policymakers at RI DOH:

I write to express my FIRM DISAGREEMENT with the below proposal.

The amendment is as follows: There is a proposed rule to amend the Licensure and Discipline of Physicians (216-RICR-40-05-1) to amend the definition of surgery to add "Notwithstanding the above, injection of the following medications and autologous plasma products for cosmetic purposes is not considered surgery: Onabotulinumtoxin A, hyaluronic acid, Platelet-Rich Fibrin, and Platelet-Rich Plasma." This proposed rule is open for comment until April 1st

I have significant concerns about this change. These are enumerated below.

1. Physicians, surgeons and the AMA should define surgery. The American College of Surgeons and the American Society of Plastic Surgery concur on the definition of surgery and this definition includes the procedures that the proposed rule would remove. (References 1, 2)
2. Cosmetic medical procedures are MEDICAL procedures and ought to be performed with the same standards whether performed in a medical spa or in a conventional medical office. Shortcuts, expanded scope of practice and removing physicians from supervision in medical spas, all threaten public safety. The issue here is PUBLIC SAFETY, Not small business support or alignment with practice in Massachusetts. (where Guidelines were written by the nursing board, not physician experts). (Reference 3) *Unfortunately, several RI politicians apparently have bought into dangerous narrative that they need to ease regulation in medical spas to "support small business" and so as not to "lose business to Massachusetts."* The explosion of medical spas and the lack of strong standards for training and supervision of practitioners has harmed patients. (References 4, 5, 6)
3. John Oliver covered the topic in a recent episode of his "John Oliver Tonight" show. We are very serious about the issue, but his humor effectively communicates the problem. https://www.youtube.com/watch?v=pzggl8C2fvs [youtube.com]. The section from time 3:20-5:11 relates the story of an unsuspecting woman scarred by laser hair removal. She thought she was safe because the office was professional and the staff wore white coats. Oliver says, the industry has been "trivialized to the point that patients no longer see it as health care." It is the responsibility of the state protect patients. The entire episode is worth a listen and a laugh. HIs solution is also spot on: "this is an industry badly in need of oversight." 22:10-23:30.
4. We respect our Physician Assistant and Nurse Practitioner colleagues and agree with the AMA that a **Physician Led Team** is the optimal model for health care safety and quality. "Scope creep" efforts affect **many medical specialties** including anesthesia, psychiatry, ophthalmology, wellness medicine And primary care.
5. This proposal is a solution in want of a problem. We posit that the strategy comes from the national Medical Spa Association which supports medical spa operations, but is ever seeking to expand the scope of non physicians. We will name the elephant in the room: **money** is the motivation. Industry also shares responsibility. To makers of toxin and filler, the more registered nurses, medical assistants and aestheticians who have needles in their hands, the more money pharmaceutical companies make. Responsibility ought to fall to a core specialty physician (i.e. a plastic surgeon or a dermatologist who get required, supervised training as part of residency). Redefining surgery may be a ploy to allow non-physicians to perform more invasive procedures. Is this a strategy by non physicians to avoid being sued for performing surgery?
6. The medical spa industry is one that is due for more regulation, not less! Patients getting cosmetic procedures in med spas by non-physicians suffer higher rates of complications (References 4, 5, 6) and a recent survey of medical spas in the five boroughs of New York demonstrated profound lack of compliance with existing regulations. (Reference 7) .This is alarming giving that New York City is a highly regulated environment! Enforcement of standards in Rhode Island is complaint driven so violations are likely occurring already. In addition, studies demonstrate that patients who visit medical spas support More regulation, not less.
7. Rhode Island ranks 49th of 50 states on its favorability for physicians in which to practice. It is high time for Rhode Island to recognize and respect physicians who spend years in training, assume high rates of medical debt and the carry expensive malpractice insurance. Allowing non-physicians more scope in cosmetic practices is a slap in the face for RI physicians.
8. Expanding what non-physicians can do in a medical spa is also diluting the primary care workforce. Wasn't the idea of advanced practice RNs and physicians assistants to address primary care shortages? APRN's are specifically trained in primary care not surgery and cosmetic medical procedures. If Rhode Island is seeking to align, its healthcare with Massachusetts, perhaps supporting better reimbursement rates for physicians - which are 20 to 30% higher in Massachusetts- is a better area on which to focus.

In conclusion, the proposed rule change does not align with national surgical definitions, threatens the safety of Rhode Island patients and disrespects the expertise of physicians. We urge you to reject the change.

Sincerely,

Alexandra Leonard MD
Dermatologist

REFERENCES:
1. Definition pf surgery from the AMA and American College of Surgeons H-475.983 Definition of Surgery | AMA [policysearch.ama-assn.org]
2. Definition pf surgery from American Society of Plastic Surgeons ASPS and NESPS Fight to Define Surgery in Law | ASPS [plasticsurgery.org]

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7. New York City Council five borough survey of 30 medical spas demonstrating numerous violations of existing regulation.

8. -article about nurse practitioners not pursuing primary care practice

Outlook

(No subject)

From Hayley G <hayley.goldbach@gmail.com>
Date Wed 4/1/2026 2:06 PM
To Garceau, Zachary (RIDOH) <Zachary.Garceau@health.ri.gov>

To whom it may concern,

I am very concerned with the proposed relaxation of regulations for Rhode Island.

The safety of our patients is not for sale. Cosmetic procedures and surgeries carry serious risks. This is dangerous and a huge mistake.

Please see below for an in depth discussion.

Sincerely,
Hayley Goldbach

1. Physicians, surgeons and the AMA should define surgery. The American College of Surgeons and the American Society of Plastic Surgery concur on the definition of surgery and this definition includes the procedures that the proposed rule would remove. (References 1, 2)
2. Cosmetic medical procedures are MEDICAL procedures and ought to be performed with the same standards whether performed in a medical spa or in a conventional medical office. Shortcuts, expanded scope of practice and removing physicians from supervision in medical spas, all threaten public safety. The issue here is PUBLIC SAFETY, Not small business support or alignment with practice in Massachusetts. (where Guidelines were written by the nursing board, not physician experts). (Reference 3) *Unfortunately, several RI politicians apparently have bought into dangerous narrative that they need to ease regulation in medical spas to "support small business" and so as not to "lose business to Massachusetts."* The explosion of medical spas and the lack of strong standards for training and supervision of practitioners has harmed patients. (References 4, 5, 6)

3. John Oliver covered the topic in a recent episode of his “John Oliver Tonight” show. We are very serious about the issue, but his humor effectively communicates the problem. https://www.youtube.com/watch?v=pzggl8C2fvs [youtube.com]. The section from time 3:20-5:11 relates the story of an unsuspecting woman scarred by laser hair removal. She thought she was safe because the office was professional and the staff wore white coats. Oliver says, the industry has been “trivialized to the point that patients no longer see it as health care.” It is the responsibility of the state protect patients. The entire episode is worth a listen and a laugh. HIs solution is also spot on: “this is an industry badly in need of oversight.” 22:10-23:30.
4. We respect our Physician Assistant and Nurse Practitioner colleagues and agree with the AMA that a **Physician Led Team** is the optimal model for health care safety and quality. "Scope creep” efforts affect **many medical specialties** including anesthesia, psychiatry, ophthalmology, wellness medicine And primary care.
5. This proposal is a solution in want of a problem. We posit that the strategy comes from the national Medical Spa Association which supports medical spa operations, but is ever seeking to expand the scope of non physicians. We will name the elephant in the room: **money** is the motivation. Industry also shares responsibility. To makers of toxin and filler, the more registered nurses, medical assistants and aestheticians who have needles in their hands, the more money pharmaceutical companies make. Responsibility ought to fall to a core specialty physician (i.e. a plastic surgeon or a dermatologist who get required, supervised training as part of residency). Redefining surgery may be a ploy to allow non-physicians to perform more invasive procedures. Is this a strategy by non physicians to avoid being sued for performing surgery?
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7. Rhode Island ranks 49th of 50 states on its favorability for physicians in which to practice. It is high time for Rhode Island to recognize and respect physicians who spend years in training, assume high rates of medical debt and the carry expensive malpractice insurance. Allowing non-physicians more scope in cosmetic practices is a slap in the face for RI physicians.

8. Expanding what non-physicians can do in a medical spa is also diluting the primary care workforce. Wasn't the idea of advanced practice RNs and physicians assistants to address primary care shortages? APRN's are specifically trained in primary care not surgery and cosmetic medical procedures. If Rhode Island is seeking to align, its healthcare with Massachusetts, perhaps supporting better reimbursement rates for physicians -which are 20 to 30% higher in Massachusetts- is a better area on which to focus.

In conclusion, the proposed rule change does not align with national surgical definitions, threatens the safety of Rhode Island patients and disrespects the expertise of physicians. We urge you to reject the change.

Sincerely,

Hayley Goldbach

Outlook

Fwd: ACTION requested to oppose threat to physicians in RI Time Sensitive

From Sierra Grasso <sierra.grasso@gmail.com>
Date Wed 4/1/2026 2:12 PM
To Garceau, Zachary (RIDOH) <Zachary.Garceau@health.ri.gov>
Cc Larkin, Jerome (RIDOH) <Jerome.Larkin@health.ri.gov>; Fischer, Staci (RIDOH) <Staci.Fischer@health.ri.gov>

6 attachments (2 MB)

Nonphysician_Practice_of_Cosmetic_Dermatology__A.15.pdf; Experiences_With_Medical_Spas_and_Associated.20.pdf; Evaluating Public Perceptions of Cosmetic Procedures Med Spa v Physician Office.pdf; With expanded scope where do NPs practice Its not primary care.pdf; Who is Holding the Syringe A Survey of TIA Among Med Spas.pdf; nycc_press.jpeg;

Dear Mr. Garceau and Team,

I hope you are doing well early in this spring season.

In reference to the amendment to the definition of surgery (Licensure and Discipline of Physicians (216-RICR-40-05-1)) as follows: "Notwithstanding the above, injection of the following medications and autologous plasma products for cosmetic purposes is not considered surgery: Onabotulinumtoxin A, hyaluronic acid, Platelet-Rich Fibrin, and Platelet-Rich Plasma."

We, as a physician population, have significant concerns about this change which are enumerated below.

Our opinion and corroborating evidence for it is as follows:

1. Physicians, surgeons and the AMA should define surgery. The American College of Surgeons and the American Society of Plastic Surgery concur on the definition of surgery and this definition includes the procedures that the proposed rule would remove. (References 1, 2)
2. Cosmetic medical procedures are MEDICAL procedures and ought to be performed with the same standards whether performed in a medical spa or in a conventional medical office. Shortcuts, expanded scope of practice and removing physicians from supervision in medical spas, all threaten public safety. The issue here is PUBLIC SAFETY, Not small business support or alignment with practice in Massachusetts. (where Guidelines were written by the nursing board, not physician experts). (Reference 3) *Unfortunately, several RI politicians apparently have bought into dangerous narrative that they need to ease regulation in medical spas to "support small business" and so as not to "lose business to Massachusetts."*

The explosion of medical spas and the lack of strong standards for training and supervision of practitioners has harmed patients. (References 4, 5, 6)

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In conclusion, the proposed rule change does not align with national surgical definitions, threatens the safety of Rhode Island patients and disrespects the expertise of physicians. We urge you to reject the change.

Thank you for your time and consideration,

Sierra Grasso, DO
Minimally Invasive Surgery Fellowship Trained
Board-Certified General Surgeon
Landmark Medical Center, Woonsocket, RI
Pronouns (she/her)

REFERENCES:
1. Definition pf surgery from the AMA and American College of Surgeons H-475.983 Definition of Surgery | AMA [policysearch.ama-assn.org]
2. Definition pf surgery from American Society of Plastic Surgeons ASPS and NESPS Fight to Define Surgery in Law | ASPS [plasticsurgery.org]

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7. New York City Council five borough survey of 30 medical spas demonstrating numerous violations of existing regulation.

8. -article about nurse practitioners not pursuing primary care practice

9. Lack of supervision in medical spa settings

Nonphysician Practice of Cosmetic Dermatology: A Patient and Physician Perspective of Outcomes and Adverse Events

Anthony M. Rossi, MD,* Britney Wilson, BA, MBS,* Brian P. Hibler, MD,* and Lynn A. Drake, MD†

BACKGROUND Nonphysicians are expanding practice into specialty medicine. There are limited studies on patient and physician perspectives as well as safety outcomes regarding the nonphysician practice of cosmetic procedures.

OBJECTIVE To identify the patient (consumer) and physician perspective on preferences, adverse events, and outcomes following cosmetic dermatology procedures performed by physicians and nonphysicians.

MATERIALS AND METHODS Internet-based surveys were administered to consumers of cosmetic procedures and physician members of the American Society for Dermatologic Surgery. Descriptive statistics and graphical methods were used to assess responses. Comparisons between groups were based on contingency chi-square analyses and Fisher exact tests.

RESULTS Two thousand one hundred sixteen commenced the patient survey with 401 having had a cosmetic procedure performed. Fifty adverse events were reported. A higher number of burns and discoloration occurred in the nonphysician–treated group and took place more often in a spa setting. Individuals seeing nonphysicians cited motivating factors such as level of licensure (type) of nonphysician, a referral from a friend, price, and the location of the practitioner. Improper technique by the nonphysician was cited most as a reason for the adverse event. Both groups agree that more regulation should be placed on who can perform cosmetic procedures. Recall bias associated with survey data.

CONCLUSION Patients treated by nonphysicians experienced more burns and discoloration compared with physicians, and they are encountering these nonphysicians outside a traditional medical office, which are important from a patient safety and regulatory standpoint. Motivating factors for patients seeking cosmetic procedures may also factor into the choice of provider.

KEY POINTS Both patients and physicians think more regulation should be in place on who can perform cosmetic procedures. More adverse events such as burns and discolorations occurred with patients seeing nonphysicians compared with those seeing physicians. In addition, for those seeing nonphysicians, a majority of these encounters took place in spa settings. Patient safety is of utmost concern when it comes to elective cosmetic medical procedures. More adverse events and encounters occurring outside traditional medical settings when nonphysicians performed these procedures call into question the required training and oversight needed for such procedures.

Supported by the American Society for Dermatologic Surgery—Future Leaders' Network as well as in part through the NIH/NCI Cancer Center Support Grant P30 CA008748. The authors have indicated no significant interest with commercial supporters with regard to this study.

There is an ongoing increase in the demand for medical, surgical, and cosmetic procedures.[1] According to the 2016 American Society for Dermatologic Surgery (ASDS) Survey on Dermatologic Procedures, members saw a significant increase in minimally invasive cosmetic treatments over the prior year. In 2016, there were over 3.3 million injectable neuromodulators and soft-tissue

**Department of Medicine, Dermatology Service, Memorial Sloan Kettering Cancer Center, New York, New York; †Department of Dermatology, Harvard Medical School, Massachusetts General Hospital, Boston, Massachusetts*

Supplemental digital content is available for this article. Direct URL citations appear in the printed text and are provided in the HTML and PDF versions of this article on the journal's Web site (www.dermatologicsurgery.org).

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filler procedures performed, and nearly 2.8 million were laser/light/energy-based procedures. In the past 5 years, there has been a 48% increase seen in soft-tissue filler procedures and 2.5 times increase in body contouring procedures performed.[2] Furthermore, the 2017 ASDS Consumer Survey on Cosmetic Dermatologic Procedures found that of the 7,322 people surveyed, nearly 7 in 10 are considering a cosmetic procedure. The top 4 of 11 factors influencing the selection of a practitioner included: price (49%), specialty in which the physician is board certified (41%), referral from a physician (37%), and level of licensure of the practitioner (32%).[3] This increased demand for cosmetic services has resulted in a substantial influx of nonphysicians offering cosmetic procedures and patients turning to nonphysicians for aesthetic medical treatments.[4] Nonphysicians are also starting to practice medicine independently in some states. Although originally intended for the shortage of primary care physicians, nonphysician providers (aestheticians, nurses, physician assistants, and nurse practitioners) are entering into specialty medical fields, even though formal medical training in these areas may be lacking. This is concerning from a patient safety standpoint.

Increasingly, nonphysicians are offering cosmetic procedures in a multitude of medical and nonmedical arenas. The boundaries between cosmetic surgery and cosmetology are obscured, with procedures being performed on otherwise healthy individuals by nonphysicians.[5] Although often promoted as a "quick fix," real risks and complications associated with these procedures may be marginalized.

Studies have also shown that dermatologists and nondermatologist physicians delegate cosmetic procedures to nonphysician providers to keep up with growth in demand.[4] This study seeks to determine the outcomes of cosmetic procedures performed by physicians and nonphysicians as well as the patient and physician perspectives of such. The authors describe the incidence and scope of adverse events as reported by both consumers and physicians. A better understanding of these outcomes will help guide physician oversight of these procedures and the training and regulations required of those who perform these procedures to ensure patient safety.

Methods

With IRB approval, Internet-based surveys (Survey Monkey: http://www.SurveyMonkey.com) were administered to consumers of cosmetic dermatology procedures and physician members of the ASDS. The consumer survey was web-based and opened by 2,116 consumers nationally via SurveyMonkey, which allows surveys to be distributed to a random prescreened population. The English language survey was distributed via email. The survey contained 24 multiple-choice questions related to provider type, setting where services were provided, and adverse events. Based on the question, participants were allowed to choose single or multiple responses, and responders were able to skip questions or stop the survey at any time (see **Supplemental Digital Content 1**, Appendix, http://links.lww.com/DSS/A131).

A separate physician survey was sent to members of the ASDS via email. This survey assessed members' opinions and experiences with cosmetic procedures performed by nonphysicians (see **Supplemental Digital Content 1**, Appendix, http://links.lww.com/DSS/A131).

After acquiring completed surveys, each was assessed individually by the investigators. Participants were allowed to stop the survey at any point and were allowed to skip questions. Statistical analysis and comparisons between groups were based on contingency chi-square analyses and Fisher exact tests.

Results

Consumer Survey (N = 2,116)

Demographics

Of the 2,116 surveys commenced by consumers, over half (55.9%) indicated that they either had a cosmetic procedure (19.1%, 401/2,098) or were considering having a cosmetic procedure (36.8%, 773/2,098)

TABLE 1. Demographics of Consumers

Descriptor	*Percent*
Gender	
Female	95.4
Male	4.6
Age	
Under 30	0.1
30–40	21.1
41–50	24.4
51–60	37.7
Over 60	16.6
Employment status	
Full time	69.0
Part time	10.9
Unemployed	1.9
Homemaker/retired/other	18.1

(Table 1). Of the patients who received cosmetic procedures, 145 went to a physician, 144 saw nonphysicians, and 97 have had procedures done by both physicians and nonphysicians. The remaining responders did not know the level of training of the individual who performed the procedure.

Scope of Procedures and Providers

The most common procedures consumers received were laser hair removal, injectable wrinkle-relaxing treatments, microdermabrasion, chemical peels, and injectable filler treatments (Table 2). Table 2 includes the breakdown of procedures reported to be done by nonphysicians as well as the percent of adverse events per procedure. Of the respondents who had a cosmetic procedure done by only a nonphysician, the top procedures performed included: laser hair removal, 49% (71); microdermabrasion, 35.9% (52); chemical peels, 23.4% (34); laser and light devices for facial problems, 13.8% (20); and injectable wrinkle-relaxing treatments, 13.1% (19). Most procedures performed by physicians were done by either a plastic surgeon (33.1%) or a dermatologist (32.3%). Other types of physicians included family practitioners, otolaryngologists, and vascular specialists (responders were able to choose more than one if applicable). Of the procedures performed by nonphysicians, the majority was performed by an aesthetician (43.5%) followed by a nurse (21.9%) (Table 3). Other nonphysician providers included nurse practitioners and laser technician.

Location of Cosmetic Procedures

The vast majority of consumer respondents who had their procedure performed by a physician identified the location as the physician's office (87.6%) ($p < .0001$). This was followed by a spa location (4.1%) or an aesthetician's office. By contrast, for patients who had their procedures performed by nonphysicians, this most often took place in a spa (36.8%, $p < .001$), followed by an aesthetician's office (25.7%, $p < .001$) and a physician's office (22.2%) (Table 4 and Figure 1).

Adverse Events

Fifty of the 404 respondents who had cosmetic procedures reported an adverse event (Table 5 and Figures 2 and 3). A total of 54% ($n = 27$) occurred in patients who saw physicians and 46% ($n = 23$) in patients who saw nonphysicians. The most common adverse events occurring in procedures performed by physicians were: "bruising" (40.7%, $n = 11$), "discoloration" (14.8%, $n = 4$), "scarring" (14.8%, $n = 4$), and "nerve damage" (14.8%, $n = 4$). In procedures performed by nonphysicians, the most common adverse events were "discoloration" (43.4%, $n = 10$), "burn" (34.7%, $n = 8$), and "bruising" (26.1%, $n = 6$)

TABLE 2. Consumer Survey: Scope of Cosmetic Procedures and Adverse Events

Procedure	*Total Number,* N *= 401, (%)*	*Nonphysician Procedures,* N *Answered = 144, (%)*	*Physician Procedures,* N *Answered = 149, (%)*	n *= Total No. of Participants Who Experienced a Complication*	*Percentage of Total Complications*
Laser hair removal	132 (33.0)	71 (49)	21 (14.1)	20	12.58
Injectable wrinkle-relaxing treatments	121 (30.3)	19 (13.1)	49 (32.9)	26	16.35
Microdermabrasion	120 (30.0)	52 (35.9)	120 (30.0)	21	13.21
Chemical peels	98 (24.5)	34 (23.4)	98 (24.5)	12	7.55
Laser and light treatment to reduce redness, improve skin tone, or improve scars	85 (21.3)	20 (13.8)	85 (21.3)	19	11.95
Injectable filler treatments	75 (18.8)	11 (7.6)	75 (18.8)	22	13.84
Varicose or spider vein treatments	72 (18.0)	8 (5.5)	72 (18.0)	15	9.43
Body sculpting (e.g., cryolipolysis, laser lipolysis, tumescent liposuction, and ultrasound fat reduction)	60 (15.0)	3 (2.1)	60 (15.0)	9	5.66
Ultrasound, laser, light, and radiofrequency treatments for skin tightening and wrinkle smoothing	50 (12.5)	10 (15.3)	50 (12.5)	11	6.92
Laser tattoo removal	6 (1.5)	2 (1.4)	6 (1.5)	3	1.89
Hair transplantation	3 (0.8)	1 (0.7)	3 (0.8)	1	0.63

Respondent can select multiple responses.

(Table 5). The difference in rates of discoloration and burns was significantly higher in procedures performed by nonphysicians compared with physicians ($p < .03$) (Figure 2). The occurrence of nerve damage after procedures performed was cited in 4 cases by the responders. All 4 physicians performing these were cited as nondermatologist physicians and the procedures performed included

TABLE 3. Consumer Survey: Provider Performing the Cosmetic Procedure (Responders Were Able to Choose More Than One)

Provider	*Number (%),* N *(%)*
Physician	
Plastic surgeon	82 (33.1)
Dermatologist	80 (32.3)
Facial plastic surgeon	21 (8.5)
Oculoplastic surgeon	2 (0.8)
I do not know	27 (10.9)
Other type of physician	36 (14.5)
Nonphysician	
Aesthetician	117 (43.5)
Nurse	59 (21.9)
Spa staff (other than aesthetician)	32 (11.9)
Physician assistant	17 (6.3)
I do not know	27 (10.0)
Other type of nonphysician	10 (3.7)

TABLE 4. Consumer Survey: Location of the Cosmetic Procedure by Provider (Responders Were Able to Choose More Than One)

Location	*Physician Provider*	*Nonphysician Provider*	*Fisher Exact* p*
Physician's office	127	32	<.0001*
Dental office	1	1	.749
Nurse's office	0	9	.002*
Aesthetician's office	6	37	<.001*
Physician assistance's office	1	2	.497
Spa	6	53	<.001*
I do not know	4	10	.082

*Statistically significant between the 2 groups compared.

neurotoxin (1), body sculpting (2), and varicose vein treatment (1). When adverse events are further sorted between dermatologists, plastic surgeons, other physicians, and nonphysicians, the rates of discolorations and burns are still higher for nonphysicians (Figure 3).

Consumer Viewpoint of Provider Qualifications

Consumers were asked which nonphysician providers were qualified to perform cosmetic procedures. A majority of respondents felt physician assistants (68.0%) and nurses (57.3%) were qualified to perform cosmetic medical procedures. Conversely, a majority felt that medical assistants (70.7%), aestheticians (57.9%), and spa staff other than aestheticians (90.8%) were not qualified (multiple responses were accepted).

If consumers selected "no," indicating that a particular group was not qualified to perform cosmetic medical procedures, 34.1% said it was because the individual was not a physician. Greater percentages of respondents said it was due to a lack of training (47.5%) or an inadequate level of training (75.4%). Responses under "other" included a "lack of accountability," "lack of experience handling difficult cases," and "no certifying or supervisory agency."

Consumer Motivation to Choose Provider

Consumers were asked what factors were important when choosing a provider for their cosmetic procedure (Figure 4). Of individuals who responded to this question and saw a physician ($n = 140$), the most important factors were board certification of physician (66.4%, $n = 93$, $p < .0001$), referral from a physician (59.3%, $n = 83$), number of procedures performed (37.1%, $n = 52$), and level of licensure of physician (36.4%, $n = 51$). For those who responded to this question and saw nonphysicians ($n = 137$), the most important factors were level of

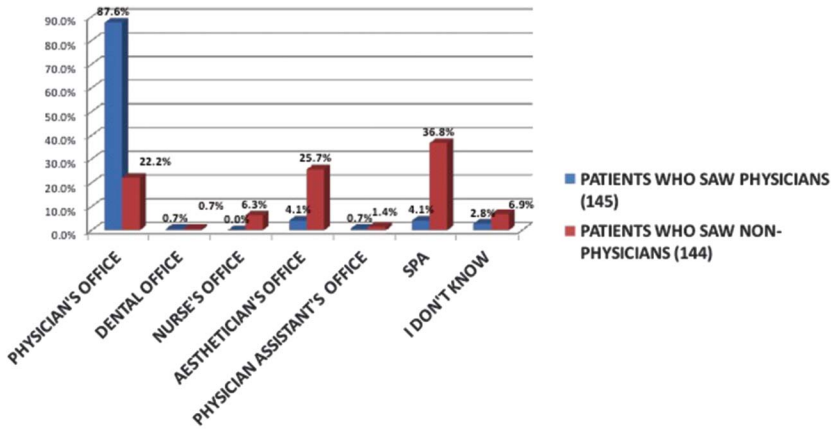

Figure 1. Graph of location of the cosmetic procedure by a provider (responders were able to choose more than one).

TABLE 5. Consumer Survey: Statistically Significant Adverse Events by a Provider (Responders Were Able to Choose More Than One)

Adverse Event	*Physician Provider (*N *= 27 Responded),* N *(%)*	*Nonphysician Provider (*N *= 23 Responded),* N *(%)*	*Fisher Exact* p
Discoloration	4 (14.8)	10 (43.5)	.031*
Burn	2 (7.4)	8 (34.8)	.03*

*Statistically significant between groups.

licensure (59.1%, $n = 81$, $p < .0001$), referral from a physician (48.2%, $n = 66$), and referral from a friend (41.6%, $n = 57$, $p < .05$). Price ($p = .053$) and the location of the practitioner ($p < .005$) were also important for those seeing nonphysicians. Consumers who responded with the "other" option cited patient reviews, web sites, and the complexity of the procedure as motivating factors for choosing a practitioner.

*Physician Survey (*N *= 118 Responses)*

Dermatologic Surgeon Treatment of Cosmetic Complications

This survey assessed the types of complications that physicians have encountered with cosmetic procedures performed by nonphysicians. Of the 118 ASDS members who responded to the survey, 65 (55%) stated that they treated a complication from a cosmetic procedure performed by a nonphysician. Most respondents (43.1%) reported treating 1 to 3 complications, whereas 24.6% treated 4 to 6 complications, and 7.7% treated complications 7 to 9 times. Nearly a quarter of respondents (24.6%) reported treating 10 or more cases of complications resulting from cosmetic procedures performed by nonphysicians (Figure 5).

American Society for Dermatologic Surgery members were then asked to select which types of complications they observed following cosmetic procedures performed by nonphysicians. The most common adverse event was a burn (67.2%) followed by misplacement of a filler product (53.1%). Other common complications included facial drooping (34.4%), tissue deformity (29.7%), and bruising (28.1%). "Other" responses included hypopigmentation or hyperpigmentation, leg ulcers, and scarring (Figure 5).

Physicians were then asked to evaluate the most likely contributing factors for the adverse events that were encountered. The most common response was improper technique (43.8%) followed by improper settings (12.5%). Less than 10% of complications were considered an expected adverse event (Figure 6).

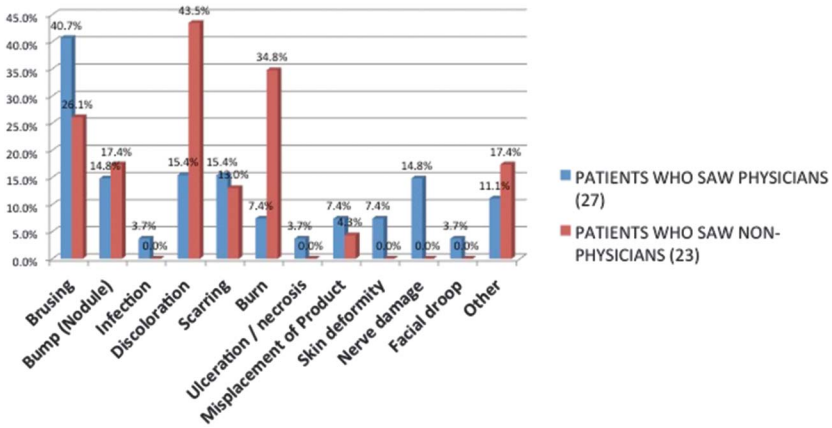

Figure 2. Graph of consumer survey: adverse events by a provider (responders were able to choose more than one).

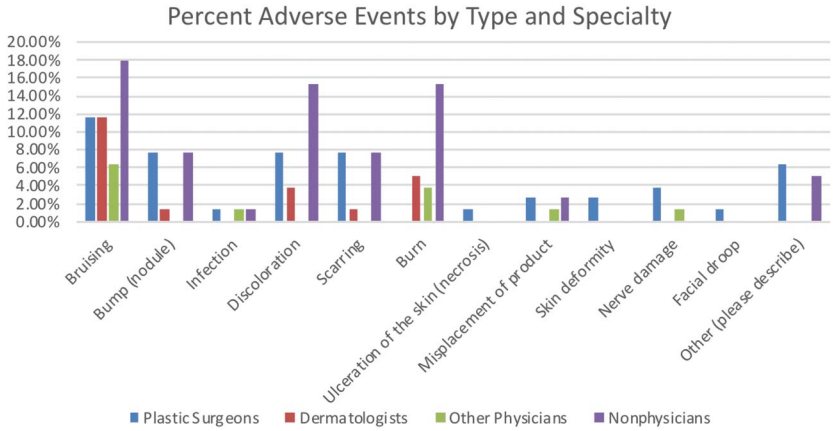

Figure 3. Graph of consumer survey: percent of adverse events stratified by dermatologists, plastic surgeons, and nonphysicians (responders were able to choose more than one).

Regulation of Cosmetic Procedures

Both physician and consumers were polled as to whether there should be stricter regulations on who can perform cosmetic procedures. The majority of ASDS members (86.3%) said there should be stricter regulation. Of the consumers surveyed, a majority (85.8%) also said there should be stricter regulations. There was no difference between the physician group and consumers group (p = .88).

Discussion

The demand for cosmetic medical procedures continues to rise and patients are seeking treatment in a variety of settings by both physicians and nonphysicians. This undersupply of board-certified dermatologists has had a significant impact on patient access to care and has resulted in long wait times with patients seeking alternative providers for their care.[1,6] The performance of cosmetic procedures warrants close inspection and a survey of the current landscape of procedures being performed, as it is important to understand who is performing these procedures, the adverse event profiles, and outcomes. A major finding of this study was that the majority of cosmetic procedures being performed by nonphysicians took place outside of a traditional medical office setting. Procedures occurring in other settings may raise concerns regarding oversight, standards, and regulations that are in place to protect patients and ensure safety. In addition, burns and discolorations were cited as the most common adverse events encountered by patients treated by nonphysicians.

Adverse Events

Overall, numbers of adverse events were quite low in this study, with only 50 adverse events reported by

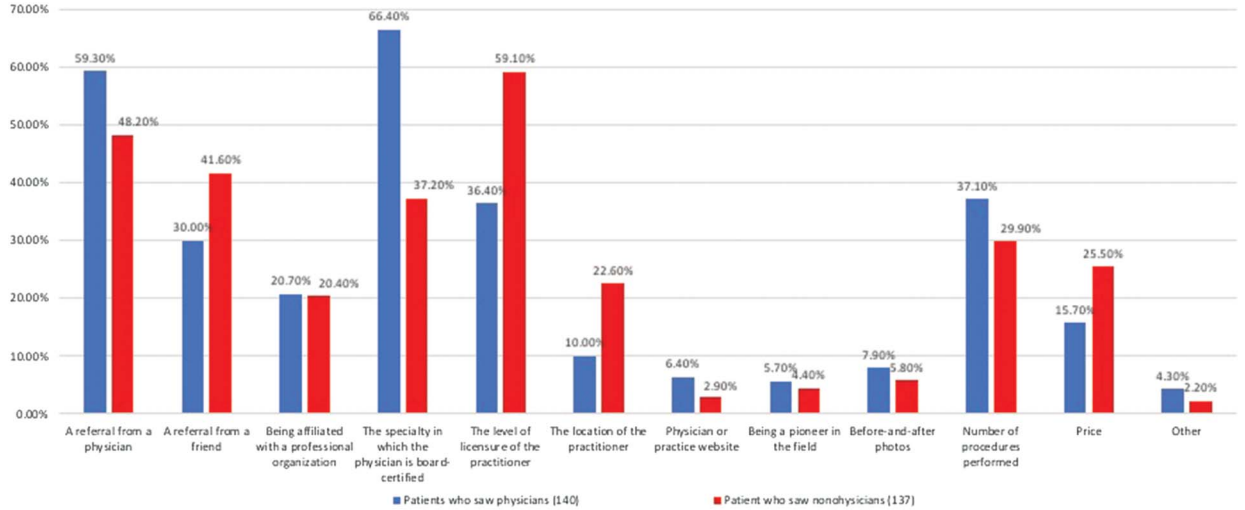

Figure 4. Consumer motivating factors for choosing a physician versus nonphysician.

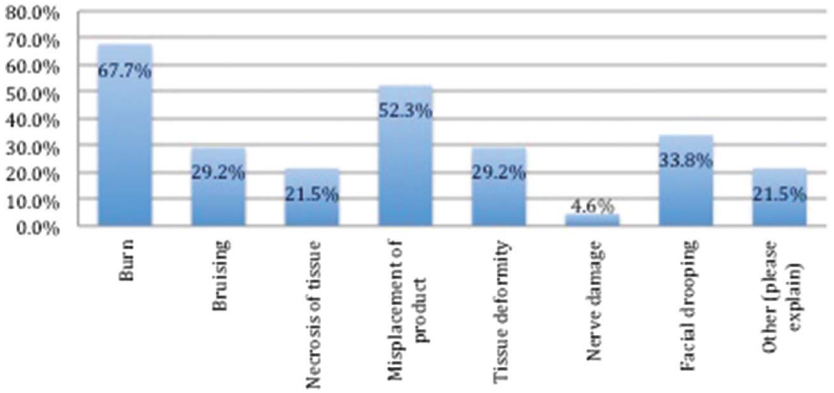

Figure 5. Physician survey: types of complications following procedures performed by a nonphysician.

consumers, the nature of which is in line with reports regarding the safety of dermatologic cosmetic procedures.[7] Although this study looks at both physicians and nonphysicians, this number may underestimate the actual prevalence, as reporting of adverse events is not mandatory, especially for procedures that take place outside of a physician's office. Of the specific adverse events, there was a statistically significant greater difference in the rates of discoloration and burns in the nonphysician group compared with the physician group. This echoes previous published reports by Jalian and colleagues[8] of a higher rate of litigation for laser burns when performed by nonphysicians. The burns and discoloration experienced by patients after procedures performed by nonphysicians may result from inadequate training in how the skin responds to cosmetic procedures (such as lasers) or from insufficient training in selecting the ideal patient and appropriate laser parameters. The majority of adverse events reported by consumers who saw physicians was bruising, and bruising can be an expected part of certain procedures. Of note, the prevalence of nerve damage was reported by consumers, which approached significance in the physician-treated group. None of the nerve damage was cited as permanent, and the procedures performed included neurotoxin (1), body sculpting (2), and varicose vein treatment (1). It was not gauged as to what type of, sensory or motor, impairment occurred in these 4 cases.

Consumer Viewpoint of Qualified Providers

Consumer motivation is a major factor in aesthetic medicine. A further understanding of the motivating factors that drive patients to certain practitioners is important for comprehending the role of nonphysicians. Regarding provider qualification, consumers favored nurses and physician assistants to perform cosmetic medical procedures over other nonphysicians. However, this is interesting because a majority of patients in this survey treated

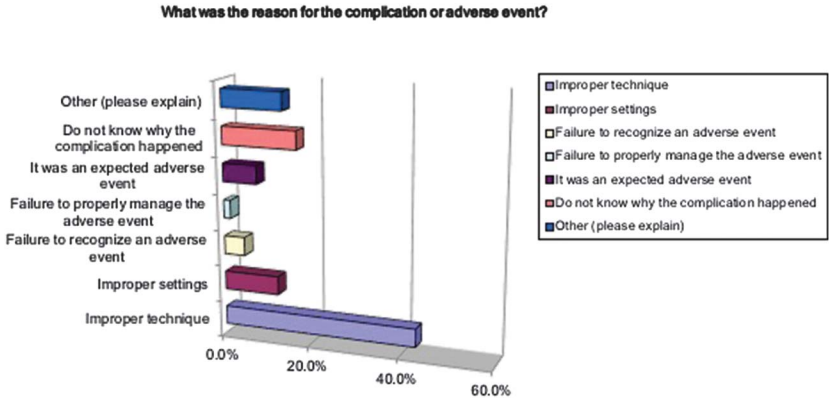

Figure 6. Physician survey: suspected reason for the adverse event when performed by a nonphysician.

by nonphysicians were treated by an aesthetician. This suggests that there are competing factors, such as location, affordability, and persuasive marketing strategies, in place that effectively entice patients into having cosmetic procedures in nonmedical settings by those that they perceive as less qualified. This could also echo previous American Medical Association surveys showing that patients may not understand the different levels of licensure or types of nonphysician providers.[9]

American Society for Dermatologic Surgery Members' Responses

Almost a quarter of ASDS members reported treating 10 or more complications from procedures performed by nonphysicians. This number is higher than consumer-reported complications and could underscore the notion that most complications go unreported by patients or providers. From the complications that ASDS members reported treating, a laser burn was the most common adverse event, which reinforces recent literature and the authors' own results from this study. Interestingly, misplacement of a filler product was the second most common event, and "improper technique" was cited as the most common reason. Anatomy knowledge, injection technique, and selecting appropriate patient cases to perform are all factors that could contribute to this. Other physician surveys have shown that although the majority of physicians feel nurses are capable of administering vaccines, they are not as capable as physicians at administering injectable cosmetic procedures.[10,11] This could be because of the nature of the procedures, a physician's in-depth knowledge and hands on training in anatomy, and the complexity involved. In this study, over 85% of dermatologic surgeons and consumers alike said there should be stricter regulation over who can perform cosmetic procedures. Clarification on training requirements and scope of practice guidelines might help ensure standards are upheld and patient safety is preserved.

Limitations

This study has limitations due to the nature of survey-based research and inherent response bias. This was an email-based survey that may also not fully capture the complete demographic of consumers, and patients were not asked how many times they had a procedure performed. Also, as previous American Medical Association surveys have shown, patients may not know the exact degree or title of the treating practitioner, which may have influenced their ability to accurately respond to questions. Physician members of the ASDS were not asked specifically about adverse events that resulted from cosmetic procedures performed by other physicians. Other studies have shown that cosmetic procedures are performed by various specialties outside of dermatology, including: general surgery, otolaryngology ophthalmology, facial plastic surgery, family medicine, pediatrics, and internal medicine.[12] Future studies are warranted to better characterize adverse events following physician-performed cosmetic procedures, as this may call into question scope of practice of various providers.

Conclusion

Adverse events reported by consumers following cosmetic procedures are infrequent, but still occur. The most common types of adverse events reported with cosmetic procedures performed by nonphysicians are burns and discoloration. This contrasts adverse events from procedures performed by physicians in this study, which consisted mainly of bruising, which does not imply a complication per se. A majority of patients seeing nonphysicians are encountering them outside the traditional medical office, including spas. This could reflect the growing number of "medispas" that are being operated by nonphysicians and could represent a potential concern for safety and regulation. Attention should be given to this alarming trend, as these untraditional settings may not be held to medical practice standards and have inadequate oversight from qualified physicians. Moving forward, the authors need improved data collection on adverse events and outcomes, which may help guide regulations and oversight necessary for providing quality care and ensuring patient safety.

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Evaluating Public Perceptions of Cosmetic Procedures in the Medical Spa and Physician's Office Settings: A Large-scale Survey

Juliet Gibson, MD,* Charlotte Greif, BA,† and Rajiv I. Nijhawan, MD*

BACKGROUND Medical spa and cosmetic procedure markets have grown substantially in recent years. The lack of consistent medical oversight at medical spas raises safety concerns.

OBJECTIVE To understand how the public views medical spas compared with physician's offices as places to receive cosmetic procedures with a focus on safety.

METHODS 1,108 people were surveyed on an internet platform about their perceptions of the safety of receiving cosmetic procedures at medical spas and physician's offices. Respondents were grouped by their past experiences. Chi-squared and analysis of variance models were used to determine statistically significant differences between groups at the 0.05 level.

RESULTS Respondents who had only received cosmetic procedures at physician's offices or had never received a cosmetic procedure cared more about being treated by a physician ($p < .001$) and rated safety as more important ($p = .03$). Total complication rates were numerically higher at medical spas compared with physician's offices ($p = .41$). Minimally invasive skin tightening (0.77 vs 0.0, $p < .001$) and nonsurgical fat reduction (0.80 vs 0.36, $p = .04$) had higher complication rates at medical spas.

CONCLUSION There were concerns among the public about the safety of cosmetic procedures at medical spas, and some procedures demonstrated higher complication rates in this setting.

The United States has the highest volume of cosmetic procedures in the world and spent more than 9.3 billion dollars on them in 2020.[1] Cosmetic procedures are generally performed at physician's offices or medical spas, which are a combination of a medical clinic and day spa.[2] The medical spa market is expected to grow from 14.4 billion dollars in 2021 by 15% each year until 2030, and medical spa facilities are already more prevalent than traditional physician's cosmetic practices in major metropolitan centers, such as Houston, Las Vegas, and New York.[3,4] This trend is concerning from a safety perspective because of widely variable laws regulating medical oversight of these spas.[2,5–7] One survey found that almost 30% of medical spas had medical directors who never performed any procedures, and there have been reports of physicians being paid to act as medical directors without any involvement in daily operations.[8] The American Society for Dermatologic Surgery Association called attention to this concerning trend. In 2019, they published a report stating that physicians cannot serve as the medical director of a practice where cosmetic procedures are performed without owning the practice and highlighted the finding that half of medical spas in the United States do not always have at least 1 physician onsite.[8]

Given the predicted growth of medical spas and cosmetic procedures, the safety of medical spas compared with physician's offices is important to consider.[9] Variability in medical oversight at these spas may become a more pressing issue as cosmetic procedures become mainstream, and patients may not recognize the potential differences in care and safety.[9] This study sought to understand how the US public perceives medical spas and physician's offices as places to receive cosmetic procedures with a focus on safety.

Methods

In this IRB approved study, 1,108 people in the US were surveyed about their perceptions of receiving cosmetic procedures at medical spas compared with physician's offices. The survey was hosted online by Survey Monkey and advertised on social media. It included questions about the importance of physical appearance, the safety of

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The authors have indicated no significant interest with commercial supporters.

Drs. Nijhawan and Gibson had full access to all the data in the study and take responsibility for the integrity of the data and the accuracy of the data analysis.

Reviewed and approved by UT Southwestern Medical Center IRB.

J.G. and C.G. should be considered co-first authors given their equal contribution to the development of this manuscript.

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treatments performed at medical spas, the staff performing treatments (physician, nurse, other), the importance of evaluation by trained medical professionals, previous treatments performed at medical spas, and any adverse events or concern for adverse events at medical spas and physician's offices. The survey included participants who had received cosmetic procedures at physician's offices only, at medical spas only, at physician's offices and medical spas, and those who had never had a cosmetic procedure. We grouped respondents by experience with cosmetic procedures and settings where they received these procedures: (1) had a cosmetic procedure at a medical spa only, (2) had a cosmetic procedure at a physician's office only, (3) had a cosmetic procedure at a medical spa and physician's office, and (4) had never had a cosmetic procedure. We calculated summary statistics and used chi squared and analysis of variance models to determine statistical significance between groups at the 0.05 level.

Results

Demographics

A total of 1,108 participants completed the survey. There were 43 respondents who had received a cosmetic procedure at a medical spa only, 80 at a physician's office only, 21 at a medical spa and physician's office, and 494 who had never had a cosmetic procedure. Ages ranged from 17 to 71 years old with 51% of respondents between the ages of 40 and 60 years. States with the greatest portion of respondents were California (11%), Florida (9%), Texas (8%), and New York (6%). Two-thirds of the sample were women and one-third, men. Most respondents (64%) had a college or graduate degree. There were no significant differences in baseline demographics between groups defined based on experience with cosmetic procedures.

Perceptions of Safety

Most respondents reported appearance as important or very important (512/682, 75%). The greatest number of respondents were comfortable with a physician performing their cosmetic procedures (542/1108, 49%), whereas equal numbers were comfortable with a physician assistant (317/1108, 29%) or nurse practitioner (317/1108, 29%), and equal numbers with a registered nurse (255/1108, 23%) or aesthetician (256/1108, 23%).

Respondents who had never had a cosmetic procedure or had only received them at physician's offices had the least confidence in the safety of medical spas compared with other groups ($p < .001$; Figure 1). Those who had never received a cosmetic procedure had the least confidence in the safety of physician's offices, whereas those who had received procedures at physician's offices only had the greatest confidence in receiving cosmetic procedures at physician's offices ($p = .005$; Figure 1). Those who had never had a cosmetic procedure or had them at physician's offices only viewed being treated by a physician as more important than other groups (physician's office only: 4.8 of 5.0 mean importance score, never had cosmetic procedure: 4.2, medical spa only: 3.3, medical spa and physician's office: 3.7; $p < .001$). Those who had received a procedure at a physician's office only were more likely to want a plastic surgeon or dermatologist to perform the procedure rather than another physician or physician assistant compared with other groups when informed of certain procedure risks (blindness: $p < .001$; infection: $p = .002$; scarring: $p < .001$; discoloration of the skin: $p < .001$). Those who received procedures at a physician's office only rated the medical training of the person performing the procedure as 4.9 of 5.0 in mean importance compared with those who had never had a procedure (4.7), those who had received cosmetic procedures at both settings (4.6), and those who had received them at medical spas only (4.5) ($p = .03$). Respondents who received a cosmetic procedure at a physician's office only or had never received a cosmetic procedure rated the importance of the safety of the procedure higher than other groups (physician's office only: 5.0, medical spa only: 4.6, medical spa and physician's office: 4.5, never had cosmetic procedure: 4.8; $p = .003$). Figures 1 and 2 show further results.

Complications by Setting

There was no significant difference in the overall complication rate at medical spas compared with physician's offices, although medical spas had a numerically greater complication rate. 16.4% of respondents receiving cosmetic procedures at medical spas compared with 11.0% at physician's offices experienced at least 1 complication ($p = .42$). Minimally invasive skin tightening had a significantly higher complication rate of 77% at medical spas compared with 0% at physician's offices ($p < .001$), and nonsurgical fat reduction had a complication rate of 80% at medical spas and 36% at physician's offices ($p = .04$). Other procedures did not demonstrate significantly different complication rates between settings.

Consent and Response to Complications

At a physician's office, a physician reviewed the consent form with patients in 27% of cases compared with 18% at medical spas. The type of staff reviewing the consent form was significantly different between settings ($p < .001$). Physicians were more likely to point out risks of procedures before the procedure at physician's offices (69% of cases) compared with medical spas (50% of cases) ($p < .001$). If a respondent had a complication to a procedure, physicians were numerically but not significantly more likely to address and treat the complication (physician addressed complication in 60% of cases) compared with medical spas (physician addressed complication in 16% of cases) ($p = .15$). Registered nurses and aestheticians were numerically, but not significantly more likely to address complications at medical spas (registered nurse 37%, aesthetician 26%) compared with physician's offices (registered nurse 13%, aesthetician 13%) ($p = .15$). There was no significant difference in satisfaction level with how complications were

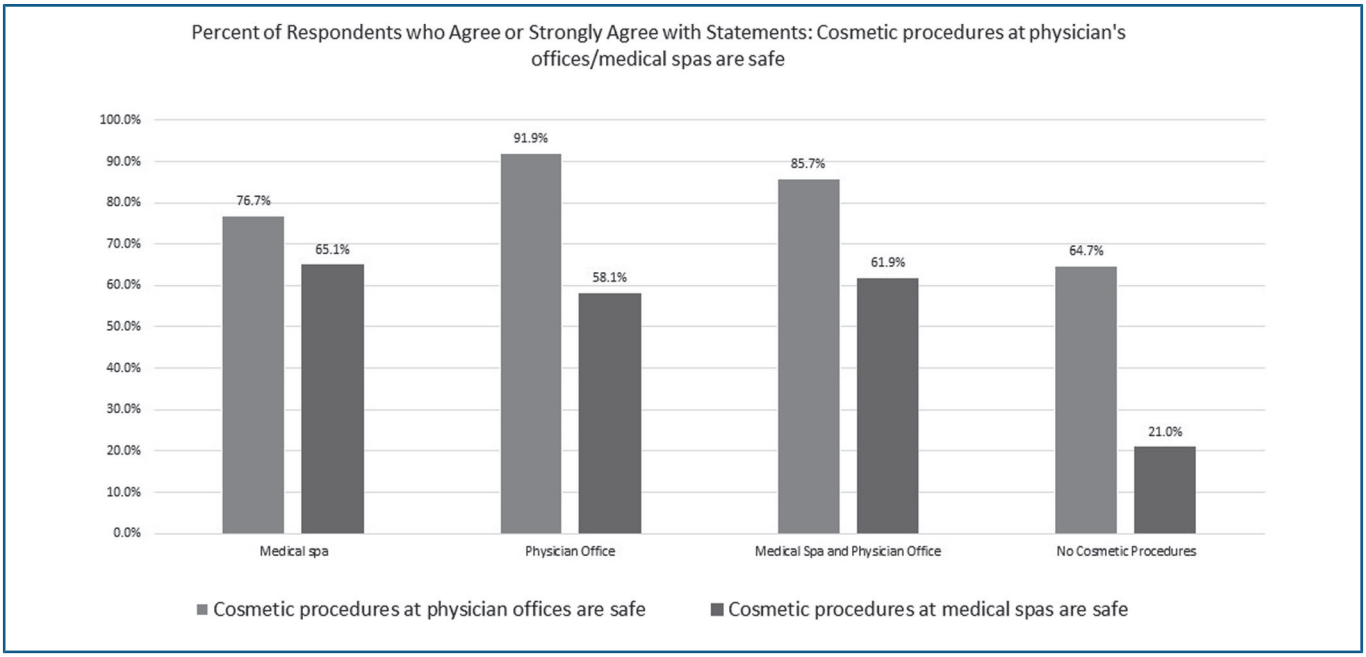

Figure 1. Agreement with statements that cosmetic procedures are safe at physician's offices or medical spas by respondent group.

handled between settings (physician office: 3.16 mean satisfaction score of 5.0; medical spa: 3.14; $p = .99$).

Discussion

This study demonstrated that most of the public and especially the public who had not received a cosmetic procedure at a medical spa believed physician's offices to be safer for cosmetic procedures. A study by Wang and colleagues in 2020 similarly found that most 18 to 38 year olds believed physician's offices to be safer than medical spas (69.7% vs 42.2%, $p < .001$).[10] Our findings also confirm that there is less physician involvement in procedures and higher complication rates of certain cosmetic procedures, including minimally invasive skin tightening and nonsurgical fat reduction, at medical spas compared with physician's offices. Less physician involvement fits with the findings presented by the ASDSA in their Position on Physician Oversight in Medical Spas that half of medical spas in the US do not have a physician on-site at all times.[8] It is unclear why minimally invasive skin tightening and nonsurgical fat reduction had higher complication rates at medical spas, but could stem from

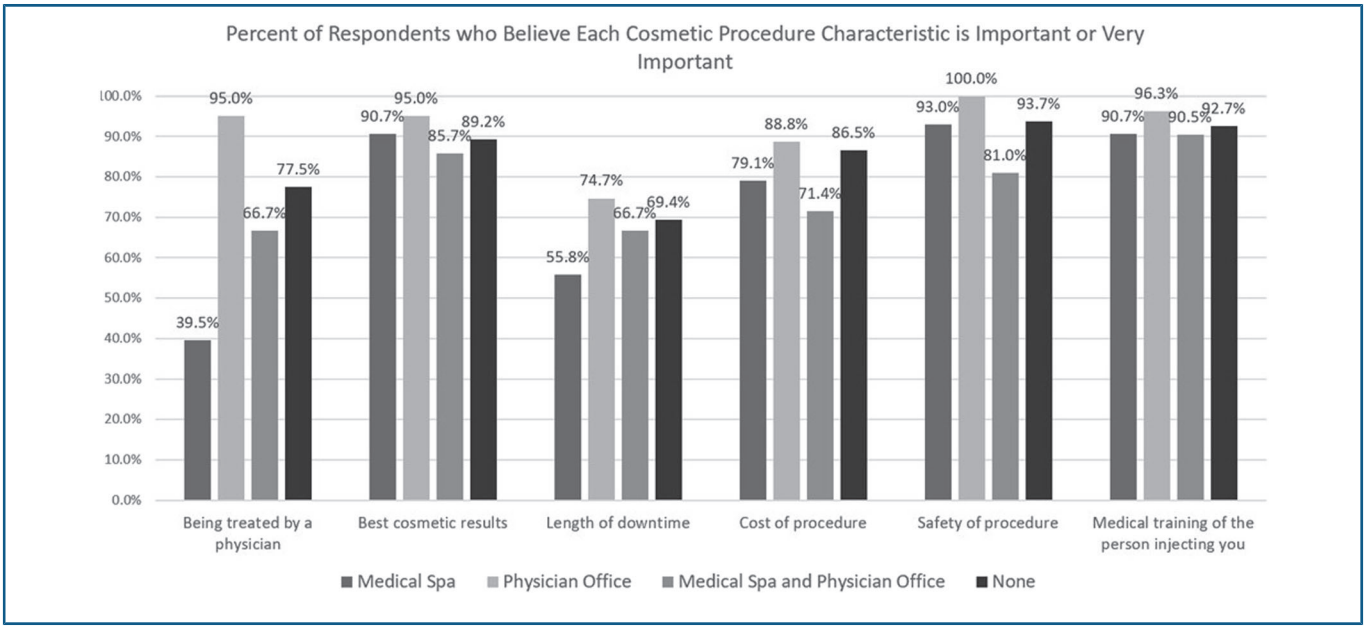

Figure 2. Importance of certain factors related to cosmetic procedures by respondent group.

differences in training or experience with the procedures, use of different medical devices, or differences in patient expectations, including mistaking common side effects for complications. There are few controlled clinical trials evaluating the safety and efficacy of devices used for minimally invasive skin tightening, which may contribute to higher complication rates in a given setting.[11] This survey did not ask about the nature of the complication, but it would be helpful to determine this in future studies. Higher complication rates of certain procedures fits with the ASDSA position statement reporting an increase in patient complications connected to nonphysicians practicing medicine.[8] One study found that procedures performed at medical spas by nonphysicians made up nearly 80% of medical lawsuits, indicating that less physician involvement may result in less safe procedures.[8] A surprising finding is that there was greater confidence in the safety of medical spas among those who had received at least 1 cosmetic procedure in this setting. Although our study found a numerically higher complication rate in the medical spa setting, this difference was not statistically significant. It is important to perform studies large enough to detect any differences in adverse events going forward so that patients may make informed decisions about their care.

Limitations

Limitations of our study include selection bias, because participants with extreme experiences receiving cosmetic procedures at physician's offices or medical spas may have been more likely to participate. Advertising was performed on social media, which may not have been representative of the general US population. Recall bias was another limitation resulting from the survey design.

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Experiences With Medical Spas and Associated Complications: A Survey of Aesthetic Practitioners

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BACKGROUND Medical spas have experienced a recent rise in popularity. However, rules and regulations vary nationwide. Given the number of complications attributable to medical spas, questions remain about currently regulatory practices and whether they are sufficient to protect patients from harm.

OBJECTIVE Our study investigated the current state of medical spas and their associated patient complications in the aesthetic field as well as the experiences and attitudes of practitioners.

MATERIALS AND METHODS A survey was distributed to current members of the American Society for Dermatologic Surgery.

RESULTS Of all cosmetic complications encountered in the past 2 years, the majority reported that the percentage of complications seen in their practice attributable to medical spas ranged from 61% to 100%. The most commonly cited complications from medical spas were burn, discoloration, and misplacement of product, whereas the most commonly cited treatments resulting in complications were fillers, intense pulsed light, and laser hair removal. For safety and outcomes, medical spas were rated as inferior to physician-based practices.

CONCLUSION Patient complications associated with medical spas are not uncommon. Overall, practitioners believe medical spas are endangering to patient safety, think that stricter rules and regulations are necessary, and request more support from the specialty medical societies.

The authors have indicated no significant interest with commercial supporters.

In a society which places a growing value on aesthetic beauty, the prevalence of noninvasive and minimally invasive cosmetic procedures has continued to rise. A recent member survey of the American Society for Dermatologic Surgery (ASDS) demonstrated that in 2018, over 3.7 million injectable procedures were performed.[1] Injection of filler products experienced a 78% increase from 2012. Laser, light, and energy-based treatments grew by 74%, and body sculpting procedures increased over 400% during this time period. The increasing popularity of aesthetic treatments has undoubtedly contributed to the trend of medical spas opening across the country.

These aesthetically focused facilities offer treatments similar to those historically performed in physician-based practices—often at discounted prices—but with varying standards of oversight and credentialing. Ironically, the efforts of states to improve access to primary health care by loosening the regulations for nonphysician providers have fostered an appetite for more lucrative aesthetic services in a spa environment. These state legislations have created an influx of nonphysician providers practicing aesthetic services with either no or partial supervision, despite vocal opposition from various specialty societies, such as the ASDS and American Academy of Dermatology.[2,3] Owing to a gross lack of uniform regulations between

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states, the roles and responsibilities of providers have become increasingly blurred, and the divide between aesthetic dermatology and cosmetology has narrowed. The detrimental consequences of this shift are clear and have already resulted in various adverse events for patients and consumers.

Tracking adverse events attributable to nonphysicians or nondermatology providers is difficult. Previous studies have examined complication rates, but this does not paint a complete picture. Although the literature has consistently demonstrated low complication rates with most procedures, these studies have traditionally focused on board-certified dermatologists or plastic surgeons as opposed to other providers who may possess more limited training or skillset.[4] These reports may therefore underrepresent the true rate of adverse events related to cosmetic procedures in all settings and falsely minimize the true potential for harm to patients.

Despite the recent attention focused on the rise of medical spas in aesthetic medicine, no formal studies have thoroughly examined their presence in the field in connection with their associated complications through a national survey of aesthetic practitioners. Our study aims to fill this gap in the literature by surveying members of the ASDS. Our results offer information and insights into how we can better educate practitioners and patients about the potential risks and dangers.

Materials and Methods

Online surveys were distributed via the Internet to current members of the ASDS as of 2019. Each individual was asked for demographic data, as well as their experiences interacting with and attitudes toward medical spas and associated complications.

Results

A total of 306 respondents completed the survey. There was a mean 13.9 years of experience working in aesthetic medicine. The majority worked in an urban setting (56.9%) compared with suburban (40.5%) and rural (2.6%) locations. For the vast majority (80.7%), the closest medical spa was <5 minutes away using typical transportation for the area.

In the past 2 years, the majority (70.3%) of respondents have had 1 to 20 patients experience cosmetic complications from medical spas. Of all cosmetic complications encountered in the past 2 years, the majority (63.1%) reported that the percentage of complications seen in their practice attributable to medical spas ranged from 61% to 100% (Figure 1).

The top 5 most cited cosmetic complications from medical spas were burn (89.7%), discoloration (80.1%), misplacement of product (74.6%), scar (69.4%), and bruise (52.9%) (Figure 2). The top 5

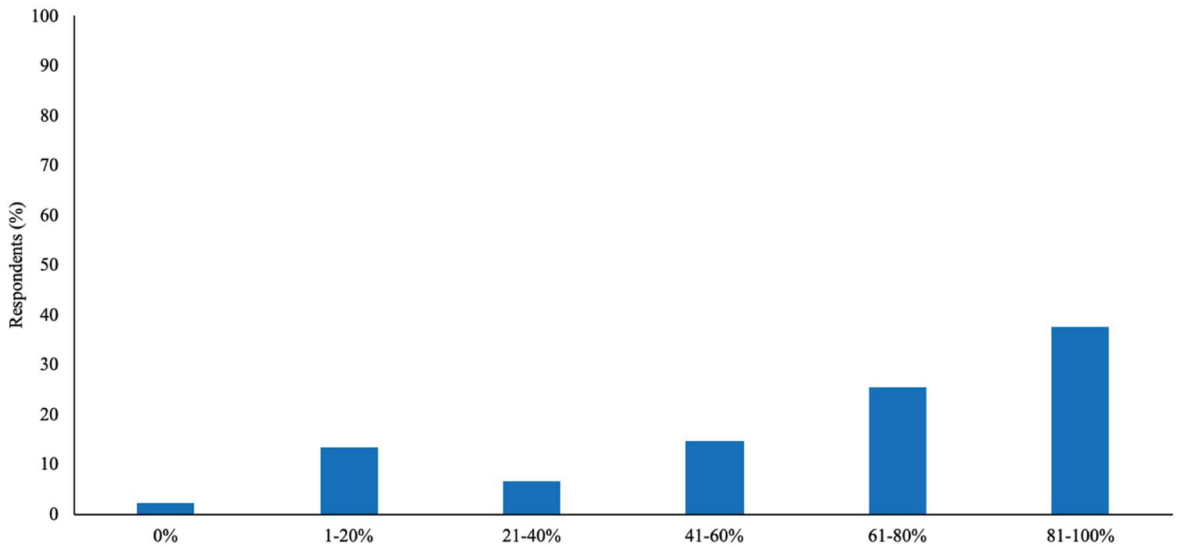

Figure 1. Percentage of all cosmetic complications in the past 2 years which were associated with medical spas.

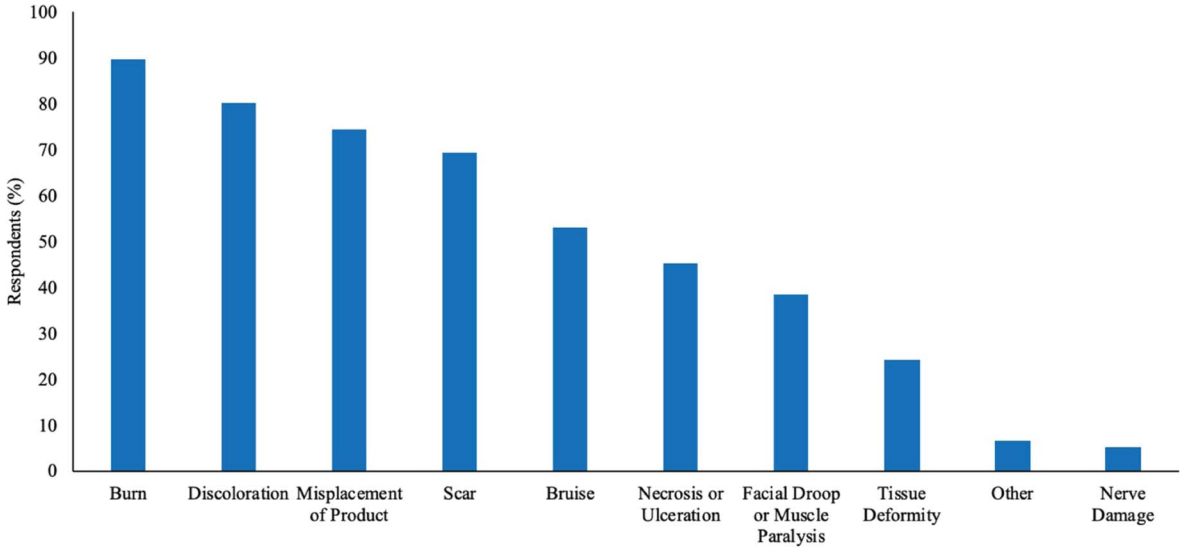

Figure 2. Types of cosmetic complications associated with medical spas.

most cited treatments resulting in complications were fillers (80.4%), intense pulsed light (74.9%), laser hair removal (73.4%), neurotoxins (54.0%), and lasers for discoloration (50.5%) (Figure 3). The top 3 most cited reasons for why these complications may have occurred were improper training or education (90.0%), improper technique (88.3%), and improper device setting (77.3%).

When the training background of the medical director for the medical spa was known, the top 3 most cited specialties were family medicine (40.9%), obstetrics/gynecology (25.1%), and emergency medicine (23.7%). Interestingly, dermatology was the least cited (2.4%) (Figure 4).

Regarding safety, medical spas were rated by respondents to be worse than the average physician practice for fillers (97.6%), intense pulsed light (95.2%), skin tightening and resurfacing (94.3%), laser hair removal (91.3%), laser tattoo removal (89.6%), neurotoxins (80.9%), and body contouring (67.6%).

Regarding outcomes, medical spas were rated by respondents to be worse than the average physician

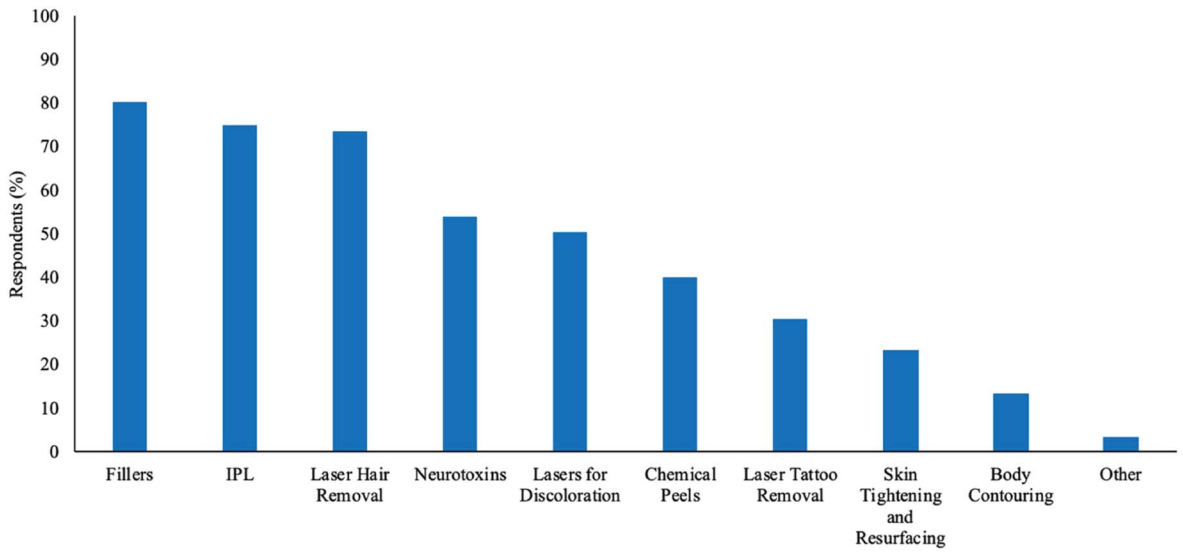

Figure 3. Sources of cosmetic complications associated with medical spas.

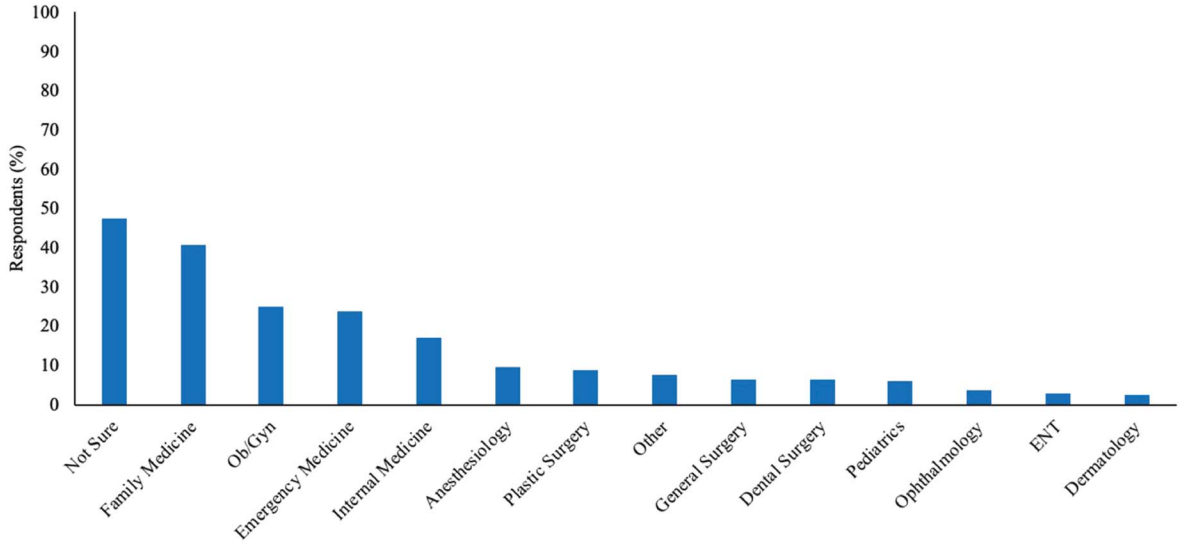

Figure 4. Training background of medical director for medical spa when complications were encountered.

practice for fillers (96.6%), skin tightening and resurfacing (92.0%), intense pulsed light (91.2%), neurotoxins (89.0%), laser tattoo removal (86.0%), laser hair removal (80.2%), and body contouring (69.6%).

The majority (58.8%) believed medical spas are either very or extremely endangering to patient safety. The majority (67.0%) was either not familiar with or only somewhat familiar with the rules and regulations, whereas 95.8% believed these should be stricter. Most respondents (84.3%) would like more information and support from medical societies.

Discussion

Demand for noninvasive and minimally invasive aesthetic procedures continues to grow at a remarkable pace. Medical spas have capitalized on this opportunity with over 5,400 facilities across the country in 2018, representing a total value approaching nearly $10 billion.[5] Many of these facilities are located in states that do not require direct physician oversight and are often managed by nurse practitioners, nurses, and naturopaths. A recent study demonstrated that the majority of medical directors possessed training backgrounds that were neither dermatology nor plastic surgery.[6] Interestingly, nearly 30% of the interviewed medical spas had a medical director who did not perform any procedures themselves, and nearly half were off-site for the majority of the time. Inconsistent supervision and disparate state-by-state regulations coupled with the rapid expansion of medical spas have created a perfect storm for patient endangerment.

The majority of respondents had a medical spa within 5 minutes of their workplace, which is consistent with the recent expansion. An alarming majority also treated several patients who suffered a cosmetic complication from a medical spa. Furthermore, cosmetic complications from medical spas comprise a significant portion of complications treated by responding practitioners. Although this study certainly has recall bias due to the inherent nature of the survey, no other studies have yet to thoroughly examine these trends, and this study begins to shed light on this topic.

The survey attempted to address the systemic faults associated with medical spas that may be responsible for these adverse outcomes. Respondents suspected that the most common reasons for these complications may be improper training, technique, and device settings. However, the causes of complications were likely assumed in many cases. Further investigation into the background of the medical directors also revealed an interesting trend. The top 3 most cited specialties were family medicine, obstetrics/gynecology, and emergency

medicine, whereas dermatology was by far the least cited at 2.4%. Interestingly, plastic surgery was cited at only 8.9%. Furthermore, the field continues to expand, and physicians from other specialties, such as general surgery and pediatrics, have ventured into the procedural aesthetic field.[7]

Expertise certainly plays an integral role in patient safety and outcomes. Very few specialties outside of dermatology and plastic surgery dedicate comparable clinical training to mastering skin pathology, anatomy, and medical and aesthetic treatments. A retrospective biopsy study found that dermatologists were more clinically accurate at diagnosing neoplastic and cystic lesions than nondermatologists, including family physicians, various surgeons, internists, and pediatricians.[8] Compounding these issues, physicians—dermatologists included—are increasingly delegating aesthetic procedures to physician extenders whose qualifications and training lack a universal standard.[9] To further highlight the associated dangers, numerous reports have begun to surface documenting the cosmetic referral of pigmented lesions that are ultimately diagnosed as melanomas.[10]

Regarding the safety and outcomes of common cosmetic procedures, respondents consistently rated medical spas as inferior to the average physician-based practice, especially for laser devices. However, these numbers may be somewhat skewed because practicing dermatologists may have an inherent bias. A recent study demonstrated that laser hair removal was the most commonly litigated procedure, with nonphysicians operating these devices 40% of the time.[11] From 2008 to 2011, the percentage of medical professional liability claims stemming from cutaneous laser surgery performed by nonphysicians increased by nearly 115%, from 36.3% to 77.8%.[12] During the same time period, procedures performed by nonphysicians in medical spas represented almost 80% of lawsuits. Adequate training and proper treatment are vital to patient safety, and sufficient oversight can provide an additional layer of protection.

Nearly two-thirds of respondents reported that they were not familiar with or only somewhat familiar with current guidelines governing medical spas. Unfortunately, rules and regulations are not universal. There are nationwide variations in state medical board bylaws regulating the number of nonphysicians a single physician may supervise, the requirement of physicians to be on-site, and the extent to which delegation of procedural tasks may occur.[13] For these reasons, it is clear why most respondents desired more information and support from our field's medical societies. Additional advocacy on behalf of patients, consumers, and physicians is needed to regulate acceptable standards of care at medical spas across the country.

Conclusion

Patients who have experienced complications from medical spas are not uncommon in aesthetic dermatology. Overall, practitioners believe medical spas are endangering patient safety, think that stricter rules and regulations are necessary, and request more support from the specialty medical societies.

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Nonphysician Practice of Cosmetic Dermatology: A Patient and Physician Perspective of Outcomes and Adverse Events

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BACKGROUND Nonphysicians are expanding practice into specialty medicine. There are limited studies on patient and physician perspectives as well as safety outcomes regarding the nonphysician practice of cosmetic procedures.

OBJECTIVE To identify the patient (consumer) and physician perspective on preferences, adverse events, and outcomes following cosmetic dermatology procedures performed by physicians and nonphysicians.

MATERIALS AND METHODS Internet-based surveys were administered to consumers of cosmetic procedures and physician members of the American Society for Dermatologic Surgery. Descriptive statistics and graphical methods were used to assess responses. Comparisons between groups were based on contingency chi-square analyses and Fisher exact tests.

RESULTS Two thousand one hundred sixteen commenced the patient survey with 401 having had a cosmetic procedure performed. Fifty adverse events were reported. A higher number of burns and discoloration occurred in the nonphysician–treated group and took place more often in a spa setting. Individuals seeing nonphysicians cited motivating factors such as level of licensure (type) of nonphysician, a referral from a friend, price, and the location of the practitioner. Improper technique by the nonphysician was cited most as a reason for the adverse event. Both groups agree that more regulation should be placed on who can perform cosmetic procedures. Recall bias associated with survey data.

CONCLUSION Patients treated by nonphysicians experienced more burns and discoloration compared with physicians, and they are encountering these nonphysicians outside a traditional medical office, which are important from a patient safety and regulatory standpoint. Motivating factors for patients seeking cosmetic procedures may also factor into the choice of provider.

KEY POINTS Both patients and physicians think more regulation should be in place on who can perform cosmetic procedures. More adverse events such as burns and discolorations occurred with patients seeing nonphysicians compared with those seeing physicians. In addition, for those seeing nonphysicians, a majority of these encounters took place in spa settings. Patient safety is of utmost concern when it comes to elective cosmetic medical procedures. More adverse events and encounters occurring outside traditional medical settings when nonphysicians performed these procedures call into question the required training and oversight needed for such procedures.

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There is an ongoing increase in the demand for medical, surgical, and cosmetic procedures.[1] According to the 2016 American Society for Dermatologic Surgery (ASDS) Survey on Dermatologic Procedures, members saw a significant increase in minimally invasive cosmetic treatments over the prior year. In 2016, there were over 3.3 million injectable neuromodulators and soft-tissue

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filler procedures performed, and nearly 2.8 million were laser/light/energy-based procedures. In the past 5 years, there has been a 48% increase seen in soft-tissue filler procedures and 2.5 times increase in body contouring procedures performed.[2] Furthermore, the 2017 ASDS Consumer Survey on Cosmetic Dermatologic Procedures found that of the 7,322 people surveyed, nearly 7 in 10 are considering a cosmetic procedure. The top 4 of 11 factors influencing the selection of a practitioner included: price (49%), specialty in which the physician is board certified (41%), referral from a physician (37%), and level of licensure of the practitioner (32%).[3] This increased demand for cosmetic services has resulted in a substantial influx of nonphysicians offering cosmetic procedures and patients turning to nonphysicians for aesthetic medical treatments.[4] Nonphysicians are also starting to practice medicine independently in some states. Although originally intended for the shortage of primary care physicians, nonphysician providers (aestheticians, nurses, physician assistants, and nurse practitioners) are entering into specialty medical fields, even though formal medical training in these areas may be lacking. This is concerning from a patient safety standpoint.

Increasingly, nonphysicians are offering cosmetic procedures in a multitude of medical and nonmedical arenas. The boundaries between cosmetic surgery and cosmetology are obscured, with procedures being performed on otherwise healthy individuals by nonphysicians.[5] Although often promoted as a "quick fix," real risks and complications associated with these procedures may be marginalized.

Studies have also shown that dermatologists and nondermatologist physicians delegate cosmetic procedures to nonphysician providers to keep up with growth in demand.[4] This study seeks to determine the outcomes of cosmetic procedures performed by physicians and nonphysicians as well as the patient and physician perspectives of such. The authors describe the incidence and scope of adverse events as reported by both consumers and physicians. A better understanding of these outcomes will help guide physician oversight of these procedures and the training and regulations required of those who perform these procedures to ensure patient safety.

Methods

With IRB approval, Internet-based surveys (Survey Monkey: http://www.SurveyMonkey.com) were administered to consumers of cosmetic dermatology procedures and physician members of the ASDS. The consumer survey was web-based and opened by 2,116 consumers nationally via SurveyMonkey, which allows surveys to be distributed to a random prescreened population. The English language survey was distributed via email. The survey contained 24 multiple-choice questions related to provider type, setting where services were provided, and adverse events. Based on the question, participants were allowed to choose single or multiple responses, and responders were able to skip questions or stop the survey at any time (see **Supplemental Digital Content 1**, Appendix, http://links.lww.com/DSS/A131).

A separate physician survey was sent to members of the ASDS via email. This survey assessed members' opinions and experiences with cosmetic procedures performed by nonphysicians (see **Supplemental Digital Content 1**, Appendix, http://links.lww.com/DSS/A131).

After acquiring completed surveys, each was assessed individually by the investigators. Participants were allowed to stop the survey at any point and were allowed to skip questions. Statistical analysis and comparisons between groups were based on contingency chi-square analyses and Fisher exact tests.

Results

Consumer Survey (N = 2,116)

Demographics

Of the 2,116 surveys commenced by consumers, over half (55.9%) indicated that they either had a cosmetic procedure (19.1%, 401/2,098) or were considering having a cosmetic procedure (36.8%, 773/2,098)

TABLE 1. Demographics of Consumers

Descriptor	*Percent*
Gender	
Female	95.4
Male	4.6
Age	
Under 30	0.1
30–40	21.1
41–50	24.4
51–60	37.7
Over 60	16.6
Employment status	
Full time	69.0
Part time	10.9
Unemployed	1.9
Homemaker/retired/other	18.1

(Table 1). Of the patients who received cosmetic procedures, 145 went to a physician, 144 saw nonphysicians, and 97 have had procedures done by both physicians and nonphysicians. The remaining responders did not know the level of training of the individual who performed the procedure.

Scope of Procedures and Providers

The most common procedures consumers received were laser hair removal, injectable wrinkle-relaxing treatments, microdermabrasion, chemical peels, and injectable filler treatments (Table 2). Table 2 includes the breakdown of procedures reported to be done by nonphysicians as well as the percent of adverse events per procedure. Of the respondents who had a cosmetic procedure done by only a nonphysician, the top procedures performed included: laser hair removal, 49% (71); microdermabrasion, 35.9% (52); chemical peels, 23.4% (34); laser and light devices for facial problems, 13.8% (20); and injectable wrinkle-relaxing treatments, 13.1% (19). Most procedures performed by physicians were done by either a plastic surgeon (33.1%) or a dermatologist (32.3%). Other types of physicians included family practitioners, otolaryngologists, and vascular specialists (responders were able to choose more than one if applicable). Of the procedures performed by nonphysicians, the majority was performed by an aesthetician (43.5%) followed by a nurse (21.9%) (Table 3). Other nonphysician providers included nurse practitioners and laser technician.

Location of Cosmetic Procedures

The vast majority of consumer respondents who had their procedure performed by a physician identified the location as the physician's office (87.6%) ($p < .0001$). This was followed by a spa location (4.1%) or an aesthetician's office. By contrast, for patients who had their procedures performed by nonphysicians, this most often took place in a spa (36.8%, $p < .001$), followed by an aesthetician's office (25.7%, $p < .001$) and a physician's office (22.2%) (Table 4 and Figure 1).

Adverse Events

Fifty of the 404 respondents who had cosmetic procedures reported an adverse event (Table 5 and Figures 2 and 3). A total of 54% ($n = 27$) occurred in patients who saw physicians and 46% ($n = 23$) in patients who saw nonphysicians. The most common adverse events occurring in procedures performed by physicians were: "bruising" (40.7%, $n = 11$), "discoloration" (14.8%, $n = 4$), "scarring" (14.8%, $n = 4$), and "nerve damage" (14.8%, $n = 4$). In procedures performed by nonphysicians, the most common adverse events were "discoloration" (43.4%, $n = 10$), "burn" (34.7%, $n = 8$), and "bruising" (26.1%, $n = 6$)

TABLE 2. Consumer Survey: Scope of Cosmetic Procedures and Adverse Events

Procedure	*Total Number,* N *= 401, (%)*	*Nonphysician Procedures,* N *Answered = 144, (%)*	*Physician Procedures,* N *Answered = 149, (%)*	n *= Total No. of Participants Who Experienced a Complication*	*Percentage of Total Complications*
Laser hair removal	132 (33.0)	71 (49)	21 (14.1)	20	12.58
Injectable wrinkle-relaxing treatments	121 (30.3)	19 (13.1)	49 (32.9)	26	16.35
Microdermabrasion	120 (30.0)	52 (35.9)	120 (30.0)	21	13.21
Chemical peels	98 (24.5)	34 (23.4)	98 (24.5)	12	7.55
Laser and light treatment to reduce redness, improve skin tone, or improve scars	85 (21.3)	20 (13.8)	85 (21.3)	19	11.95
Injectable filler treatments	75 (18.8)	11 (7.6)	75 (18.8)	22	13.84
Varicose or spider vein treatments	72 (18.0)	8 (5.5)	72 (18.0)	15	9.43
Body sculpting (e.g., cryolipolysis, laser lipolysis, tumescent liposuction, and ultrasound fat reduction)	60 (15.0)	3 (2.1)	60 (15.0)	9	5.66
Ultrasound, laser, light, and radiofrequency treatments for skin tightening and wrinkle smoothing	50 (12.5)	10 (15.3)	50 (12.5)	11	6.92
Laser tattoo removal	6 (1.5)	2 (1.4)	6 (1.5)	3	1.89
Hair transplantation	3 (0.8)	1 (0.7)	3 (0.8)	1	0.63

Respondent can select multiple responses.

(Table 5). The difference in rates of discoloration and burns was significantly higher in procedures performed by nonphysicians compared with physicians ($p < .03$) (Figure 2). The occurrence of nerve damage after procedures performed was cited in 4 cases by the responders. All 4 physicians performing these were cited as nondermatologist physicians and the procedures performed included

TABLE 3. Consumer Survey: Provider Performing the Cosmetic Procedure (Responders Were Able to Choose More Than One)

Provider	*Number (%),* N *(%)*
Physician	
Plastic surgeon	82 (33.1)
Dermatologist	80 (32.3)
Facial plastic surgeon	21 (8.5)
Oculoplastic surgeon	2 (0.8)
I do not know	27 (10.9)
Other type of physician	36 (14.5)
Nonphysician	
Aesthetician	117 (43.5)
Nurse	59 (21.9)
Spa staff (other than aesthetician)	32 (11.9)
Physician assistant	17 (6.3)
I do not know	27 (10.0)
Other type of nonphysician	10 (3.7)

TABLE 4. Consumer Survey: Location of the Cosmetic Procedure by Provider (Responders Were Able to Choose More Than One)

Location	*Physician Provider*	*Nonphysician Provider*	*Fisher Exact* p*
Physician's office	127	32	<.0001*
Dental office	1	1	.749
Nurse's office	0	9	.002*
Aesthetician's office	6	37	<.001*
Physician assistance's office	1	2	.497
Spa	6	53	<.001*
I do not know	4	10	.082

*Statistically significant between the 2 groups compared.

neurotoxin (1), body sculpting (2), and varicose vein treatment (1). When adverse events are further sorted between dermatologists, plastic surgeons, other physicians, and nonphysicians, the rates of discolorations and burns are still higher for nonphysicians (Figure 3).

Consumer Viewpoint of Provider Qualifications

Consumers were asked which nonphysician providers were qualified to perform cosmetic procedures. A majority of respondents felt physician assistants (68.0%) and nurses (57.3%) were qualified to perform cosmetic medical procedures. Conversely, a majority felt that medical assistants (70.7%), aestheticians (57.9%), and spa staff other than aestheticians (90.8%) were not qualified (multiple responses were accepted).

If consumers selected "no," indicating that a particular group was not qualified to perform cosmetic medical procedures, 34.1% said it was because the individual was not a physician. Greater percentages of respondents said it was due to a lack of training (47.5%) or an inadequate level of training (75.4%). Responses under "other" included a "lack of accountability," "lack of experience handling difficult cases," and "no certifying or supervisory agency."

Consumer Motivation to Choose Provider

Consumers were asked what factors were important when choosing a provider for their cosmetic procedure (Figure 4). Of individuals who responded to this question and saw a physician ($n = 140$), the most important factors were board certification of physician (66.4%, $n = 93$, $p < .0001$), referral from a physician (59.3%, $n = 83$), number of procedures performed (37.1%, $n = 52$), and level of licensure of physician (36.4%, $n = 51$). For those who responded to this question and saw nonphysicians ($n = 137$), the most important factors were level of

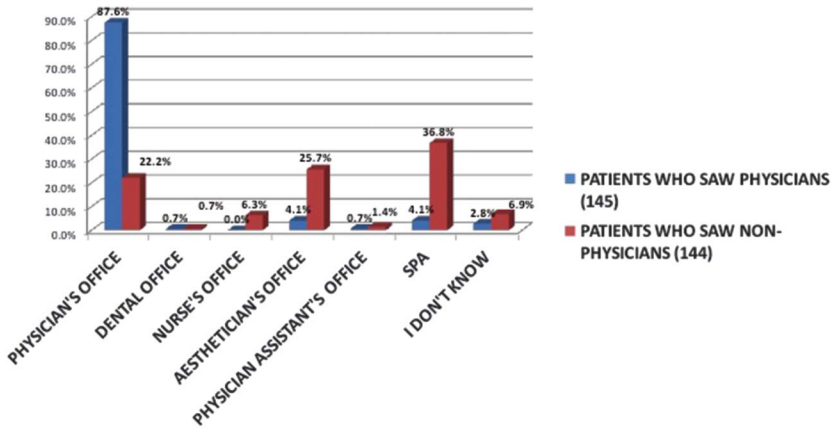

Figure 1. Graph of location of the cosmetic procedure by a provider (responders were able to choose more than one).

TABLE 5. Consumer Survey: Statistically Significant Adverse Events by a Provider (Responders Were Able to Choose More Than One)

Adverse Event	*Physician Provider (*N *= 27 Responded),* N *(%)*	*Nonphysician Provider (*N *= 23 Responded),* N *(%)*	*Fisher Exact* p
Discoloration	4 (14.8)	10 (43.5)	.031*
Burn	2 (7.4)	8 (34.8)	.03*

*Statistically significant between groups.

licensure (59.1%, $n = 81$, $p < .0001$), referral from a physician (48.2%, $n = 66$), and referral from a friend (41.6%, $n = 57$, $p < .05$). Price ($p = .053$) and the location of the practitioner ($p < .005$) were also important for those seeing nonphysicians. Consumers who responded with the "other" option cited patient reviews, web sites, and the complexity of the procedure as motivating factors for choosing a practitioner.

*Physician Survey (*N *= 118 Responses)*

Dermatologic Surgeon Treatment of Cosmetic Complications

This survey assessed the types of complications that physicians have encountered with cosmetic procedures performed by nonphysicians. Of the 118 ASDS members who responded to the survey, 65 (55%) stated that they treated a complication from a cosmetic procedure performed by a nonphysician. Most respondents (43.1%) reported treating 1 to 3 complications, whereas 24.6% treated 4 to 6 complications, and 7.7% treated complications 7 to 9 times. Nearly a quarter of respondents (24.6%) reported treating 10 or more cases of complications resulting from cosmetic procedures performed by nonphysicians (Figure 5).

American Society for Dermatologic Surgery members were then asked to select which types of complications they observed following cosmetic procedures performed by nonphysicians. The most common adverse event was a burn (67.2%) followed by misplacement of a filler product (53.1%). Other common complications included facial drooping (34.4%), tissue deformity (29.7%), and bruising (28.1%). "Other" responses included hypopigmentation or hyperpigmentation, leg ulcers, and scarring (Figure 5).

Physicians were then asked to evaluate the most likely contributing factors for the adverse events that were encountered. The most common response was improper technique (43.8%) followed by improper settings (12.5%). Less than 10% of complications were considered an expected adverse event (Figure 6).

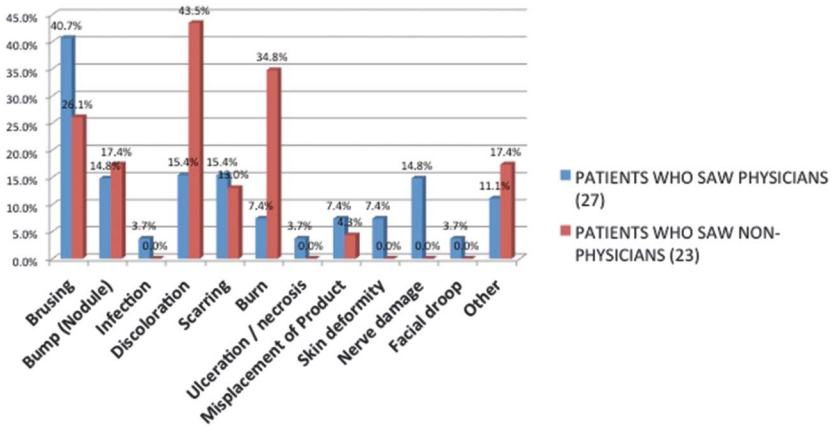

Figure 2. Graph of consumer survey: adverse events by a provider (responders were able to choose more than one).

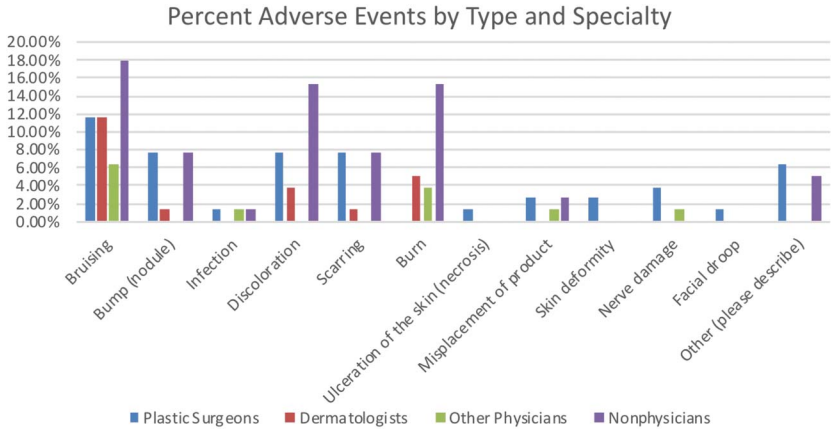

Figure 3. Graph of consumer survey: percent of adverse events stratified by dermatologists, plastic surgeons, and nonphysicians (responders were able to choose more than one).

Regulation of Cosmetic Procedures

Both physician and consumers were polled as to whether there should be stricter regulations on who can perform cosmetic procedures. The majority of ASDS members (86.3%) said there should be stricter regulation. Of the consumers surveyed, a majority (85.8%) also said there should be stricter regulations. There was no difference between the physician group and consumers group (p = .88).

Discussion

The demand for cosmetic medical procedures continues to rise and patients are seeking treatment in a variety of settings by both physicians and nonphysicians. This undersupply of board-certified dermatologists has had a significant impact on patient access to care and has resulted in long wait times with patients seeking alternative providers for their care.[1,6] The performance of cosmetic procedures warrants close inspection and a survey of the current landscape of procedures being performed, as it is important to understand who is performing these procedures, the adverse event profiles, and outcomes. A major finding of this study was that the majority of cosmetic procedures being performed by nonphysicians took place outside of a traditional medical office setting. Procedures occurring in other settings may raise concerns regarding oversight, standards, and regulations that are in place to protect patients and ensure safety. In addition, burns and discolorations were cited as the most common adverse events encountered by patients treated by nonphysicians.

Adverse Events

Overall, numbers of adverse events were quite low in this study, with only 50 adverse events reported by

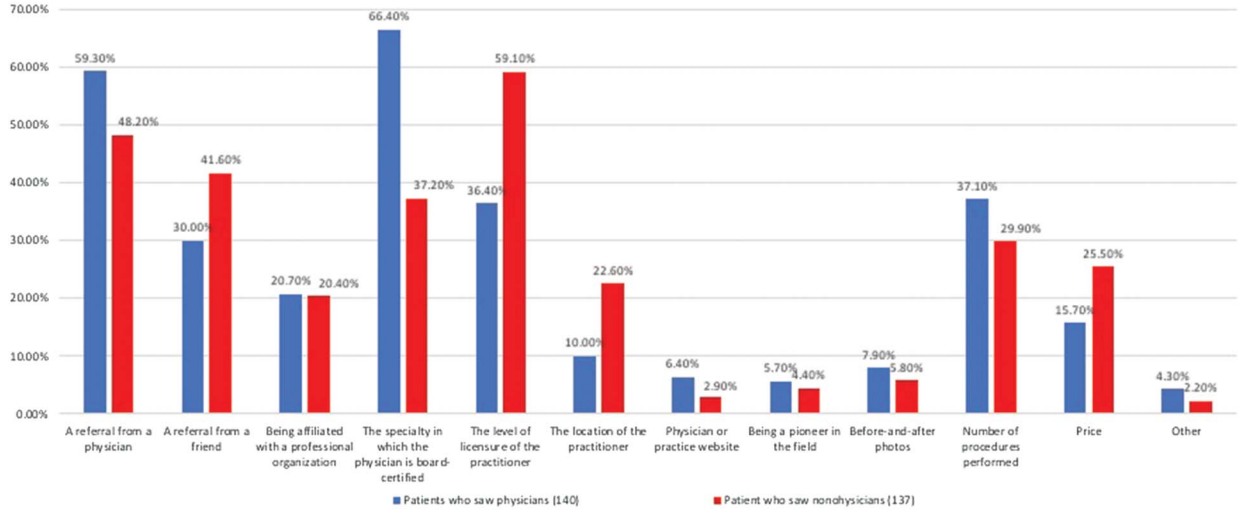

Figure 4. Consumer motivating factors for choosing a physician versus nonphysician.

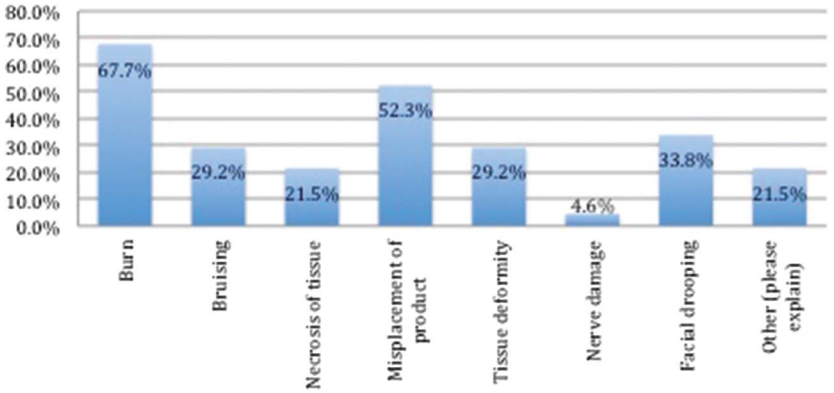

Figure 5. Physician survey: types of complications following procedures performed by a nonphysician.

consumers, the nature of which is in line with reports regarding the safety of dermatologic cosmetic procedures.[7] Although this study looks at both physicians and nonphysicians, this number may underestimate the actual prevalence, as reporting of adverse events is not mandatory, especially for procedures that take place outside of a physician's office. Of the specific adverse events, there was a statistically significant greater difference in the rates of discoloration and burns in the nonphysician group compared with the physician group. This echoes previous published reports by Jalian and colleagues[8] of a higher rate of litigation for laser burns when performed by nonphysicians. The burns and discoloration experienced by patients after procedures performed by nonphysicians may result from inadequate training in how the skin responds to cosmetic procedures (such as lasers) or from insufficient training in selecting the ideal patient and appropriate laser parameters. The majority of adverse events reported by consumers who saw physicians was bruising, and bruising can be an expected part of certain procedures. Of note, the prevalence of nerve damage was reported by consumers, which approached significance in the physician-treated group. None of the nerve damage was cited as permanent, and the procedures performed included neurotoxin (1), body sculpting (2), and varicose vein treatment (1). It was not gauged as to what type of, sensory or motor, impairment occurred in these 4 cases.

Consumer Viewpoint of Qualified Providers

Consumer motivation is a major factor in aesthetic medicine. A further understanding of the motivating factors that drive patients to certain practitioners is important for comprehending the role of nonphysicians. Regarding provider qualification, consumers favored nurses and physician assistants to perform cosmetic medical procedures over other nonphysicians. However, this is interesting because a majority of patients in this survey treated

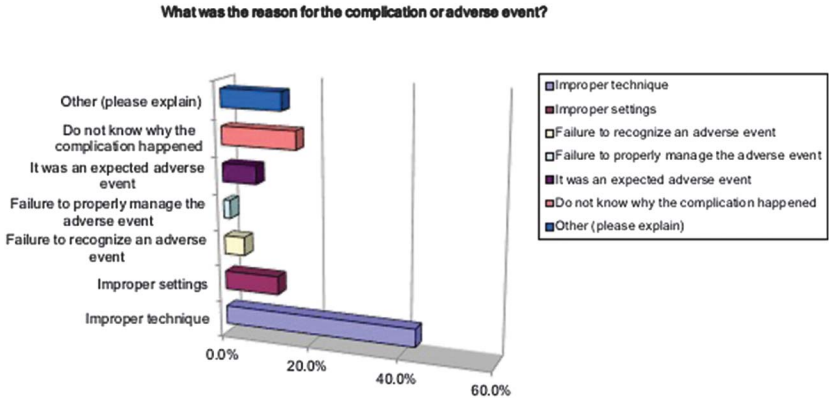

Figure 6. Physician survey: suspected reason for the adverse event when performed by a nonphysician.

by nonphysicians were treated by an aesthetician. This suggests that there are competing factors, such as location, affordability, and persuasive marketing strategies, in place that effectively entice patients into having cosmetic procedures in nonmedical settings by those that they perceive as less qualified. This could also echo previous American Medical Association surveys showing that patients may not understand the different levels of licensure or types of nonphysician providers.[9]

American Society for Dermatologic Surgery Members' Responses

Almost a quarter of ASDS members reported treating 10 or more complications from procedures performed by nonphysicians. This number is higher than consumer-reported complications and could underscore the notion that most complications go unreported by patients or providers. From the complications that ASDS members reported treating, a laser burn was the most common adverse event, which reinforces recent literature and the authors' own results from this study. Interestingly, misplacement of a filler product was the second most common event, and "improper technique" was cited as the most common reason. Anatomy knowledge, injection technique, and selecting appropriate patient cases to perform are all factors that could contribute to this. Other physician surveys have shown that although the majority of physicians feel nurses are capable of administering vaccines, they are not as capable as physicians at administering injectable cosmetic procedures.[10,11] This could be because of the nature of the procedures, a physician's in-depth knowledge and hands on training in anatomy, and the complexity involved. In this study, over 85% of dermatologic surgeons and consumers alike said there should be stricter regulation over who can perform cosmetic procedures. Clarification on training requirements and scope of practice guidelines might help ensure standards are upheld and patient safety is preserved.

Limitations

This study has limitations due to the nature of survey-based research and inherent response bias. This was an email-based survey that may also not fully capture the complete demographic of consumers, and patients were not asked how many times they had a procedure performed. Also, as previous American Medical Association surveys have shown, patients may not know the exact degree or title of the treating practitioner, which may have influenced their ability to accurately respond to questions. Physician members of the ASDS were not asked specifically about adverse events that resulted from cosmetic procedures performed by other physicians. Other studies have shown that cosmetic procedures are performed by various specialties outside of dermatology, including: general surgery, otolaryngology ophthalmology, facial plastic surgery, family medicine, pediatrics, and internal medicine.[12] Future studies are warranted to better characterize adverse events following physician-performed cosmetic procedures, as this may call into question scope of practice of various providers.

Conclusion

Adverse events reported by consumers following cosmetic procedures are infrequent, but still occur. The most common types of adverse events reported with cosmetic procedures performed by nonphysicians are burns and discoloration. This contrasts adverse events from procedures performed by physicians in this study, which consisted mainly of bruising, which does not imply a complication per se. A majority of patients seeing nonphysicians are encountering them outside the traditional medical office, including spas. This could reflect the growing number of "medispas" that are being operated by nonphysicians and could represent a potential concern for safety and regulation. Attention should be given to this alarming trend, as these untraditional settings may not be held to medical practice standards and have inadequate oversight from qualified physicians. Moving forward, the authors need improved data collection on adverse events and outcomes, which may help guide regulations and oversight necessary for providing quality care and ensuring patient safety.

Acknowledgments The authors are grateful to the American Society for Dermatologic Surgery—Future Leaders' Network and staff for contributing to this project, including Tamika Walton, Jolene Kremer,

Debra Kennedy, and Katherine Duerdoth. The authors thank Stephen Dusza, DrPH, for his work on the statistical analysis of this project.

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Who Is Holding the Syringe? A Survey of Truth in Advertising Among Medical Spas

Sara Hogan, MD, FAAD,* Emily Wood, MD, FAAD,† and Vineet Mishra, MD, FAAD, FACMS‡

BACKGROUND The degree of supervision and level of expertise required for performing cosmetic procedures differs significantly from state to state. Medical spas providing cosmetic procedures have seen exponential growth since 2020.

OBJECTIVE To provide a representative sample of the medical spa industry in the Unites States regarding the expertise among providers performing cosmetic procedures and the degree of oversight at medical spas offering these procedures.

MATERIALS AND METHOD Descriptive study based on a standardized telephone interview performed by a secret shopper in Chicago and surrounding suburbs. Data were then extracted and analyzed.

RESULTS Of 127 medical spas reviewed, a supervising physician was not on-site at 81.1% of the facilities. Patients were informed of this at 64.6% of the surveyed medical spas.

CONCLUSION There is considerable variation in the oversight and in the training among those performing cosmetic procedures at surveyed medical spas. As cosmetic procedures become increasingly popular among the public, further regulation of medical spas is warranted to protect patient safety.

Medical spas, or medi-spas, integrate aesthetic medical services with traditional spa services under the supervision of a licensed physician. In the United States, medical spas are a $15 billion industry, employing more than 70,000 personnel.[1] The current growth of medical spas in this country is exponential. In 2021, the American Medical Spa Association (AmSPA) reports 7,430 spas in the United States, which increased to 8,841 spas in 2022. This corresponds with growth in average revenue of $1,722,551 per spa in 2021 to $1,982,896 per spa in 2022.[1] The increase in number of facilities and revenue reflects data showing that since 2015, consumer interest (e.g. Google search inquiries) in medical spas and cosmetic procedures has grown.[2] Medical spas are also likely more accessible to consumers given decreased wait times compared with physician offices.[3] Growing interest, greater accessibility, and rising profitability, therefore, suggest that many cosmetic patients are not having their procedures performed in physician offices, but rather medical spas.

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Preliminary results of this study were presented October 7, 2022 as a Future Leaders Network presentation at the American Society for Dermatologic Surgery Annual Meeting in Chicago, IL.

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According to AmSPA, 63% of member medical spas have non-Doctor of Medicine (MD) ownership.[1] Among those medical spas owned by physicians, 80% are of noncore aesthetic specialties, meaning a medical specialty other than dermatology, plastic surgery, otorhinolaryngology, or ophthalmology. Of member medical spa directors, 69% are of a noncore specialty.[1] Recent studies highlight a trend of increased delegation of cosmetic procedures by both dermatologists and nondermatologists to nonphysician providers.[4–6] Nonphysician providers (e.g., physician assistants, nurse practitioners, and registered nurses) lack equivalent or standardized procedural training compared with physicians.

The delegation of cosmetic procedures can place patients at increased risk for adverse events. This is specifically documented for laser surgery, for which state-to-state regulations vary considerably and for which an increased risk of medical professional liability claims is observed among nonphysician providers.[7,8] At medical spas, this relative higher incidence of complications for cosmetic procedures is likely due to improper training, improper technique, and/or improper cosmetic device settings.[9]

Patients may not be aware of the credentials or the oversight of the provider performing their cosmetic procedure or the potential risks to their health. The aim of this study was to elucidate who performs cosmetic procedures, provides medical supervision, and follows safety protocols at medical spas, and the extent to which medical spa staff are transparent regarding this information to cosmetic patients.

Chicago and its surrounding areas were selected as the study site. In a 2020 study, Chicago was identified as the US city with the third greatest number of aesthetic physicians (122 or 0.45 per 10,000 persons) and the fifth highest

number of medical spas (166 or 0.61 medical spas per 10,000 persons).[10] Chicago has a high ratio of medical spas to aesthetic physicians (1.36), suggesting that a considerable number of cosmetic procedures are being performed by nonphysician providers.[10]

Methods

In April 2022, the authors queried Google, Facebook, and Yelp websites with the search terms "medical spa," "medi-spa," "medspa," and "Chicago." The queries yielded 138 medical spas in the Chicagoland area. Websites were reviewed, and contact information, available services, and medical director information, if available, were recorded. A script regarding inquiry for new patient services was developed by the authors. Secret shoppers then contacted the 138 medical spas through telephone and recorded responses from staff. Information was collected, extracted into a usable data set, and analyzed using R (R Core Team, 2013). This study did not involve experimentation on human subjects and is exempt from Institutional Review Board review. The authors were responsible for the database queries, review, and analysis.

Results

Of the 138 identified medical spas, 11 spas could not be reached or, when contacted, were not a medical spa (e.g., solo aesthetician practice), bringing the total to 127. The most common cosmetic procedures provided at queried medical spas were facials and laser hair removal (both 85%), followed by neuromodulator injections (83.5%) and soft-tissue dermal filler injections (82.7%) (Figure 1).

Aestheticians and registered nurses/licensed practical nurses perform cosmetic consultations at most of the medical spas in this study (64.6% and 51.2%, respectively). A supervising physician is available to conduct an in-person cosmetic consultation at 41.7% of surveyed medical spas. A patient's medical history is reviewed by a supervising physician at 40.9% of those medical spas, although it is not clear how consistently this is performed. At most of the surveyed medical spas, cosmetic procedures are performed by aestheticians and nurses, 66.9% and 52.8%, respectively (Figure 2). A physician supervises or personally performs cosmetic procedures on-site at approximately half (53.5%) of the medical spas in this study (Figure 3).

Eighty-four percent of medical spas in this study endorsed having a medical director or supervising Doctor of Medicine (MD)/Doctor of Osteopathic Medicine (DO) physician. Among these medical directors and supervising MDs/DOs, only 69.3% are reported to be board-certified in a medical specialty. The top reported medical specialties of medical spa directors are Plastic and Reconstructive Surgery (19). (Table 1).

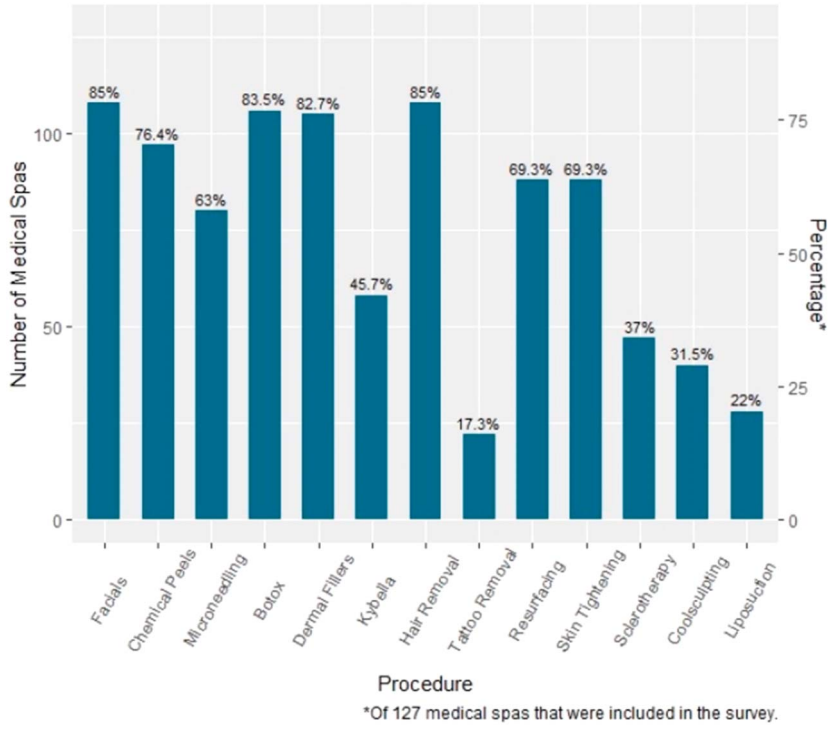

Figure 1. Cosmetic procedures offered at study medical spas.

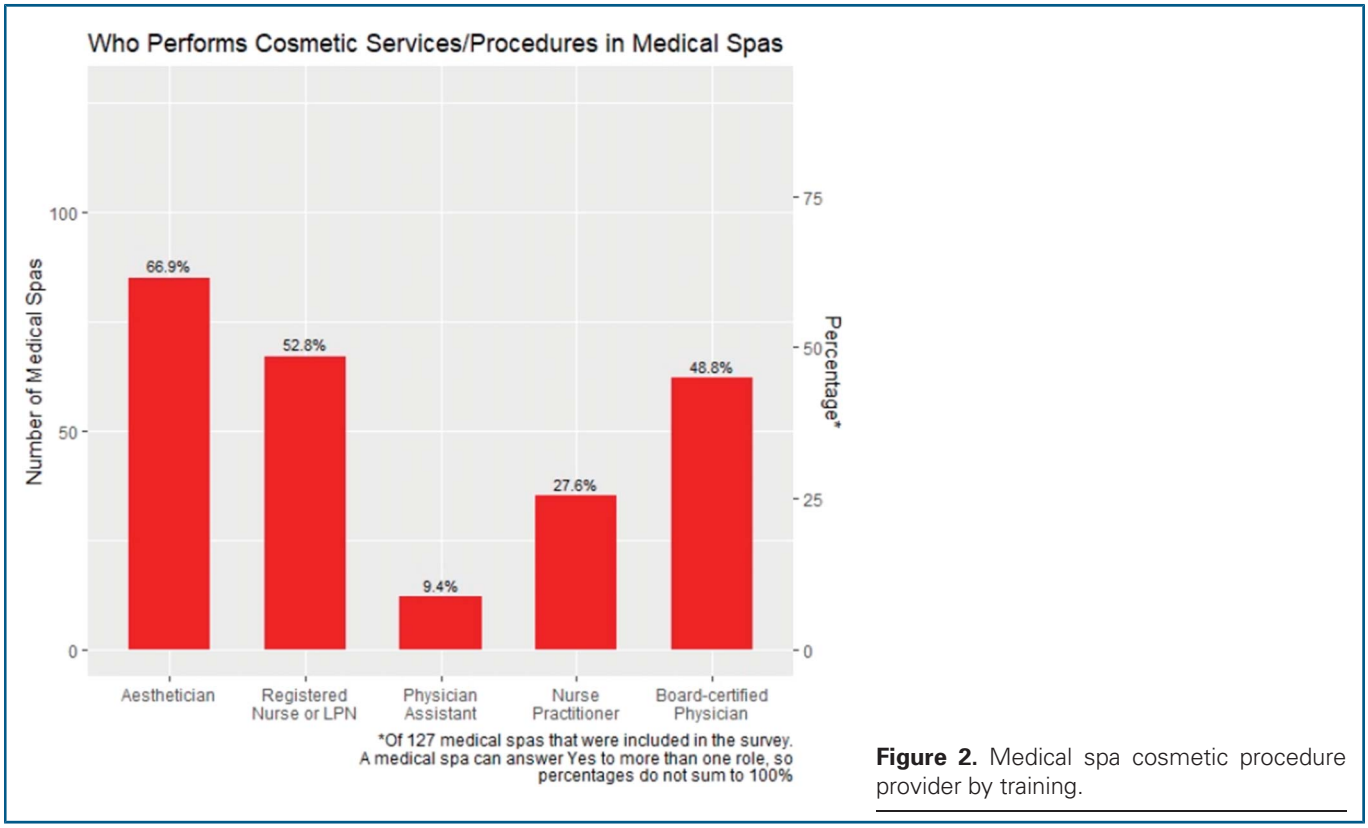

Figure 2. Medical spa cosmetic procedure provider by training.

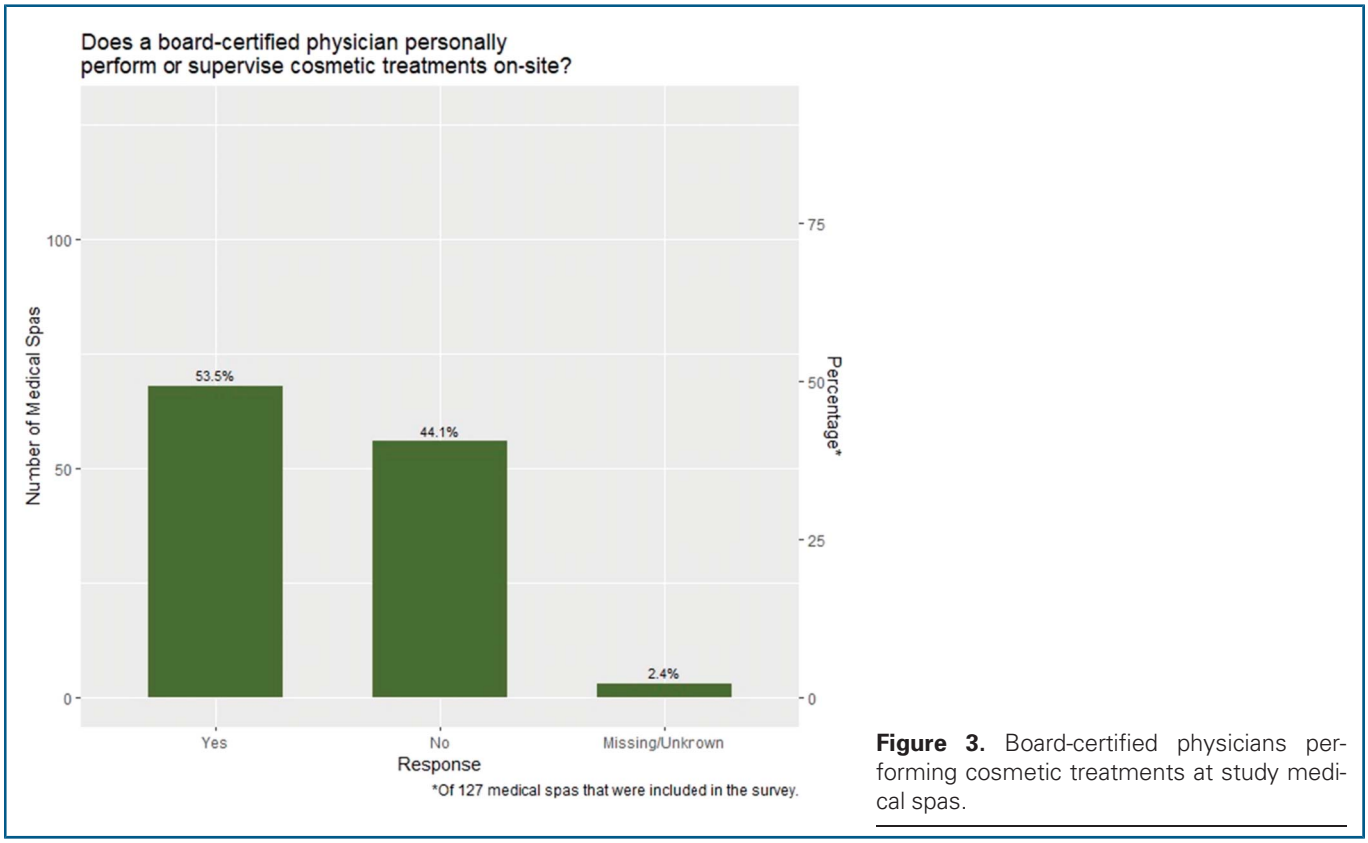

Figure 3. Board-certified physicians performing cosmetic treatments at study medical spas.

TABLE 1. Study Medical Spa Directors or Supervising Physicians by Medical Specialty

Reported Medical Specialty	Count
Aesthetic medicine	1
Anesthesiology	3
Cosmetic surgery	9
Dermatology	5
Emergency medicine	3
Family medicine	8
Gastroenterology	1
Hair restoration surgery	1
Internal medicine	12
Internal medicine and dermatology	1
Obstetrics and gynecology	5
Ophthalmology	1
Optometry	1
Oral and maxillofacial surgery	1
Pediatrics	3
Pediatric surgery	1
Plastic and reconstructive surgery	19
Plastic surgery nursing certification	1
Psychiatry	1
Radiology	1
Unknown	6
Vascular medicine	1

A medical director or supervising MD/DO is always on-site at 16.5% of reporting medical spas. If not located on-site, the medical director or supervising MD/DO is located at their primary practice (e.g., office or hospital) for 62.1% of reporting medical spas and in the same city as 23.3% of surveyed medical spas (Figure 4). Sixty-five percent of queried medical spas state that they inform patients that the medical director or supervising MD/DO is not on-site.

In the event of a complication or unwanted side effect from a cosmetic procedure, 70.1% of surveyed medical spas notify a medical director/supervising MD or DO. When asked about protocols for the management of cosmetic complications, responses vary. The most common answer was that patients are given an after-hours number at the time of their cosmetic procedure and that a nurse staff member monitors this phone line and performs triage.

Discussion

This study contributes to a growing amount of evidence demonstrating that most cosmetic procedures offered at medical spas are performed by nonphysician providers. Oversight at medical spas differs greatly and is inconsistent across the United States. State medical boards determine guidelines regarding what constitutes a medical procedure, the delegation of such procedures, on-site versus off-site physician supervision, and the staffing ratio of supervising physicians to nonphysicians. For example, a supervising physician in California is not required to be present during procedures at a medical spa but must be "immediately reachable" by phone or e-mail at all times. While in Florida, a medical spa should be within 25 miles of a supervising physician's primary place of practice, and the distance between any of the physician's offices may not exceed 75 miles.

The combination of nonphysician administration of cosmetic procedures and inconsistency in medical supervision places patients of medical spas at risk for procedural complications. In one study evaluating the litigation of cosmetic procedures, 64% of litigated cases were performed outside of a traditional medical setting, such as medical spa.[8] A significant number of the litigated cases involved allegations of lack of supervision or proper training of nonphysician providers.[8]

Among those medical spas the authors surveyed, a supervising physician was not on-site at 81.1% of the facilities. Staff informed patients of this information at 64.6% of the medical spas. This means that many patients are not aware that medical spa staff are performing cosmetic procedures without the direct supervision of a medical director or supervising physician. Patients are also likely unaware that, should a cosmetic procedural complication occur, a medical director or supervising physician would not readily be available for medical evaluation and management.

One limitation of this study is that the authors did not determine which cosmetic procedures are performed by which medical spa service provider (e.g., laser resurfacing performed by a nurses vs a physician). Another limitation is that with the geography of the study being limited to Chicago and surrounding areas, nationwide conclusions are difficult to determine. Further studies are needed to better understand the true extent of this phenomenon.

Conclusion

There is significant variation in the supervision and level of training among those performing cosmetic procedures at medical spas. The cosmetic patient is often unaware of the vast differences in education and supervision among medical spa providers. Improved regulation of cosmetic procedures performed at medical spas, and guidelines regarding on-site versus off-site supervision and the staffing ratio of supervising physicians to nonphysicians, is needed to protect patient safety.

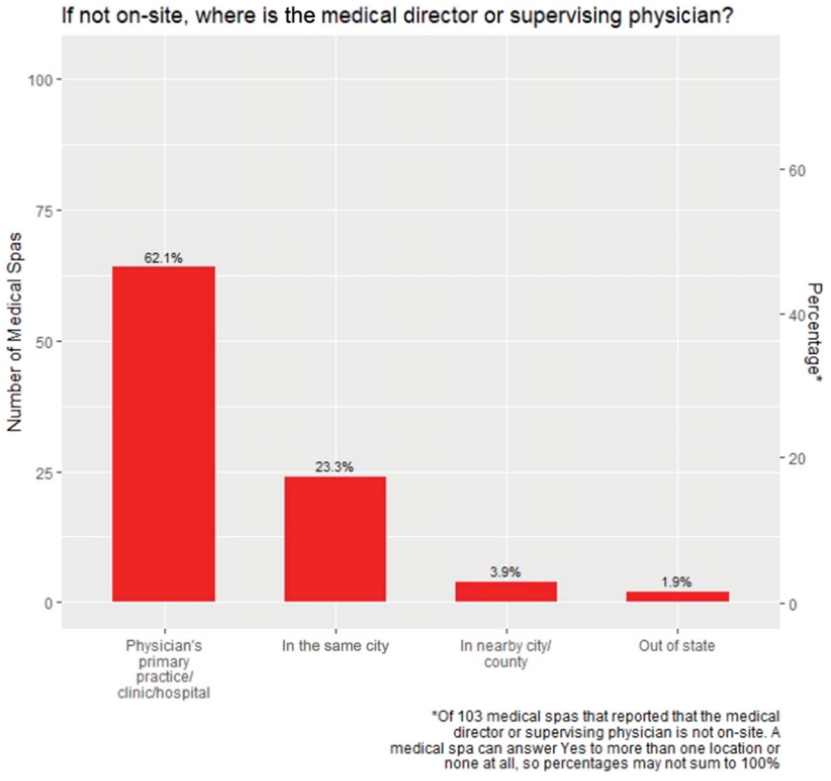

Figure 4. Physical location of study medical spa directors or supervising physicians.

Acknowledgments

Seth Pixton had full access to all the data in the study and facilitated with data analysis.

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With expanded scope, where do NPs practice? It's not primary care

MAR 5, 2026

Timothy M. Smith
Contributing News Writer

More than half of states have passed laws allowing nurse practitioners to obtain a license to practice without physician supervision, often based on the notion that doing so will expand patients' access to primary care.

Florida is one of those states. Its House Bill 607, passed in March 2020, allows nurse practitioners who have completed at least 3,000 clinical practice hours within the previous five years to practice without physician supervision, with one important stipulation—that they do it within primary care. But new research shows that primary care is getting short shrift from nurse practitioners in the Sunshine State.

For a study published in February in the journal *Family Practice*, researchers examined the practice patterns of autonomous nurse practitioners—those practicing independently, without physician supervision—in Florida. They found that more than half of those reached were practicing in settings outside of primary care. A large number were practicing in medical spas, but others had branched out into other in-demand specialties, even cardiology.

"The reasoning behind the bill is that NPs are supposed to be able to manage low-risk, straightforward conditions," said Rebekah Bernard, MD, the study's lead author and a family physician in private practice at Gulf Coast Direct Primary Care, in Fort Myers, Florida.

Rebekah Bernard, MD

“I'm a primary care doctor, and I understand how hard it is to do good, high-quality primary care,” Dr. Bernard said. “It was very frustrating when our legislators decided to enact primary care unsupervised practice for nurse practitioners under the guise of, ‘There’s a primary care shortage; they will fill the gap.’ So we now have a huge number of NPs, but my phone is still ringing off the hook from people looking for a primary care doctor.”

Learn more with the AMA about what sets apart physicians and nonphysicians.

It started with an observation

Dr. Bernard saw a gaping need for research on the subject.

“As I have eyes that can see, I’ve noticed all these med spas,” Dr. Bernard said, given that the industry has grown sixfold since 2010. But she and her colleagues were interested to study the matter more rigorously to "see if we can validate that what I'm seeing with my eyes is true.’”

Between November 2024 and February 2025, she and her colleagues conducted a randomized sample of autonomous nurse practitioners across Florida using a database obtained from the Florida Department of Health. Of the almost 12,000 autonomous nurse practitioners listed, they randomly sampled 464 from across the state, ultimately reaching 328 autonomous nurse practitioner practices.

“We simply called and asked, ‘I'm seeking a doctor for primary care—do you offer primary care?’ and then coded the responses,” Dr. Bernard said.

They found that 59% of the nurse practitioners they reached were not practicing primary care at all.

Only 128 were in primary care settings, and six were working in nonclinical roles. The remaining 194 autonomous nurse practitioners were working clinically in settings outside primary care.

For the nurse practitioners outside primary care, the five most common settings were:

- Cosmetic and nonstandard medical/surgical practices—53.
- Psychiatry/addiction medicine—53.
- Emergency/urgent care—20.
- Inpatient medicine—13.
- Cardiology—9.

Find out how the AMA is fighting scope creep, defending the practice of medicine against scope of practice expansions that threaten patient safety and undermine physician-led, team-based care.

What needs to change—and what doesn’t

“Our study provides strong evidence that many autonomous NPs in Florida have established specialty practices and other services not within the legal scope of practice of Florida law,” the authors wrote. “Stricter enforcement of NP practice within the scope of training and legislation is needed.”

Looking at the issue more broadly, nationwide data from the American Association of Nurse Practitioners shows that 89% of NPs are trained and certified in primary care, yet multiple workforce studies show that only one-quarter to one-third practice in primary care.

In addition, an AMA survey unveiled at the 2026 AMA State Advocacy Summit found that one in three NPs and PAs switch specialties at least once in their careers, and they often do so without any formal advance training in the new specialty. The AANP’s own data published in 2024 shows that, while NPs can earn optional certifications in various specialties, 92.8% of NPs lack any at all.

"Why aren't NPs going into primary care? Well, it's the same reason everybody's struggling with primary care,” Dr. Bernard said. “It's because of payment issues and overhead costs, and it goes back to the AMA's goal of payment reform. You’re not going to solve problems with payment by coming up with shortcuts, like hiring lesser-trained people.”

According to an AMA issue brief on nurse practitioners' views of physician-led care (PDF), 95% reported practicing on a physician-led team, and 88% said they are satisfied, with over half stating they are very satisfied. Physician assistants (PAs) felt much the same (PDF).

Both groups of nonphysician providers cited collaboration on complex cases, mentorship, liability protection and patient safety as significant benefits.

“In my research for my books, what I discovered is that there's so much great data showing that when physicians and nurse practitioners and physician assistants work together in teams, patients can get fantastic care,” said Dr. Bernard, who has written two books on scope of practice and has a third on the way. “There are no studies that I’ve found that show what care looks like when you remove physicians from the care team.”

Through its Advocacy Resource Center, the AMA works directly with national, state and specialty medical societies to enact state laws and regulations that protect patients and support physicians—and fight back against those that do not.

Outlook

Opposition to Proposed Amendment to Definition of Surgery in Rhode Island Regulation

From Stacy Paterno <spaterno@rimed.org>
on behalf of
President <President@rimed.org>
Date Wed 4/1/2026 2:31 PM
To Garceau, Zachary (RIDOH) <Zachary.Garceau@health.ri.gov>
Cc Larkin, Jerome (RIDOH) <Jerome.Larkin@health.ri.gov>; Fischer, Staci (RIDOH) <Staci.Fischer@health.ri.gov>

On behalf of the Rhode Island Medical Society (RIMS), we write to express our opposition to the proposed amendment to the definition of "surgery" in Rhode Island regulation.
RIMS represents physicians across all specialties in Rhode Island and is committed to advancing patient safety, maintaining high standards of care, and supporting a physician-led, team-based model in the delivery of medical services.

At its core, this issue is about **patient safety, clinical integrity, and appropriate regulatory authority**.

The definition of surgery is established in Rhode Island statute governing the practice of medicine and has long been interpreted and applied by the Board of Medical Licensure and Discipline (BMLD) as the standard for what constitutes surgical practice in this state. Any effort to modify or narrow that definition through regulatory change raises significant concerns, particularly when driven by stakeholders outside of physician licensure and oversight. Altering this definition in regulation, rather than through the appropriate statutory and clinical channels, risks creating inconsistency and confusion in how medical care is defined, delivered, and regulated.

We are also concerned about the broader implications of redefining surgery in a piecemeal way. Once the definition begins to shift based on setting or business model, it creates a precedent that may gradually erode appropriate safeguards around procedures that carry meaningful risk.

From a clinical perspective, many of the procedures at issue are not benign. **Ablative laser procedures involve controlled tissue destruction and are, by their nature, surgical.** Injectable fillers are regulated as implantable medical devices and carry significant risk if not administered properly, including vascular compromise, tissue necrosis, and vision loss. These are medical procedures that require appropriate training, judgment, and oversight.

Creating a separate or more limited definition of surgery for cosmetic settings introduces unnecessary risk and inconsistency. A procedure does not become less complex or less dangerous because it is performed outside of a traditional medical office or hospital setting. Regulatory standards should reflect the **nature of the procedure—not the setting in which it is delivered**.
We also note that the proposed approach does not align with how other states are addressing these issues. While some states, such as Massachusetts, have issued guidance through

nursing boards on cosmetic procedures, those frameworks still recognize clear limitations, training requirements, and the role of prescribers and supervising clinicians in patient care. Rhode Island should be cautious about adopting changes that may weaken, rather than clarify, accountability and oversight.

RIMS strongly supports a **physician-led, team-based model of care**, where all members of the care team practice within their training and competencies, and where appropriate supervision and oversight are in place for higher-risk procedures.

For these reasons, RIMS respectfully urges that the proposed amendment **not be advanced in its current form.** Any consideration of changes to the definition of surgery should occur through appropriate statutory and clinical channels, with meaningful input from physicians and relevant specialty experts, and with patient safety as the guiding principle.

Thank you for your consideration of this important issue.

Sincerely,
Nadine Himelfarb, MD
President
Rhode Island Medical Society

Outlook

RE: Oppose Proposed Rule Change 216-RICR-40-05-1

From Meg Groeller <MGroeller@asds.net>
Date Wed 4/1/2026 3:54 PM
To Garceau, Zachary (RIDOH) <Zachary.Garceau@health.ri.gov>
Cc Fischer, Staci (RIDOH) <Staci.Fischer@health.ri.gov>; Larkin, Jerome (RIDOH) <Jerome.Larkin@health.ri.gov>

1 attachment (281 KB)
ASDSA Comments - Oppose Proposed Rule 216-RICR-40-05-1.pdf;

Rhode Island Department of Health:

Please see attached comments regarding the proposed amendment to Licensure and Discipline of Physicians (216-RICR-40-05-1).

Thank you,
Meg Groeller (she/her)
Senior Government Relations Associate
American Society for Dermatologic Surgery Association (ASDSA)
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Become an Advocacy Ambassador to provide a strong voice for patient safety and advocate for dermatologic surgery at the federal and state levels.

April 1, 2026

Rhode Island Department of Health
3 Capitol Hill, Room 403,
Providence, RI 02908
Delivered electronically

RE: Oppose Proposed Rule Change 216-RICR-40-05-1

Dear Rhode Island Department of Health:

On behalf of the American Society for Dermatologic Surgery Association (ASDSA), representing 6,400+ dermatologic surgeons, we are writing to share our concerns regarding the proposed change to rule 216-RICR-40-05-1. This proposed change would amend the definition of surgery to add "Notwithstanding the above, injection of the following medications and autologous plasma products for cosmetic purposes is not considered surgery: Onabotulinumtoxin A, hyaluronic acid, Platelet-Rich Fibrin, and Platelet-Rich Plasma."

Procedures by any means, methods, devices or instruments that can alter or cause biologic change or damage the skin and subcutaneous tissue constitute the practice of medicine and surgery. This includes the use of foreign or natural substances by injection or insertion. [i,ii] Surgery is performed for the purpose of structurally altering the human body by the incision or destruction of tissues and is part of the practice of medicine. It is also the diagnostic or therapeutic treatment of conditions or disease processes by any instruments causing localized alteration or transposition of live human tissue and the injection of diagnostic or therapeutic substances into body cavities, internal organs, joints, sensory organs, and the central nervous system.[iii]

ASDSA believes that the medical procedures described which use Food and Drug Administration (FDA)-regulated devices, such as those that can alter or cause biologic change or damage, should only be performed by a physician or appropriately trained non-physician personnel under the direct, onsite supervision of an appropriately trained physician.[iv] This amendment jeopardizes patient safety and disregards what is considered adequate and appropriate medical education and training. Quality patient care includes evaluating a patient's needs and condition(s), selecting an appropriate course of treatment and providing adequate follow-up care.

With the growing public demand for cosmetic medical procedures, providing patients with properly trained, educated, and supervised medical personnel is a safeguard Rhode Island should have for its citizenry. Fillers and neuromodulators can also be used to treat scars from injury and surgery, as well as from medical conditions; other applications include correcting facial asymmetries resulting from congenital, accidental, or medical conditions. Our utmost concern is to ensure that these products are safely administered by licensed and qualified physicians or under the direct, on-site supervision of a licensed and qualified physician. As with other cutaneous procedures, it is necessary to receive adequate training before using soft-tissue augmentation agents.[v]

The Centers for Disease Control and Prevention (CDC) released a report in 2024 identifying the first documented cases of HIV transmission through cosmetic injection services via contaminated blood. The New Mexico

Department of Health was first notified of a patient with no known HIV risk factors being diagnosed with HIV after receiving platelet-rich plasma with microneedling, also known as a "vampire facial," at an unlicensed med spa by an unlicensed and untrained person.[vi] Additionally, a patient died after experiencing complications from an IV infusion at a med spa in which unlicensed staff were performing treatments and the supervising physician was not onsite.[vii]

Studies have shown an increase in patient complications from non-physicians performing cosmetic medical procedures at med spas. Respondents reported a higher rate of moderate adverse events when having cosmetic medical procedures done by a non-physician provider, at 73.3%, compared to a physician provider, at 41.8%. There is less physician involvement in procedures and higher complication rates of certain cosmetic medical procedures, including minimally invasive skin tightening and nonsurgical fat reduction, at medical spas compared to physician's offices.[viii] [ix]

By removing these procedures from the definition of surgery, the safety of patients in Rhode Island could be at risk. Physicians complete medical school, residency and in many cases specialized fellowship and then board certification in their specialty. When non-physicians without this training perform surgical procedures, the risk of complications, misdiagnosis, and delayed treatment increases significantly.

To best protect the citizens of Rhode Island from adverse events and ensure quality patient care, we urge you to oppose this amendment. Thank you for your strong consideration on this matter. Should you have any questions, please contact Kristin Hellquist, Senior Chief Advocacy Officer, at khellquist@asds.net.

Sincerely,

American Society for Dermatologic Surgery Association

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[i] ASDSA *Position Statement on the Practice of Medicine*. https://www.asds.net/Portals/0/PDF/asdsa/asdsa-position-statement-definition-of-the-practice-of-medicine.pdf

[ii] AADA *Position Statement on Medical Spa Standards of Practice*. https://www.aad.org/Forms/Policies/Uploads/PS/PS-Medical%20Spa%20Standards%20of%20Practice.pdf

[iii] Definition of Surgery. Retrieved March 12, 2026. https://policysearch.ama-assn.org/policyfinder/detail/surgery?uri=%2FAMADoc%2FHOD.xml-0-4317.xml

[iv] ASDSA *Position Statement on Delegation*. https://www.asds.net/Portals/0/PDF/asdsa/asdsa-position-statement-delegation.pdf

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[vi] Stadelman-Behar AM, Gehre MN, Atallah L, et al. Investigation of Presumptive HIV Transmission Associated with Receipt of Platelet-Rich Plasma Microneedling Facials at a Spa Among Former Spa Clients — New Mexico, 2018–2023. MMWR Morb Mortal Wkly Rep 2024;73:372–376. DOI: http://dx.doi.org/10.15585/mmwr.mm7316a3

[vii] Scianna, T. (2023, October 30). Texas medspa IV therapy death: Dangers of improper supervision & safety protocols. MedEsthetics. https://www.medestheticsmag.com/news/news/22877776/texas-medspa-iv-therapy-death-dangers-of-improper-supervision-safety-protocols

[viii] Aleisa, A., Lu, J., Al Saud, A., Veldhuizen, I., et al. The differences in the practice of cosmetic dermatologic procedures between physicians and Nonphysicians. Dermatolo Surg. 2023, 49:1165-1169

[ix] Gibson J, Greif C, Nijhawan RI. Evaluating Public Perceptions of Cosmetic Procedures in the Medical Spa and Physician's Office Settings: A Large-scale Survey. Dermatol Surg. 2023;10.1097/DSS.0000000000003811.

American Society for Dermatologic Surgery Association (ASDSA)
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Outlook

Proposed rule

From MICHAEL BHARIER <mab322@aol.com>
Date Wed 4/1/2026 4:51 PM
To Garceau, Zachary (RIDOH) <Zachary.Garceau@health.ri.gov>
Cc Larkin, Jerome (RIDOH) <Jerome.Larkin@health.ri.gov>; Fischer, Staci (RIDOH) <Staci.Fischer@health.ri.gov>

To RI department of health:

I am writing to express my opposition to this proposed rule for reasons stated below. I am a board certified dermatologist who has been practicing and teaching in Rhode Island for more than 30 years.

> There is a proposed rule to amend the Licensure and Discipline of Physicians (216-RICR-40-05-1) to amend the definition of surgery to add "Notwithstanding the above, injection of the following medications and autologous plasma products for cosmetic purposes is not considered surgery: Onabotulinumtoxin A, hyaluronic acid, Platelet-Rich Fibrin, and Platelet-Rich Plasma."

1. Physicians, surgeons and the AMA should define surgery. The American College of Surgeons and the American Society of Plastic Surgery concur on the definition of surgery and this definition includes the procedures that the proposed rule would remove. (References 1, 2)
2. Cosmetic medical procedures are MEDICAL procedures and ought to be performed with the same standards whether performed in a medical spa or in a conventional medical office. Shortcuts, expanded scope of practice and removing physicians from supervision in medical spas, all threaten public safety. The issue here is PUBLIC SAFETY, Not small business support or alignment with practice in Massachusetts. (where Guidelines were written by the nursing board, not physician experts). (Reference 3) *Unfortunately, several RI politicians apparently have bought into dangerous narrative that they need to ease regulation in medical spas to "support small business" and so as not to "lose business to Massachusetts."* The explosion of medical spas and the lack of strong standards for training and supervision of practitioners has harmed patients. (References 4, 5, 6)
3. John Oliver covered the topic in a recent episode of his "John Oliver Tonight" show. We are very serious about the issue, but his humor effectively communicates the problem. https://www.youtube.com/watch?v=pzggl8C2fvs [youtube.com]. The section from time 3:20-5:11 relates the story of an unsuspecting woman scarred by laser hair removal. She thought she was safe because the office was professional and the staff wore white coats. Oliver says, the industry has been "trivialized to the point that

patients no longer see it as health care." It is the responsibility of the state protect patients. The entire episode is worth a listen and a laugh. HIs solution is also spot on: "this is an industry badly in need of oversight." 22:10-23:30.

4. We respect our Physician Assistant and Nurse Practitioner colleagues and agree with the AMA that a **Physician Led Team** is the optimal model for health care safety and quality. "Scope creep" efforts affect **many medical specialties** including anesthesia, psychiatry, ophthalmology, wellness medicine And primary care.
5. This proposal is a solution in want of a problem. We posit that the strategy comes from the national Medical Spa Association which supports medical spa operations, but is ever seeking to expand the scope of non physicians. We will name the elephant in the room: **money** is the motivation. Industry also shares responsibility. To makers of toxin and filler, the more registered nurses, medical assistants and aestheticians who have needles in their hands, the more money pharmaceutical companies make. Responsibility ought to fall to a core specialty physician (i.e. a plastic surgeon or a dermatologist who get required, supervised training as part of residency). Redefining surgery may be a ploy to allow non-physicians to perform more invasive procedures. Is this a strategy by non physicians to avoid being sued for performing surgery?
6. The medical spa industry is one that is due for more regulation, not less! Patients getting cosmetic procedures in med spas by non-physicians suffer higher rates of complications (References 4, 5, 6) and a recent survey of medical spas in the five boroughs of New York demonstrated profound lack of compliance with existing regulations. (Reference 7) .This is alarming giving that New York City is a highly regulated environment! Enforcement of standards in Rhode Island is complaint driven so violations are likely occurring already. In addition, studies demonstrate that patients who visit medical spas support More regulation, not less.
7. Rhode Island ranks 49th of 50 states on its favorability for physicians in which to practice. It is high time for Rhode Island to recognize and respect physicians who spend years in training, assume high rates of medical debt and the carry expensive malpractice insurance. Allowing non-physicians more scope in cosmetic practices is a slap in the face for RI physicians.
8. Expanding what non-physicians can do in a medical spa is also diluting the primary care workforce. Wasn't the idea of advanced practice RNs and physicians assistants to address primary care shortages? APRN's are specifically trained in primary care not surgery and cosmetic medical procedures. If Rhode Island is seeking to align, its healthcare with Massachusetts, perhaps supporting better reimbursement rates for physicians -which are 20 to 30% higher in Massachusetts- is a better area on which to focus.

In conclusion, the proposed rule change does not align with national surgical definitions, threatens the safety of Rhode Island patients and disrespects the expertise of physicians. We urge you to reject the change.

I have chosen to cut and paste statements from our organization but I am in full agreement with their sentiments.
Sincerely yours

Michael A Bharier MD, PhD, FAAD
Board Certified in Dermatology

Assistant Clinical Professor of Dermatology, Brown University

Outlook

RI Dermatology Letter of Comment on proposed rule change 216-RICR-40-05-1. OPPOSE

From Kathleen GODLEY <kcg88@verizon.net>
Date Wed 4/1/2026 5:07 PM
To Garceau, Zachary (RIDOH) <Zachary.Garceau@health.ri.gov>; Larkin, Jerome (RIDOH) <Jerome.Larkin@health.ri.gov>; Fischer, Staci (RIDOH) <Staci.Fischer@health.ri.gov>

3 attachments (1 MB)
Nonphysician_Practice_of_Cosmetic_Dermatology__A.15.pdf; Experiences_With_Medical_Spas_and_Associated.20.pdf; Evaluating Public Perceptions of Cosmetic Procedures Med Spa v Physician Office.pdf;

Jerome Larkin, MD
Director, Rhode Island Department of Health

Dear Dr. Larkin,

The Rhode Island Dermatology Society has significant concerns about the proposal to change the definition of Surgery in regulation-State of Rhode Island, Licensure and Discipline of Physicians (**216-RICR-40-05-1**). The amendment reads as follows:
"Notwithstanding the above, injection of the following medications and autologous plasma products for cosmetic purposes is not considered surgery: Onabotulinumtoxin A, hyaluronic acid, Platelet-Rich Fibrin, and Platelet-Rich Plasma."

First and foremost, **Cosmetic Medical Procedures** are **Medical Procedures** with attendant benefits, risks and complications. In the name of **Patient Safety** definitions, training requirements, patient safety protocols, management of complications, reporting of complications and transparency about the licensure level of the operator, must follow the same rules that apply to a conventional medical practice. Moreover, the definition of Surgery should be guided by physicians.

The American Medical Association adopts the following definition of '**surgery**' from American College of Surgeons Statement ST-11(last updated in 2023).:

> **"Surgery** is performed for the purpose of structurally altering the human body by the incision or destruction of tissues and is part of the practice of medicine**. Surgery** also is the diagnostic or therapeutic treatment of conditions or disease processes by any instruments causing localized alteration or transposition of live human tissue which include **lasers**, ultrasound, ionizing radiation, scalpels, probes, and **needles.** The tissue can be cut, burned, vaporized, frozen, sutured, probed, or manipulated by closed reductions for major dislocations or fractures, or **otherwise altered by mechanical, thermal, light-based, electromagnetic, or chemical means. Injection of diagnostic or therapeutic substances** into body cavities, internal organs, joints, sensory organs, and the central nervous system also is considered to be **surgery** (this does not include

the administration by nursing personnel of some injections, subcutaneous, intramuscular, and intravenous, when ordered by a physician). All of these surgical procedures are invasive, including those that are performed with lasers, and ***the risks of any surgical procedure are not eliminated by using a light knife or laser in place of a metal knife, or scalpel****."* Ref 1

In addition, the American Society of Plastic Surgeons, cautions against "state scope of practice laws (or regulations), which impact if and how non-physicians practice, often giv(es) those non-physicians the right to practice medicine outside their training. Currently, 23 states have defined "surgery" in their state laws and regulations to clarify which medical professionals can perform surgical procedures within their scope of practice. To help encourage the best health outcomes, ASPS has long advocated for the adoption of the American Medical Association (AMA) and American College of Surgeon's definition of surgery to be codified into state laws. That definition ensures that only trained surgeons - not non-physicians - are performing surgery on their patients. Ref 2

Patient safety and quality of care are paramount and, therefore, patients should be assured that individuals who perform these types of **surgery** are licensed physicians who meet appropriate professional standards.

The origin of the proposal to redefine surgery in Rode Island is unclear. However, it is a solution to a nonexistent problem, and it is inaccurate at best. The author(s) included only one specific neurotoxin: Onabotulinumtoxin A (Botox Cosmetic). There are 4 other FDA approved neurotoxins, and this omission speaks to the limited understanding of the author(s). Are the proponents nonphysicians seeking to avoid liability for practicing surgery?

With respect to the use of botulinum toxin, policy makers must acknowledge that inappropriate use and complications from the procedure occur at higher rates in medical spas than in tradition medical office settings. Just last year, multiple patients suffered from botulism, aka "lockjaw," and required hospitalization after receiving counterfeit toxin at a Milton, Massachusetts medical spa. Ref 3

Dermal Fillers, or hyaluronic acid injections are semi-permanent gel implants. The packages of various commercial hyaluronic injectable gels carry labels stating they are gel **implants**, thus injecting them into the skin constitutes surgery. "Fillers" are injected into all levels of soft tissue through the skin on the face, i.e. intradermal, subdermal and sub-muscular. Injection at deeper levels carries higher risks for intravascular embolization and consequent blindness, stroke and necrosis. Operators injecting filler need a sound understanding of the facial anatomy and tissue interaction. This procedure changes the structure of the soft tissues and thus constitutes the practice of surgery. Medical literature supports that complications from cosmetic medical procedure occur at a higher rate in medical spa settings and when non-physicians are the operators. Ref 4, 5, 6

For many years, injections of Platelet Rich Plasma or "PRP" and Platelet Rich Fibrin or "PRF/PRFM" have been employed for their wound healing properties. They work by improving collagen production. The specialties of dermatology, orthopedics, pain medicine and genitourinary each use PRP and PRF at different concentrations and various blood donor amounts. The procedure requires removal of blood from the patient, centrifuging it and separating the resultant layers, i.e. a process that requires care, training and awareness of the risks of blood borne pathogens. Sadly, five patients who had no other risk factors for HIV, contracted the virus after having "vampire facials" at a medical spa. Clearly care was not taken and the blood of these patients was mixed and shared in their treatments. Ref 7

The danger of clotting from mistakenly injecting PRP into a blood vessel is real. Other risks described in the dermatology literature includes the risk of blindness and stroke when injected into the face. Newer preparation techniques generate a thick viscous gel which creates an injectable implant that definitely changes the structure of the soft tissues just like an implantable gel. PRP and PRF/PRFM gel thus classifies as a surgical procedure. Also the viscous gel properties of PRP and PRF/PRFM carry a

higher risk for intravascular embolization leading to necrosis, blindness or stroke. We ask does a regulation that makes PRP and PRF/PRFM non-surgical open its use for joint injection and off-label injection for other purposes to non-physicians? Would you want your gall bladder surgery or appendectomy done by a non-physician who has no surgical experience in their training? Anyone can buy a scalpel.

Hyaluronic acid is also used in gel form by Orthopedic specialists for intra-articular injection, typically for knees or shoulders. Again, these prescription compounds will indeed change structure and function and would therefore be classified as surgical interventions. There are also reports of Urology and Gynecology specialists looking to use these as bulking agents for genitourinary and gynecology anatomy dysfunction and their use would be considered a surgical intervention.

Medical Spas with Advanced Practice Registered Nurses as medical directors have grown substantially in Rhode Island over the past decade. The literature reveals significantly higher rates of medical complications when non-physicians perform cosmetic medical procedures and that growth in the industry has come with increased rates of bad actors. In 2025, Rhode Island passed a law expanding the scope of practice to APRNs to include ablative lasers which is a surgical intervention per Rhode Island Regulation. The law runs counter to safety guidelines supported by the American Academy of Dermatology, the American Society of Dermatologic Surgery and the American Medical Association. The Rhode Island Dermatology Society and the Rhode Island Medical Society also testified in opposition. Proponents of that bill pointed to Massachusetts regulation as a standard. The Massachusetts scope regulation came from the Nursing Board, not dermatology or plastic surgery experts. Respectfully, we submit that scope of practice and the definition of surgery as it relates to any medical procedure ought to originate from physician experts. Ref 8

We propose that cosmetic medical procedures are due for more regulation, not less! A recent survey of medical spas in the five boroughs of New York demonstrated profound lack of compliance with existing regulations. This is Alarming giving that New York City is a highly regulated environment! Enforcement of standards in Rhode Island is complaint driven so violations are likely occurring already. Ref 9

Rhode Island was recently listed 49th of 50 in the United States for physicians to practice medicine. A dermatologist gets 16,000 hours of supervised training during residency. Add 8-12,000 hours for a plastic surgeon and compare that to the 500 hours of training for an RN to earn an APRN or 2,000 hours for a Physicians Assistant. It is high time for Rhode Island to recognize and respect physicians who spend years in training, assume high rates of medical debt and the carry expensive malpractice insurance.This proposed amendment disrespects physicians and does not help us to recruit well-trained medical professionals to our state. Dermatologists in Massachusetts receive reimbursements from Medicare and private insurance companies almost 30% higher compared to Rhode Island. If there's an argument to amend surgical regulations to match that of Massachusetts, then why choose only Massachusetts policies that help a handful of medical spa businesses?

The Rhode Island Dermatology Society supports patient safety in Medical Spas. Cosmetic Medical Procedures are **medical** procedures with advantages, risks and complications. The standards for training, practice, malpractice insurance and management of complications should not be lower than those in a traditional medical setting.

Sincerely,

Reuben Reich, MD FAAD

President, Rhode Island Dermatology Society
www.ridermsociety.org [ridermsociety.org]

References:

1. H-475.983 Definition of Surgery | AMA [policysearch.ama-assn.org] – the AMA definition, originally from the American College of Surgeons
2. ASPS and NESPS Fight to Define Surgery in Law | ASPS [plasticsurgery.org]
3. https://www.mass.gov/news/dph-alerts-public-to-botox-related-botulism-cases-linked-to-rodrigo-beauty-in-milton" [mass.gov]
4
5.
6.

7.. https://www.cdc.gov/mmwr/volumes/73/wr/mm7316a3.htm [cdc.gov]

8. https://www.mass.gov/doc/ar-1301-cosmetic-and-dermatologic-procedures-pdf/download [mass.gov]

9. .

Nonphysician Practice of Cosmetic Dermatology: A Patient and Physician Perspective of Outcomes and Adverse Events

ANTHONY M. ROSSI, MD,* BRITNEY WILSON, BA, MBS,* BRIAN P. HIBLER, MD,* AND LYNN A. DRAKE, MD†

BACKGROUND Nonphysicians are expanding practice into specialty medicine. There are limited studies on patient and physician perspectives as well as safety outcomes regarding the nonphysician practice of cosmetic procedures.

OBJECTIVE To identify the patient (consumer) and physician perspective on preferences, adverse events, and outcomes following cosmetic dermatology procedures performed by physicians and nonphysicians.

MATERIALS AND METHODS Internet-based surveys were administered to consumers of cosmetic procedures and physician members of the American Society for Dermatologic Surgery. Descriptive statistics and graphical methods were used to assess responses. Comparisons between groups were based on contingency chi-square analyses and Fisher exact tests.

RESULTS Two thousand one hundred sixteen commenced the patient survey with 401 having had a cosmetic procedure performed. Fifty adverse events were reported. A higher number of burns and discoloration occurred in the nonphysician–treated group and took place more often in a spa setting. Individuals seeing nonphysicians cited motivating factors such as level of licensure (type) of nonphysician, a referral from a friend, price, and the location of the practitioner. Improper technique by the nonphysician was cited most as a reason for the adverse event. Both groups agree that more regulation should be placed on who can perform cosmetic procedures. Recall bias associated with survey data.

CONCLUSION Patients treated by nonphysicians experienced more burns and discoloration compared with physicians, and they are encountering these nonphysicians outside a traditional medical office, which are important from a patient safety and regulatory standpoint. Motivating factors for patients seeking cosmetic procedures may also factor into the choice of provider.

KEY POINTS Both patients and physicians think more regulation should be in place on who can perform cosmetic procedures. More adverse events such as burns and discolorations occurred with patients seeing nonphysicians compared with those seeing physicians. In addition, for those seeing nonphysicians, a majority of these encounters took place in spa settings. Patient safety is of utmost concern when it comes to elective cosmetic medical procedures. More adverse events and encounters occurring outside traditional medical settings when nonphysicians performed these procedures call into question the required training and oversight needed for such procedures.

Supported by the American Society for Dermatologic Surgery—Future Leaders' Network as well as in part through the NIH/NCI Cancer Center Support Grant P30 CA008748. The authors have indicated no significant interest with commercial supporters with regard to this study.

There is an ongoing increase in the demand for medical, surgical, and cosmetic procedures.[1] According to the 2016 American Society for Dermatologic Surgery (ASDS) Survey on Dermatologic Procedures, members saw a significant increase in minimally invasive cosmetic treatments over the prior year. In 2016, there were over 3.3 million injectable neuromodulators and soft-tissue

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filler procedures performed, and nearly 2.8 million were laser/light/energy-based procedures. In the past 5 years, there has been a 48% increase seen in soft-tissue filler procedures and 2.5 times increase in body contouring procedures performed.[2] Furthermore, the 2017 ASDS Consumer Survey on Cosmetic Dermatologic Procedures found that of the 7,322 people surveyed, nearly 7 in 10 are considering a cosmetic procedure. The top 4 of 11 factors influencing the selection of a practitioner included: price (49%), specialty in which the physician is board certified (41%), referral from a physician (37%), and level of licensure of the practitioner (32%).[3] This increased demand for cosmetic services has resulted in a substantial influx of nonphysicians offering cosmetic procedures and patients turning to nonphysicians for aesthetic medical treatments.[4] Nonphysicians are also starting to practice medicine independently in some states. Although originally intended for the shortage of primary care physicians, nonphysician providers (aestheticians, nurses, physician assistants, and nurse practitioners) are entering into specialty medical fields, even though formal medical training in these areas may be lacking. This is concerning from a patient safety standpoint.

Increasingly, nonphysicians are offering cosmetic procedures in a multitude of medical and nonmedical arenas. The boundaries between cosmetic surgery and cosmetology are obscured, with procedures being performed on otherwise healthy individuals by nonphysicians.[5] Although often promoted as a "quick fix," real risks and complications associated with these procedures may be marginalized.

Studies have also shown that dermatologists and nondermatologist physicians delegate cosmetic procedures to nonphysician providers to keep up with growth in demand.[4] This study seeks to determine the outcomes of cosmetic procedures performed by physicians and nonphysicians as well as the patient and physician perspectives of such. The authors describe the incidence and scope of adverse events as reported by both consumers and physicians. A better understanding of these outcomes will help guide physician oversight of these procedures and the training and regulations required of those who perform these procedures to ensure patient safety.

Methods

With IRB approval, Internet-based surveys (Survey Monkey: http://www.SurveyMonkey.com) were administered to consumers of cosmetic dermatology procedures and physician members of the ASDS. The consumer survey was web-based and opened by 2,116 consumers nationally via SurveyMonkey, which allows surveys to be distributed to a random prescreened population. The English language survey was distributed via email. The survey contained 24 multiple-choice questions related to provider type, setting where services were provided, and adverse events. Based on the question, participants were allowed to choose single or multiple responses, and responders were able to skip questions or stop the survey at any time (see **Supplemental Digital Content 1**, Appendix, http://links.lww.com/DSS/A131).

A separate physician survey was sent to members of the ASDS via email. This survey assessed members' opinions and experiences with cosmetic procedures performed by nonphysicians (see **Supplemental Digital Content 1**, Appendix, http://links.lww.com/DSS/A131).

After acquiring completed surveys, each was assessed individually by the investigators. Participants were allowed to stop the survey at any point and were allowed to skip questions. Statistical analysis and comparisons between groups were based on contingency chi-square analyses and Fisher exact tests.

Results

Consumer Survey (N = 2,116)

Demographics

Of the 2,116 surveys commenced by consumers, over half (55.9%) indicated that they either had a cosmetic procedure (19.1%, 401/2,098) or were considering having a cosmetic procedure (36.8%, 773/2,098)

TABLE 1. Demographics of Consumers

Descriptor	*Percent*
Gender	
Female	95.4
Male	4.6
Age	
Under 30	0.1
30–40	21.1
41–50	24.4
51–60	37.7
Over 60	16.6
Employment status	
Full time	69.0
Part time	10.9
Unemployed	1.9
Homemaker/retired/other	18.1

(Table 1). Of the patients who received cosmetic procedures, 145 went to a physician, 144 saw nonphysicians, and 97 have had procedures done by both physicians and nonphysicians. The remaining responders did not know the level of training of the individual who performed the procedure.

Scope of Procedures and Providers

The most common procedures consumers received were laser hair removal, injectable wrinkle-relaxing treatments, microdermabrasion, chemical peels, and injectable filler treatments (Table 2). Table 2 includes the breakdown of procedures reported to be done by nonphysicians as well as the percent of adverse events per procedure. Of the respondents who had a cosmetic procedure done by only a nonphysician, the top procedures performed included: laser hair removal, 49% (71); microdermabrasion, 35.9% (52); chemical peels, 23.4% (34); laser and light devices for facial problems, 13.8% (20); and injectable wrinkle-relaxing treatments, 13.1% (19). Most procedures performed by physicians were done by either a plastic surgeon (33.1%) or a dermatologist (32.3%). Other types of physicians included family practitioners, otolaryngologists, and vascular specialists (responders were able to choose more than one if applicable). Of the procedures performed by nonphysicians, the majority was performed by an aesthetician (43.5%) followed by a nurse (21.9%) (Table 3). Other nonphysician providers included nurse practitioners and laser technician.

Location of Cosmetic Procedures

The vast majority of consumer respondents who had their procedure performed by a physician identified the location as the physician's office (87.6%) ($p < .0001$). This was followed by a spa location (4.1%) or an aesthetician's office. By contrast, for patients who had their procedures performed by nonphysicians, this most often took place in a spa (36.8%, $p < .001$), followed by an aesthetician's office (25.7%, $p < .001$) and a physician's office (22.2%) (Table 4 and Figure 1).

Adverse Events

Fifty of the 404 respondents who had cosmetic procedures reported an adverse event (Table 5 and Figures 2 and 3). A total of 54% ($n = 27$) occurred in patients who saw physicians and 46% ($n = 23$) in patients who saw nonphysicians. The most common adverse events occurring in procedures performed by physicians were: "bruising" (40.7%, $n = 11$), "discoloration" (14.8%, $n = 4$), "scarring" (14.8%, $n = 4$), and "nerve damage" (14.8%, $n = 4$). In procedures performed by nonphysicians, the most common adverse events were "discoloration" (43.4%, $n = 10$), "burn" (34.7%, $n = 8$), and "bruising" (26.1%, $n = 6$)

TABLE 2. Consumer Survey: Scope of Cosmetic Procedures and Adverse Events

Procedure	*Total Number,* N *= 401, (%)*	*Nonphysician Procedures,* N *Answered = 144, (%)*	*Physician Procedures,* N *Answered = 149, (%)*	n *= Total No. of Participants Who Experienced a Complication*	*Percentage of Total Complications*
Laser hair removal	132 (33.0)	71 (49)	21 (14.1)	20	12.58
Injectable wrinkle-relaxing treatments	121 (30.3)	19 (13.1)	49 (32.9)	26	16.35
Microdermabrasion	120 (30.0)	52 (35.9)	120 (30.0)	21	13.21
Chemical peels	98 (24.5)	34 (23.4)	98 (24.5)	12	7.55
Laser and light treatment to reduce redness, improve skin tone, or improve scars	85 (21.3)	20 (13.8)	85 (21.3)	19	11.95
Injectable filler treatments	75 (18.8)	11 (7.6)	75 (18.8)	22	13.84
Varicose or spider vein treatments	72 (18.0)	8 (5.5)	72 (18.0)	15	9.43
Body sculpting (e.g., cryolipolysis, laser lipolysis, tumescent liposuction, and ultrasound fat reduction)	60 (15.0)	3 (2.1)	60 (15.0)	9	5.66
Ultrasound, laser, light, and radiofrequency treatments for skin tightening and wrinkle smoothing	50 (12.5)	10 (15.3)	50 (12.5)	11	6.92
Laser tattoo removal	6 (1.5)	2 (1.4)	6 (1.5)	3	1.89
Hair transplantation	3 (0.8)	1 (0.7)	3 (0.8)	1	0.63

Respondent can select multiple responses.

(Table 5). The difference in rates of discoloration and burns was significantly higher in procedures performed by nonphysicians compared with physicians ($p < .03$) (Figure 2). The occurrence of nerve damage after procedures performed was cited in 4 cases by the responders. All 4 physicians performing these were cited as nondermatologist physicians and the procedures performed included

TABLE 3. Consumer Survey: Provider Performing the Cosmetic Procedure (Responders Were Able to Choose More Than One)

Provider	*Number (%),* N *(%)*
Physician	
Plastic surgeon	82 (33.1)
Dermatologist	80 (32.3)
Facial plastic surgeon	21 (8.5)
Oculoplastic surgeon	2 (0.8)
I do not know	27 (10.9)
Other type of physician	36 (14.5)
Nonphysician	
Aesthetician	117 (43.5)
Nurse	59 (21.9)
Spa staff (other than aesthetician)	32 (11.9)
Physician assistant	17 (6.3)
I do not know	27 (10.0)
Other type of nonphysician	10 (3.7)

TABLE 4. Consumer Survey: Location of the Cosmetic Procedure by Provider (Responders Were Able to Choose More Than One)

Location	*Physician Provider*	*Nonphysician Provider*	*Fisher Exact* p*
Physician's office	127	32	<.0001*
Dental office	1	1	.749
Nurse's office	0	9	.002*
Aesthetician's office	6	37	<.001*
Physician assistance's office	1	2	.497
Spa	6	53	<.001*
I do not know	4	10	.082

*Statistically significant between the 2 groups compared.

neurotoxin (1), body sculpting (2), and varicose vein treatment (1). When adverse events are further sorted between dermatologists, plastic surgeons, other physicians, and nonphysicians, the rates of discolorations and burns are still higher for nonphysicians (Figure 3).

Consumer Viewpoint of Provider Qualifications

Consumers were asked which nonphysician providers were qualified to perform cosmetic procedures. A majority of respondents felt physician assistants (68.0%) and nurses (57.3%) were qualified to perform cosmetic medical procedures. Conversely, a majority felt that medical assistants (70.7%), aestheticians (57.9%), and spa staff other than aestheticians (90.8%) were not qualified (multiple responses were accepted).

If consumers selected "no," indicating that a particular group was not qualified to perform cosmetic medical procedures, 34.1% said it was because the individual was not a physician. Greater percentages of respondents said it was due to a lack of training (47.5%) or an inadequate level of training (75.4%). Responses under "other" included a "lack of accountability," "lack of experience handling difficult cases," and "no certifying or supervisory agency."

Consumer Motivation to Choose Provider

Consumers were asked what factors were important when choosing a provider for their cosmetic procedure (Figure 4). Of individuals who responded to this question and saw a physician ($n = 140$), the most important factors were board certification of physician (66.4%, $n = 93$, $p < .0001$), referral from a physician (59.3%, $n = 83$), number of procedures performed (37.1%, $n = 52$), and level of licensure of physician (36.4%, $n = 51$). For those who responded to this question and saw nonphysicians ($n = 137$), the most important factors were level of

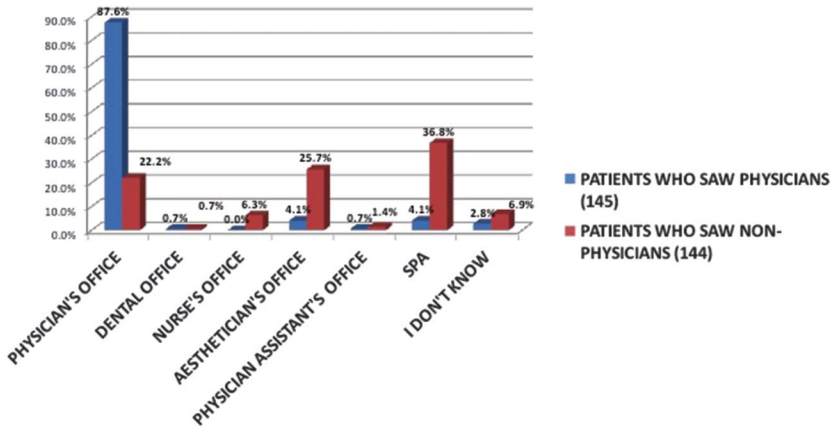

Figure 1. Graph of location of the cosmetic procedure by a provider (responders were able to choose more than one).

TABLE 5. Consumer Survey: Statistically Significant Adverse Events by a Provider (Responders Were Able to Choose More Than One)

Adverse Event	*Physician Provider (*N *= 27 Responded),* N *(%)*	*Nonphysician Provider (*N *= 23 Responded),* N *(%)*	*Fisher Exact* p
Discoloration	4 (14.8)	10 (43.5)	.031*
Burn	2 (7.4)	8 (34.8)	.03*

*Statistically significant between groups.

licensure (59.1%, $n = 81$, $p < .0001$), referral from a physician (48.2%, $n = 66$), and referral from a friend (41.6%, $n = 57$, $p < .05$). Price ($p = .053$) and the location of the practitioner ($p < .005$) were also important for those seeing nonphysicians. Consumers who responded with the "other" option cited patient reviews, web sites, and the complexity of the procedure as motivating factors for choosing a practitioner.

*Physician Survey (*N *= 118 Responses)*

Dermatologic Surgeon Treatment of Cosmetic Complications

This survey assessed the types of complications that physicians have encountered with cosmetic procedures performed by nonphysicians. Of the 118 ASDS members who responded to the survey, 65 (55%) stated that they treated a complication from a cosmetic procedure performed by a nonphysician. Most respondents (43.1%) reported treating 1 to 3 complications, whereas 24.6% treated 4 to 6 complications, and 7.7% treated complications 7 to 9 times. Nearly a quarter of respondents (24.6%) reported treating 10 or more cases of complications resulting from cosmetic procedures performed by nonphysicians (Figure 5).

American Society for Dermatologic Surgery members were then asked to select which types of complications they observed following cosmetic procedures performed by nonphysicians. The most common adverse event was a burn (67.2%) followed by misplacement of a filler product (53.1%). Other common complications included facial drooping (34.4%), tissue deformity (29.7%), and bruising (28.1%). "Other" responses included hypopigmentation or hyperpigmentation, leg ulcers, and scarring (Figure 5).

Physicians were then asked to evaluate the most likely contributing factors for the adverse events that were encountered. The most common response was improper technique (43.8%) followed by improper settings (12.5%). Less than 10% of complications were considered an expected adverse event (Figure 6).

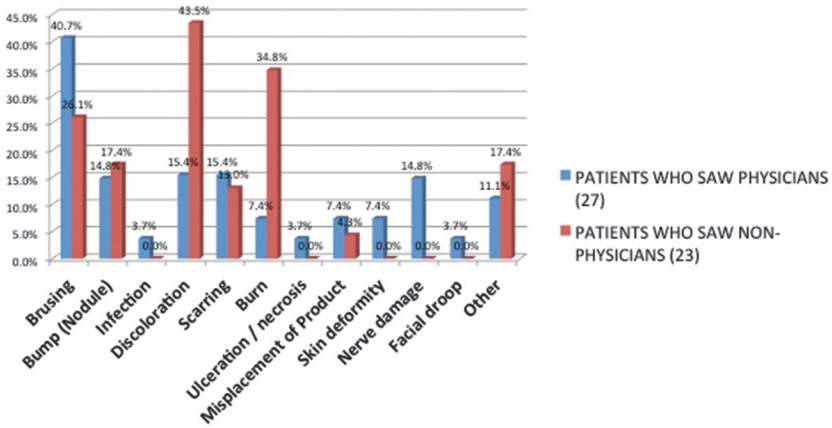

Figure 2. Graph of consumer survey: adverse events by a provider (responders were able to choose more than one).

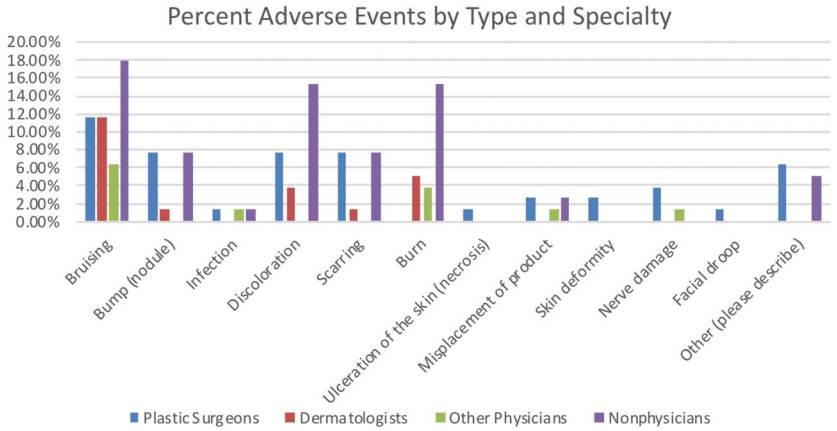

Figure 3. Graph of consumer survey: percent of adverse events stratified by dermatologists, plastic surgeons, and nonphysicians (responders were able to choose more than one).

Regulation of Cosmetic Procedures

Both physician and consumers were polled as to whether there should be stricter regulations on who can perform cosmetic procedures. The majority of ASDS members (86.3%) said there should be stricter regulation. Of the consumers surveyed, a majority (85.8%) also said there should be stricter regulations. There was no difference between the physician group and consumers group (p = .88).

Discussion

The demand for cosmetic medical procedures continues to rise and patients are seeking treatment in a variety of settings by both physicians and nonphysicians. This undersupply of board-certified dermatologists has had a significant impact on patient access to care and has resulted in long wait times with patients seeking alternative providers for their care.[1,6] The performance of cosmetic procedures warrants close inspection and a survey of the current landscape of procedures being performed, as it is important to understand who is performing these procedures, the adverse event profiles, and outcomes. A major finding of this study was that the majority of cosmetic procedures being performed by nonphysicians took place outside of a traditional medical office setting. Procedures occurring in other settings may raise concerns regarding oversight, standards, and regulations that are in place to protect patients and ensure safety. In addition, burns and discolorations were cited as the most common adverse events encountered by patients treated by nonphysicians.

Adverse Events

Overall, numbers of adverse events were quite low in this study, with only 50 adverse events reported by

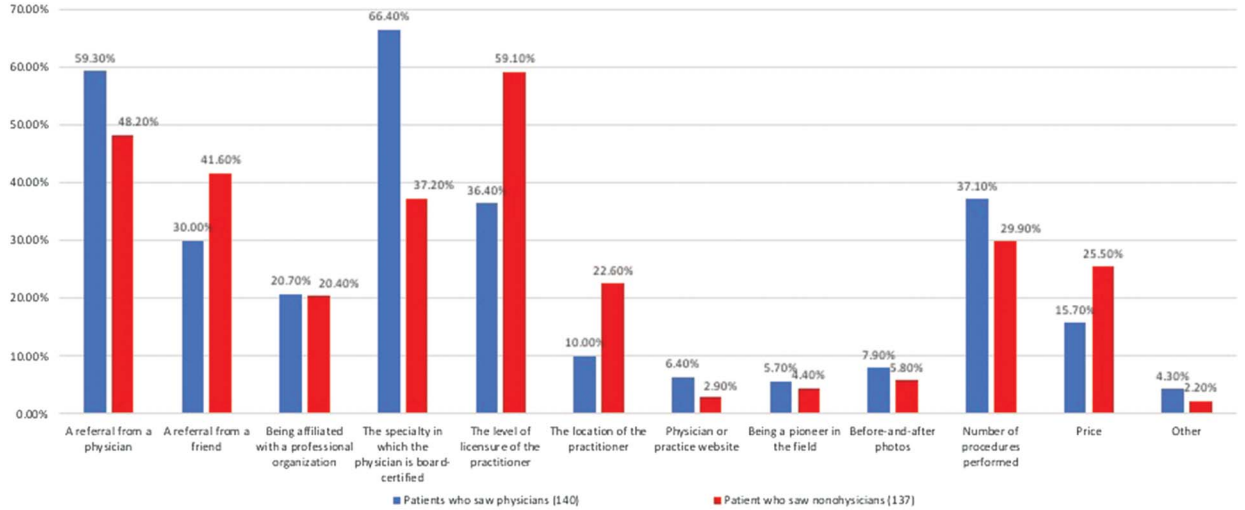

Figure 4. Consumer motivating factors for choosing a physician versus nonphysician.

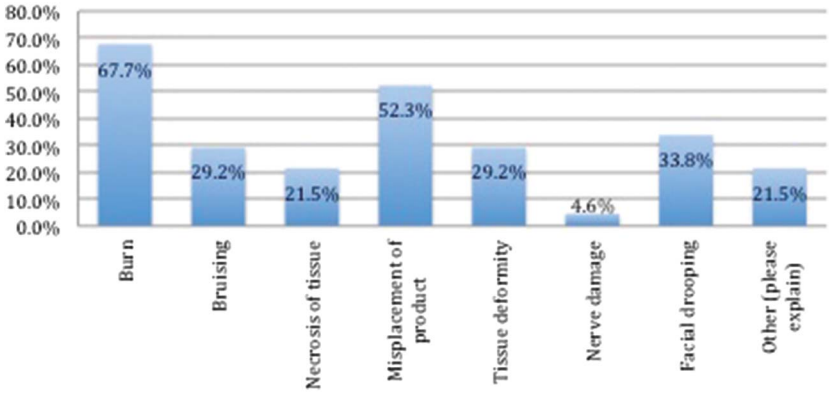

Figure 5. Physician survey: types of complications following procedures performed by a nonphysician.

consumers, the nature of which is in line with reports regarding the safety of dermatologic cosmetic procedures.[7] Although this study looks at both physicians and nonphysicians, this number may underestimate the actual prevalence, as reporting of adverse events is not mandatory, especially for procedures that take place outside of a physician's office. Of the specific adverse events, there was a statistically significant greater difference in the rates of discoloration and burns in the nonphysician group compared with the physician group. This echoes previous published reports by Jalian and colleagues[8] of a higher rate of litigation for laser burns when performed by nonphysicians. The burns and discoloration experienced by patients after procedures performed by nonphysicians may result from inadequate training in how the skin responds to cosmetic procedures (such as lasers) or from insufficient training in selecting the ideal patient and appropriate laser parameters. The majority of adverse events reported by consumers who saw physicians was bruising, and bruising can be an expected part of certain procedures. Of note, the prevalence of nerve damage was reported by consumers, which approached significance in the physician-treated group. None of the nerve damage was cited as permanent, and the procedures performed included neurotoxin (1), body sculpting (2), and varicose vein treatment (1). It was not gauged as to what type of, sensory or motor, impairment occurred in these 4 cases.

Consumer Viewpoint of Qualified Providers

Consumer motivation is a major factor in aesthetic medicine. A further understanding of the motivating factors that drive patients to certain practitioners is important for comprehending the role of nonphysicians. Regarding provider qualification, consumers favored nurses and physician assistants to perform cosmetic medical procedures over other nonphysicians. However, this is interesting because a majority of patients in this survey treated

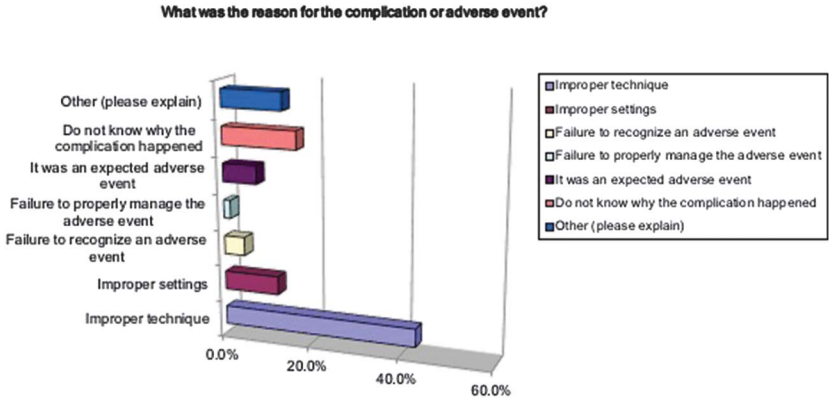

Figure 6. Physician survey: suspected reason for the adverse event when performed by a nonphysician.

by nonphysicians were treated by an aesthetician. This suggests that there are competing factors, such as location, affordability, and persuasive marketing strategies, in place that effectively entice patients into having cosmetic procedures in nonmedical settings by those that they perceive as less qualified. This could also echo previous American Medical Association surveys showing that patients may not understand the different levels of licensure or types of nonphysician providers.[9]

American Society for Dermatologic Surgery Members' Responses

Almost a quarter of ASDS members reported treating 10 or more complications from procedures performed by nonphysicians. This number is higher than consumer-reported complications and could underscore the notion that most complications go unreported by patients or providers. From the complications that ASDS members reported treating, a laser burn was the most common adverse event, which reinforces recent literature and the authors' own results from this study. Interestingly, misplacement of a filler product was the second most common event, and "improper technique" was cited as the most common reason. Anatomy knowledge, injection technique, and selecting appropriate patient cases to perform are all factors that could contribute to this. Other physician surveys have shown that although the majority of physicians feel nurses are capable of administering vaccines, they are not as capable as physicians at administering injectable cosmetic procedures.[10,11] This could be because of the nature of the procedures, a physician's in-depth knowledge and hands on training in anatomy, and the complexity involved. In this study, over 85% of dermatologic surgeons and consumers alike said there should be stricter regulation over who can perform cosmetic procedures. Clarification on training requirements and scope of practice guidelines might help ensure standards are upheld and patient safety is preserved.

Limitations

This study has limitations due to the nature of survey-based research and inherent response bias. This was an email-based survey that may also not fully capture the complete demographic of consumers, and patients were not asked how many times they had a procedure performed. Also, as previous American Medical Association surveys have shown, patients may not know the exact degree or title of the treating practitioner, which may have influenced their ability to accurately respond to questions. Physician members of the ASDS were not asked specifically about adverse events that resulted from cosmetic procedures performed by other physicians. Other studies have shown that cosmetic procedures are performed by various specialties outside of dermatology, including: general surgery, otolaryngology ophthalmology, facial plastic surgery, family medicine, pediatrics, and internal medicine.[12] Future studies are warranted to better characterize adverse events following physician-performed cosmetic procedures, as this may call into question scope of practice of various providers.

Conclusion

Adverse events reported by consumers following cosmetic procedures are infrequent, but still occur. The most common types of adverse events reported with cosmetic procedures performed by nonphysicians are burns and discoloration. This contrasts adverse events from procedures performed by physicians in this study, which consisted mainly of bruising, which does not imply a complication per se. A majority of patients seeing nonphysicians are encountering them outside the traditional medical office, including spas. This could reflect the growing number of "medispas" that are being operated by nonphysicians and could represent a potential concern for safety and regulation. Attention should be given to this alarming trend, as these untraditional settings may not be held to medical practice standards and have inadequate oversight from qualified physicians. Moving forward, the authors need improved data collection on adverse events and outcomes, which may help guide regulations and oversight necessary for providing quality care and ensuring patient safety.

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Experiences With Medical Spas and Associated Complications: A Survey of Aesthetic Practitioners

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BACKGROUND Medical spas have experienced a recent rise in popularity. However, rules and regulations vary nationwide. Given the number of complications attributable to medical spas, questions remain about currently regulatory practices and whether they are sufficient to protect patients from harm.

OBJECTIVE Our study investigated the current state of medical spas and their associated patient complications in the aesthetic field as well as the experiences and attitudes of practitioners.

MATERIALS AND METHODS A survey was distributed to current members of the American Society for Dermatologic Surgery.

RESULTS Of all cosmetic complications encountered in the past 2 years, the majority reported that the percentage of complications seen in their practice attributable to medical spas ranged from 61% to 100%. The most commonly cited complications from medical spas were burn, discoloration, and misplacement of product, whereas the most commonly cited treatments resulting in complications were fillers, intense pulsed light, and laser hair removal. For safety and outcomes, medical spas were rated as inferior to physician-based practices.

CONCLUSION Patient complications associated with medical spas are not uncommon. Overall, practitioners believe medical spas are endangering to patient safety, think that stricter rules and regulations are necessary, and request more support from the specialty medical societies.

The authors have indicated no significant interest with commercial supporters.

In a society which places a growing value on aesthetic beauty, the prevalence of noninvasive and minimally invasive cosmetic procedures has continued to rise. A recent member survey of the American Society for Dermatologic Surgery (ASDS) demonstrated that in 2018, over 3.7 million injectable procedures were performed.[1] Injection of filler products experienced a 78% increase from 2012. Laser, light, and energy-based treatments grew by 74%, and body sculpting procedures increased over 400% during this time period. The increasing popularity of aesthetic treatments has undoubtedly contributed to the trend of medical spas opening across the country.

These aesthetically focused facilities offer treatments similar to those historically performed in physician-based practices—often at discounted prices—but with varying standards of oversight and credentialing. Ironically, the efforts of states to improve access to primary health care by loosening the regulations for nonphysician providers have fostered an appetite for more lucrative aesthetic services in a spa environment. These state legislations have created an influx of nonphysician providers practicing aesthetic services with either no or partial supervision, despite vocal opposition from various specialty societies, such as the ASDS and American Academy of Dermatology.[2,3] Owing to a gross lack of uniform regulations between

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states, the roles and responsibilities of providers have become increasingly blurred, and the divide between aesthetic dermatology and cosmetology has narrowed. The detrimental consequences of this shift are clear and have already resulted in various adverse events for patients and consumers.

Tracking adverse events attributable to nonphysicians or nondermatology providers is difficult. Previous studies have examined complication rates, but this does not paint a complete picture. Although the literature has consistently demonstrated low complication rates with most procedures, these studies have traditionally focused on board-certified dermatologists or plastic surgeons as opposed to other providers who may possess more limited training or skillset.[4] These reports may therefore underrepresent the true rate of adverse events related to cosmetic procedures in all settings and falsely minimize the true potential for harm to patients.

Despite the recent attention focused on the rise of medical spas in aesthetic medicine, no formal studies have thoroughly examined their presence in the field in connection with their associated complications through a national survey of aesthetic practitioners. Our study aims to fill this gap in the literature by surveying members of the ASDS. Our results offer information and insights into how we can better educate practitioners and patients about the potential risks and dangers.

Materials and Methods

Online surveys were distributed via the Internet to current members of the ASDS as of 2019. Each individual was asked for demographic data, as well as their experiences interacting with and attitudes toward medical spas and associated complications.

Results

A total of 306 respondents completed the survey. There was a mean 13.9 years of experience working in aesthetic medicine. The majority worked in an urban setting (56.9%) compared with suburban (40.5%) and rural (2.6%) locations. For the vast majority (80.7%), the closest medical spa was <5 minutes away using typical transportation for the area.

In the past 2 years, the majority (70.3%) of respondents have had 1 to 20 patients experience cosmetic complications from medical spas. Of all cosmetic complications encountered in the past 2 years, the majority (63.1%) reported that the percentage of complications seen in their practice attributable to medical spas ranged from 61% to 100% (Figure 1).

The top 5 most cited cosmetic complications from medical spas were burn (89.7%), discoloration (80.1%), misplacement of product (74.6%), scar (69.4%), and bruise (52.9%) (Figure 2). The top 5

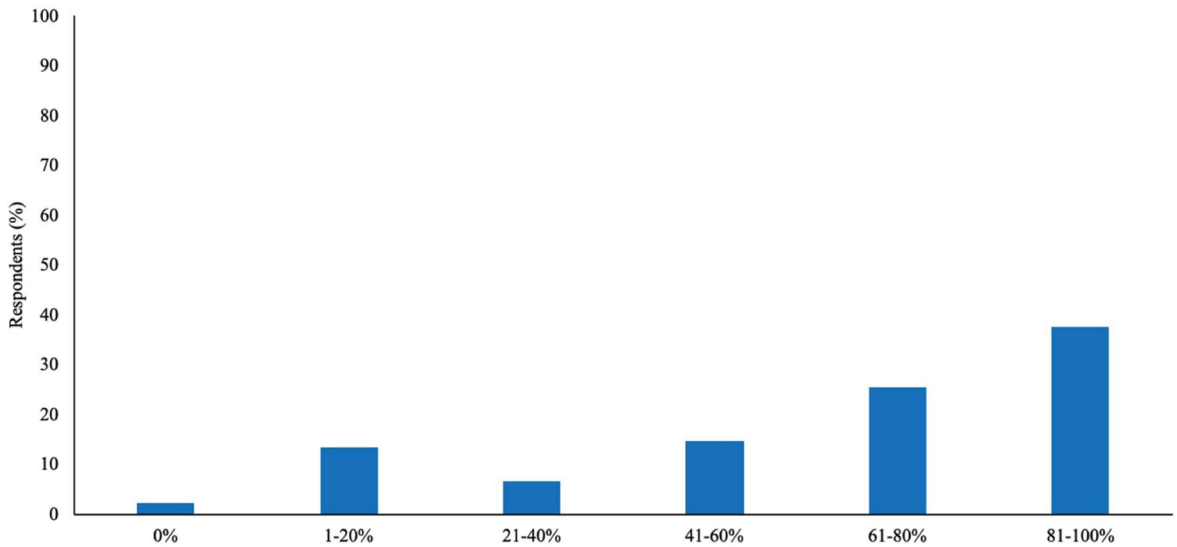

Figure 1. Percentage of all cosmetic complications in the past 2 years which were associated with medical spas.

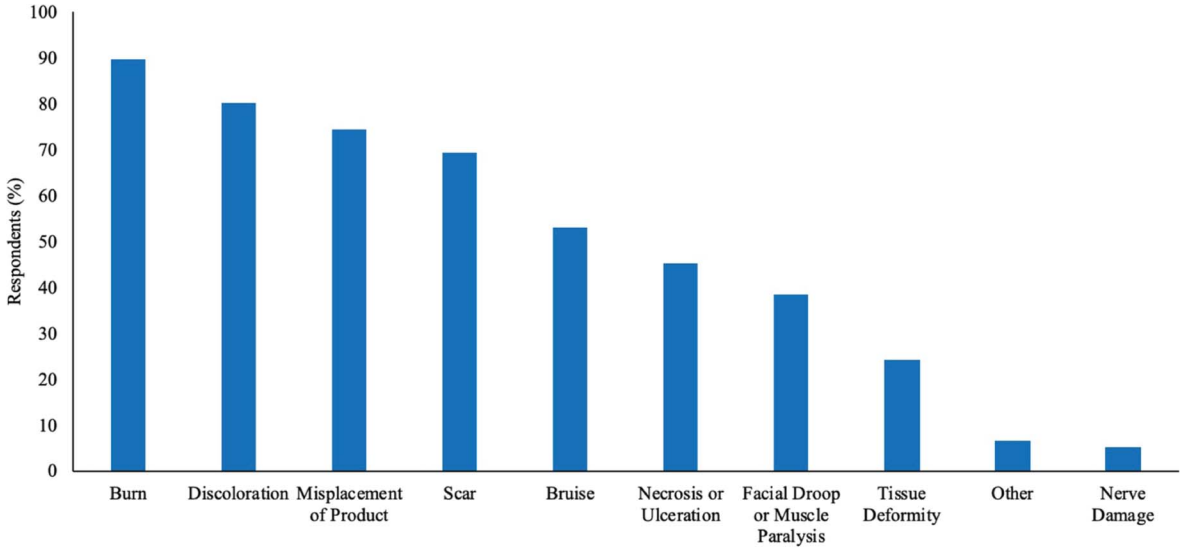

Figure 2. Types of cosmetic complications associated with medical spas.

most cited treatments resulting in complications were fillers (80.4%), intense pulsed light (74.9%), laser hair removal (73.4%), neurotoxins (54.0%), and lasers for discoloration (50.5%) (Figure 3). The top 3 most cited reasons for why these complications may have occurred were improper training or education (90.0%), improper technique (88.3%), and improper device setting (77.3%).

When the training background of the medical director for the medical spa was known, the top 3 most cited specialties were family medicine (40.9%), obstetrics/gynecology (25.1%), and emergency medicine (23.7%). Interestingly, dermatology was the least cited (2.4%) (Figure 4).

Regarding safety, medical spas were rated by respondents to be worse than the average physician practice for fillers (97.6%), intense pulsed light (95.2%), skin tightening and resurfacing (94.3%), laser hair removal (91.3%), laser tattoo removal (89.6%), neurotoxins (80.9%), and body contouring (67.6%).

Regarding outcomes, medical spas were rated by respondents to be worse than the average physician

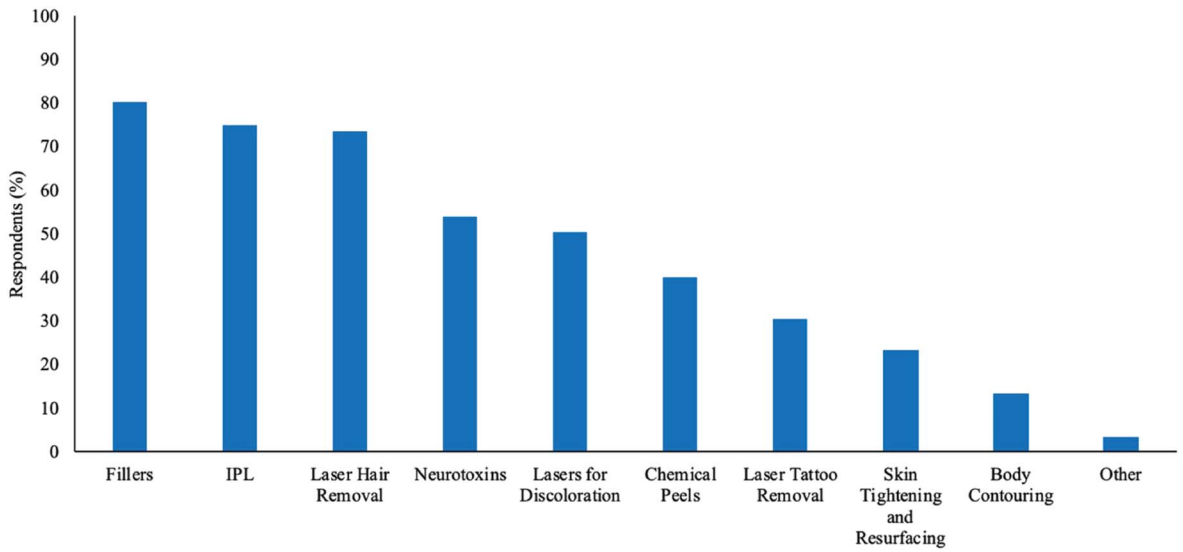

Figure 3. Sources of cosmetic complications associated with medical spas.

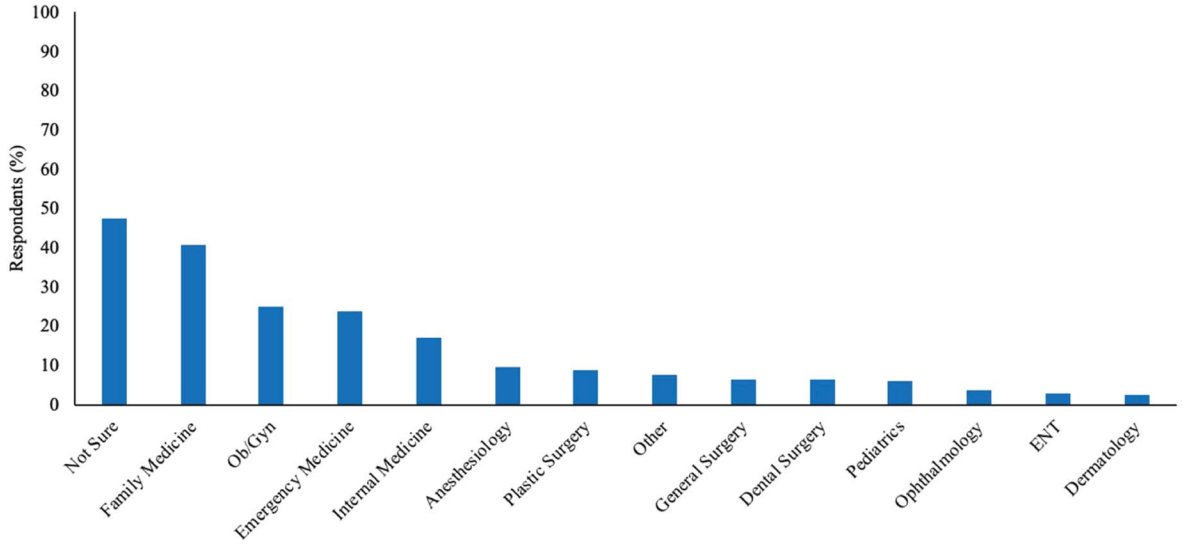

Figure 4. Training background of medical director for medical spa when complications were encountered.

practice for fillers (96.6%), skin tightening and resurfacing (92.0%), intense pulsed light (91.2%), neurotoxins (89.0%), laser tattoo removal (86.0%), laser hair removal (80.2%), and body contouring (69.6%).

The majority (58.8%) believed medical spas are either very or extremely endangering to patient safety. The majority (67.0%) was either not familiar with or only somewhat familiar with the rules and regulations, whereas 95.8% believed these should be stricter. Most respondents (84.3%) would like more information and support from medical societies.

Discussion

Demand for noninvasive and minimally invasive aesthetic procedures continues to grow at a remarkable pace. Medical spas have capitalized on this opportunity with over 5,400 facilities across the country in 2018, representing a total value approaching nearly $10 billion.[5] Many of these facilities are located in states that do not require direct physician oversight and are often managed by nurse practitioners, nurses, and naturopaths. A recent study demonstrated that the majority of medical directors possessed training backgrounds that were neither dermatology nor plastic surgery.[6] Interestingly, nearly 30% of the interviewed medical spas had a medical director who did not perform any procedures themselves, and nearly half were off-site for the majority of the time. Inconsistent supervision and disparate state-by-state regulations coupled with the rapid expansion of medical spas have created a perfect storm for patient endangerment.

The majority of respondents had a medical spa within 5 minutes of their workplace, which is consistent with the recent expansion. An alarming majority also treated several patients who suffered a cosmetic complication from a medical spa. Furthermore, cosmetic complications from medical spas comprise a significant portion of complications treated by responding practitioners. Although this study certainly has recall bias due to the inherent nature of the survey, no other studies have yet to thoroughly examine these trends, and this study begins to shed light on this topic.

The survey attempted to address the systemic faults associated with medical spas that may be responsible for these adverse outcomes. Respondents suspected that the most common reasons for these complications may be improper training, technique, and device settings. However, the causes of complications were likely assumed in many cases. Further investigation into the background of the medical directors also revealed an interesting trend. The top 3 most cited specialties were family medicine, obstetrics/gynecology, and emergency

medicine, whereas dermatology was by far the least cited at 2.4%. Interestingly, plastic surgery was cited at only 8.9%. Furthermore, the field continues to expand, and physicians from other specialties, such as general surgery and pediatrics, have ventured into the procedural aesthetic field.[7]

Expertise certainly plays an integral role in patient safety and outcomes. Very few specialties outside of dermatology and plastic surgery dedicate comparable clinical training to mastering skin pathology, anatomy, and medical and aesthetic treatments. A retrospective biopsy study found that dermatologists were more clinically accurate at diagnosing neoplastic and cystic lesions than nondermatologists, including family physicians, various surgeons, internists, and pediatricians.[8] Compounding these issues, physicians—dermatologists included—are increasingly delegating aesthetic procedures to physician extenders whose qualifications and training lack a universal standard.[9] To further highlight the associated dangers, numerous reports have begun to surface documenting the cosmetic referral of pigmented lesions that are ultimately diagnosed as melanomas.[10]

Regarding the safety and outcomes of common cosmetic procedures, respondents consistently rated medical spas as inferior to the average physician-based practice, especially for laser devices. However, these numbers may be somewhat skewed because practicing dermatologists may have an inherent bias. A recent study demonstrated that laser hair removal was the most commonly litigated procedure, with nonphysicians operating these devices 40% of the time.[11] From 2008 to 2011, the percentage of medical professional liability claims stemming from cutaneous laser surgery performed by nonphysicians increased by nearly 115%, from 36.3% to 77.8%.[12] During the same time period, procedures performed by nonphysicians in medical spas represented almost 80% of lawsuits. Adequate training and proper treatment are vital to patient safety, and sufficient oversight can provide an additional layer of protection.

Nearly two-thirds of respondents reported that they were not familiar with or only somewhat familiar with current guidelines governing medical spas. Unfortunately, rules and regulations are not universal. There are nationwide variations in state medical board bylaws regulating the number of nonphysicians a single physician may supervise, the requirement of physicians to be on-site, and the extent to which delegation of procedural tasks may occur.[13] For these reasons, it is clear why most respondents desired more information and support from our field's medical societies. Additional advocacy on behalf of patients, consumers, and physicians is needed to regulate acceptable standards of care at medical spas across the country.

Conclusion

Patients who have experienced complications from medical spas are not uncommon in aesthetic dermatology. Overall, practitioners believe medical spas are endangering patient safety, think that stricter rules and regulations are necessary, and request more support from the specialty medical societies.

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Evaluating Public Perceptions of Cosmetic Procedures in the Medical Spa and Physician's Office Settings: A Large-scale Survey

Juliet Gibson, MD,* Charlotte Greif, BA,† and Rajiv I. Nijhawan, MD*

BACKGROUND Medical spa and cosmetic procedure markets have grown substantially in recent years. The lack of consistent medical oversight at medical spas raises safety concerns.

OBJECTIVE To understand how the public views medical spas compared with physician's offices as places to receive cosmetic procedures with a focus on safety.

METHODS 1,108 people were surveyed on an internet platform about their perceptions of the safety of receiving cosmetic procedures at medical spas and physician's offices. Respondents were grouped by their past experiences. Chi-squared and analysis of variance models were used to determine statistically significant differences between groups at the 0.05 level.

RESULTS Respondents who had only received cosmetic procedures at physician's offices or had never received a cosmetic procedure cared more about being treated by a physician ($p < .001$) and rated safety as more important ($p = .03$). Total complication rates were numerically higher at medical spas compared with physician's offices ($p = .41$). Minimally invasive skin tightening (0.77 vs 0.0, $p < .001$) and nonsurgical fat reduction (0.80 vs 0.36, $p = .04$) had higher complication rates at medical spas.

CONCLUSION There were concerns among the public about the safety of cosmetic procedures at medical spas, and some procedures demonstrated higher complication rates in this setting.

The United States has the highest volume of cosmetic procedures in the world and spent more than 9.3 billion dollars on them in 2020.[1] Cosmetic procedures are generally performed at physician's offices or medical spas, which are a combination of a medical clinic and day spa.[2] The medical spa market is expected to grow from 14.4 billion dollars in 2021 by 15% each year until 2030, and medical spa facilities are already more prevalent than traditional physician's cosmetic practices in major metropolitan centers, such as Houston, Las Vegas, and New York.[3,4] This trend is concerning from a safety perspective because of widely variable laws regulating medical oversight of these spas.[2,5–7] One survey found that almost 30% of medical spas had medical directors who never performed any procedures, and there have been reports of physicians being paid to act as medical directors without any involvement in daily operations.[8] The American Society for Dermatologic Surgery Association called attention to this concerning trend. In 2019, they published a report stating that physicians cannot serve as the medical director of a practice where cosmetic procedures are performed without owning the practice and highlighted the finding that half of medical spas in the United States do not always have at least 1 physician onsite.[8]

Given the predicted growth of medical spas and cosmetic procedures, the safety of medical spas compared with physician's offices is important to consider.[9] Variability in medical oversight at these spas may become a more pressing issue as cosmetic procedures become mainstream, and patients may not recognize the potential differences in care and safety.[9] This study sought to understand how the US public perceives medical spas and physician's offices as places to receive cosmetic procedures with a focus on safety.

Methods

In this IRB approved study, 1,108 people in the US were surveyed about their perceptions of receiving cosmetic procedures at medical spas compared with physician's offices. The survey was hosted online by Survey Monkey and advertised on social media. It included questions about the importance of physical appearance, the safety of

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Juliet Gibson was awarded funding from the American Society for Dermatologic Surgery Cutting Edge Research Grant Program to conduct this research.

The authors have indicated no significant interest with commercial supporters.

Drs. Nijhawan and Gibson had full access to all the data in the study and take responsibility for the integrity of the data and the accuracy of the data analysis.

Reviewed and approved by UT Southwestern Medical Center IRB.

J.G. and C.G. should be considered co-first authors given their equal contribution to the development of this manuscript.

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treatments performed at medical spas, the staff performing treatments (physician, nurse, other), the importance of evaluation by trained medical professionals, previous treatments performed at medical spas, and any adverse events or concern for adverse events at medical spas and physician's offices. The survey included participants who had received cosmetic procedures at physician's offices only, at medical spas only, at physician's offices and medical spas, and those who had never had a cosmetic procedure. We grouped respondents by experience with cosmetic procedures and settings where they received these procedures: (1) had a cosmetic procedure at a medical spa only, (2) had a cosmetic procedure at a physician's office only, (3) had a cosmetic procedure at a medical spa and physician's office, and (4) had never had a cosmetic procedure. We calculated summary statistics and used chi squared and analysis of variance models to determine statistical significance between groups at the 0.05 level.

Results

Demographics

A total of 1,108 participants completed the survey. There were 43 respondents who had received a cosmetic procedure at a medical spa only, 80 at a physician's office only, 21 at a medical spa and physician's office, and 494 who had never had a cosmetic procedure. Ages ranged from 17 to 71 years old with 51% of respondents between the ages of 40 and 60 years. States with the greatest portion of respondents were California (11%), Florida (9%), Texas (8%), and New York (6%). Two-thirds of the sample were women and one-third, men. Most respondents (64%) had a college or graduate degree. There were no significant differences in baseline demographics between groups defined based on experience with cosmetic procedures.

Perceptions of Safety

Most respondents reported appearance as important or very important (512/682, 75%). The greatest number of respondents were comfortable with a physician performing their cosmetic procedures (542/1108, 49%), whereas equal numbers were comfortable with a physician assistant (317/1108, 29%) or nurse practitioner (317/1108, 29%), and equal numbers with a registered nurse (255/1108, 23%) or aesthetician (256/1108, 23%).

Respondents who had never had a cosmetic procedure or had only received them at physician's offices had the least confidence in the safety of medical spas compared with other groups ($p < .001$; Figure 1). Those who had never received a cosmetic procedure had the least confidence in the safety of physician's offices, whereas those who had received procedures at physician's offices only had the greatest confidence in receiving cosmetic procedures at physician's offices ($p = .005$; Figure 1). Those who had never had a cosmetic procedure or had them at physician's offices only viewed being treated by a physician as more important than other groups (physician's office only: 4.8 of 5.0 mean importance score, never had cosmetic procedure: 4.2, medical spa only: 3.3, medical spa and physician's office: 3.7; $p < .001$). Those who had received a procedure at a physician's office only were more likely to want a plastic surgeon or dermatologist to perform the procedure rather than another physician or physician assistant compared with other groups when informed of certain procedure risks (blindness: $p < .001$; infection: $p = .002$; scarring: $p < .001$; discoloration of the skin: $p < .001$). Those who received procedures at a physician's office only rated the medical training of the person performing the procedure as 4.9 of 5.0 in mean importance compared with those who had never had a procedure (4.7), those who had received cosmetic procedures at both settings (4.6), and those who had received them at medical spas only (4.5) ($p = .03$). Respondents who received a cosmetic procedure at a physician's office only or had never received a cosmetic procedure rated the importance of the safety of the procedure higher than other groups (physician's office only: 5.0, medical spa only: 4.6, medical spa and physician's office: 4.5, never had cosmetic procedure: 4.8; $p = .003$). Figures 1 and 2 show further results.

Complications by Setting

There was no significant difference in the overall complication rate at medical spas compared with physician's offices, although medical spas had a numerically greater complication rate. 16.4% of respondents receiving cosmetic procedures at medical spas compared with 11.0% at physician's offices experienced at least 1 complication ($p = .42$). Minimally invasive skin tightening had a significantly higher complication rate of 77% at medical spas compared with 0% at physician's offices ($p < .001$), and nonsurgical fat reduction had a complication rate of 80% at medical spas and 36% at physician's offices ($p = .04$). Other procedures did not demonstrate significantly different complication rates between settings.

Consent and Response to Complications

At a physician's office, a physician reviewed the consent form with patients in 27% of cases compared with 18% at medical spas. The type of staff reviewing the consent form was significantly different between settings ($p < .001$). Physicians were more likely to point out risks of procedures before the procedure at physician's offices (69% of cases) compared with medical spas (50% of cases) ($p < .001$). If a respondent had a complication to a procedure, physicians were numerically but not significantly more likely to address and treat the complication (physician addressed complication in 60% of cases) compared with medical spas (physician addressed complication in 16% of cases) ($p = .15$). Registered nurses and aestheticians were numerically, but not significantly more likely to address complications at medical spas (registered nurse 37%, aesthetician 26%) compared with physician's offices (registered nurse 13%, aesthetician 13%) ($p = .15$). There was no significant difference in satisfaction level with how complications were

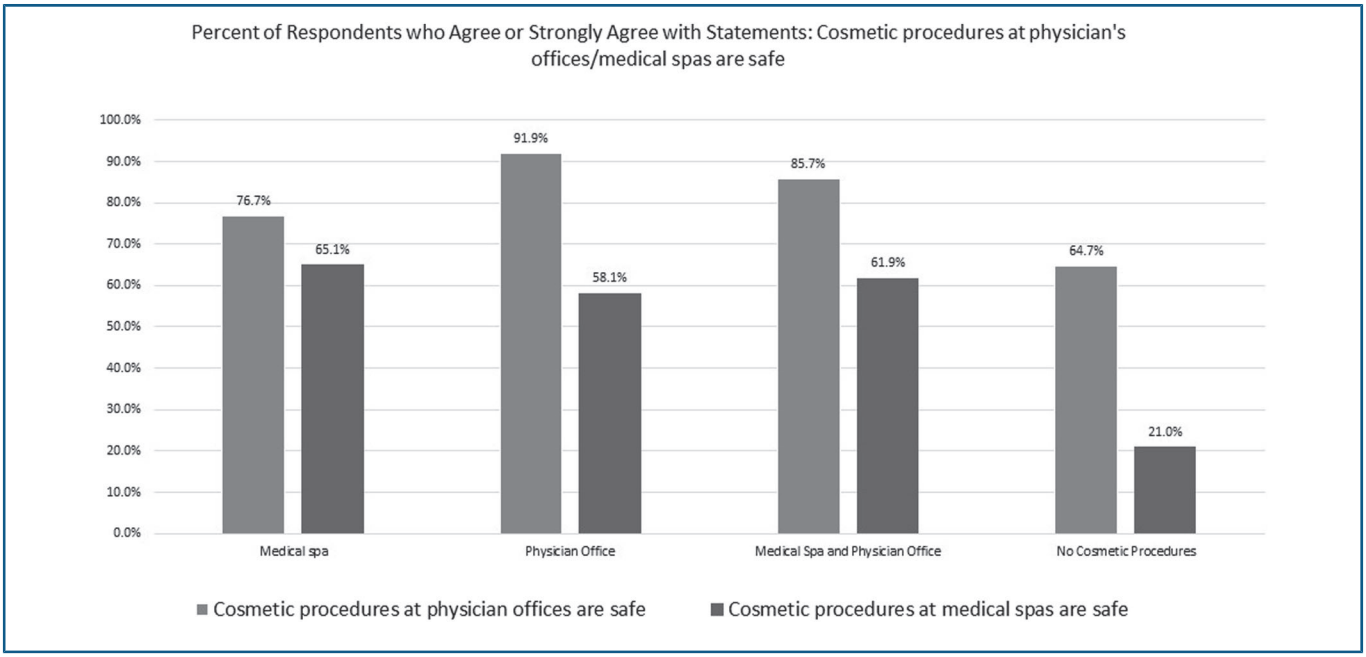

Figure 1. Agreement with statements that cosmetic procedures are safe at physician's offices or medical spas by respondent group.

handled between settings (physician office: 3.16 mean satisfaction score of 5.0; medical spa: 3.14; $p = .99$).

Discussion

This study demonstrated that most of the public and especially the public who had not received a cosmetic procedure at a medical spa believed physician's offices to be safer for cosmetic procedures. A study by Wang and colleagues in 2020 similarly found that most 18 to 38 year olds believed physician's offices to be safer than medical spas (69.7% vs 42.2%, $p < .001$).[10] Our findings also confirm that there is less physician involvement in procedures and higher complication rates of certain cosmetic procedures, including minimally invasive skin tightening and nonsurgical fat reduction, at medical spas compared with physician's offices. Less physician involvement fits with the findings presented by the ASDSA in their Position on Physician Oversight in Medical Spas that half of medical spas in the US do not have a physician on-site at all times.[8] It is unclear why minimally invasive skin tightening and nonsurgical fat reduction had higher complication rates at medical spas, but could stem from

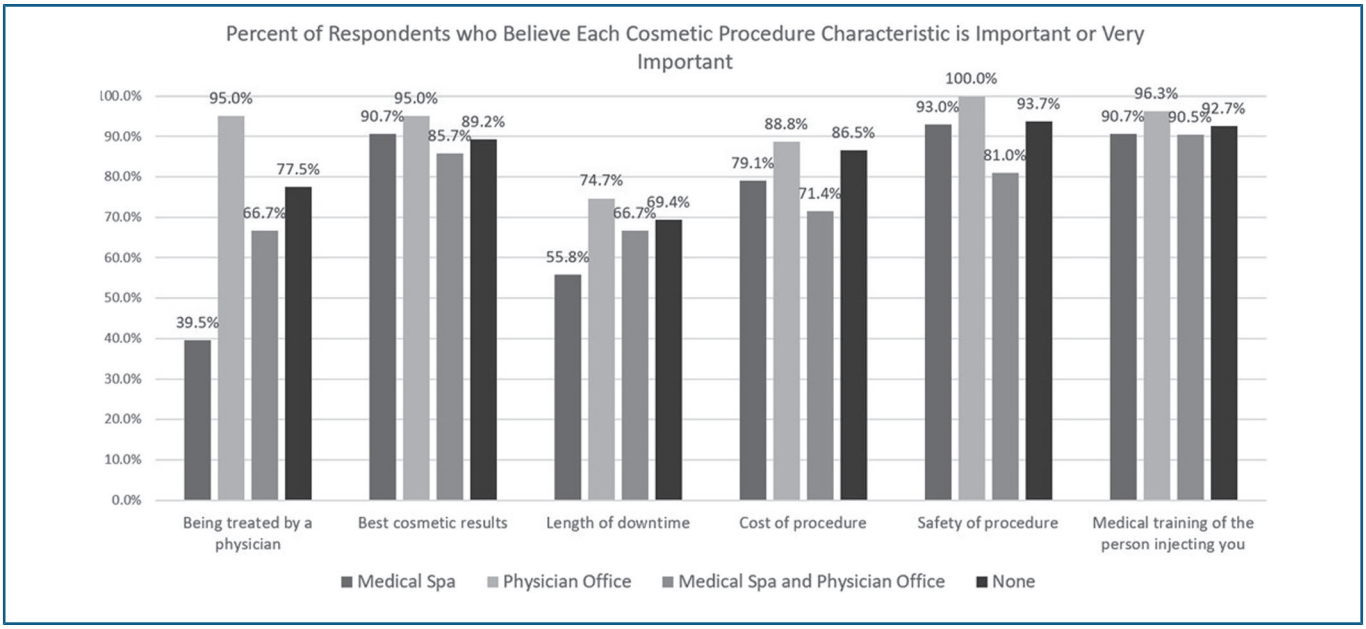

Figure 2. Importance of certain factors related to cosmetic procedures by respondent group.

differences in training or experience with the procedures, use of different medical devices, or differences in patient expectations, including mistaking common side effects for complications. There are few controlled clinical trials evaluating the safety and efficacy of devices used for minimally invasive skin tightening, which may contribute to higher complication rates in a given setting.[11] This survey did not ask about the nature of the complication, but it would be helpful to determine this in future studies. Higher complication rates of certain procedures fits with the ASDSA position statement reporting an increase in patient complications connected to nonphysicians practicing medicine.[8] One study found that procedures performed at medical spas by nonphysicians made up nearly 80% of medical lawsuits, indicating that less physician involvement may result in less safe procedures.[8] A surprising finding is that there was greater confidence in the safety of medical spas among those who had received at least 1 cosmetic procedure in this setting. Although our study found a numerically higher complication rate in the medical spa setting, this difference was not statistically significant. It is important to perform studies large enough to detect any differences in adverse events going forward so that patients may make informed decisions about their care.

Limitations

Limitations of our study include selection bias, because participants with extreme experiences receiving cosmetic procedures at physician's offices or medical spas may have been more likely to participate. Advertising was performed on social media, which may not have been representative of the general US population. Recall bias was another limitation resulting from the survey design.

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Outlook

Proposed changes for cosmetic procedures

From bethable1 <bethable1@cox.net>
Date Wed 4/1/2026 8:54 PM
To Fischer, Staci (RIDOH) <Staci.Fischer@health.ri.gov>
Cc Garceau, Zachary (RIDOH) <Zachary.Garceau@health.ri.gov>

I am a retired, dermatologist and dermatologist surgeon who also did volunteer teaching of Brown university Dermatology residents for 36 years.

During my practice, I cared for many patients who had ill effects from non-dermatologist trying to do cosmetic procedures. This even included an internistwho I highly respected who completely missed a serious Staph Aureus infection from doing a simple chemical peel.

To think that non-physicians who are not supervised are going to be injecting toxins and blood products into patients without supervision, Is alarming. The quality of medicine in Rhode Island has deteriorated with low reimbursement rates compared to our neighboring states. To add unqualified practitioners administering procedures
without On-Site supervision is dangerous.

Since I am retired, this does not impact me financially. However, I am very concerned by the degradation of care that legislation could promote.

Sincerely,

Elizabeth A Welch MD

Outlook

Comment: 216-RICR-40-05-1

From kettles-riddles-2i@icloud.com <kettles-riddles-2i@icloud.com>
Date Wed 4/1/2026 9:10 PM
To Garceau, Zachary (RIDOH) <Zachary.Garceau@health.ri.gov>

Dear Chief Garceau,

Please consider my opposition to the proposed rule amendment that removes certain injections from the definition of surgery.

These are in fact medical procedures that can have serious consequences. Given that these are medical procedures, the requirements should be identical to those performed in a medical office. The standards and expectations should not be relaxed. The public and medical community rely on the Department of Health to put in place guardrails to protect patient safety and give them confidence that medical procedures will be performed as safely and competently as possible. It is in all of our best interest that the DOH continue to perform that independent role and maintain the current regulations.

Catherine Cummings, MD, FACEP
Clinical Professor of Emergency Medicine
The Warren Alpert Medical School of Brown University

Past President Rhode Island Medical Society

Outlook

Amendment to Definition of Surgery

From Robinson-Bostom, Leslie, MD <LRobinson-Bostom@brownhealth.org>
Date Thu 4/2/2026 8:18 PM
To Garceau, Zachary (RIDOH) <Zachary.Garceau@health.ri.gov>
Cc Larkin, Jerome (RIDOH) <Jerome.Larkin@health.ri.gov>; Fischer, Staci (RIDOH) <Staci.Fischer@health.ri.gov>

To Chief Zachary Garceau,

1. Physicians, surgeons and the AMA should define surgery. The American College of Surgeons and the American Society of Plastic Surgery concur on the definition of surgery and this definition includes the procedures that the proposed rule would remove. (References 1, 2)
2. Cosmetic medical procedures are MEDICAL procedures and ought to be performed with the same standards whether performed in a medical spa or in a conventional medical office. Shortcuts, expanded scope of practice and removing physicians from supervision in medical spas, all threaten public safety. The issue here is PUBLIC SAFETY, Not small business support or alignment with practice in Massachusetts. (where Guidelines were written by the nursing board, not physician experts). (Reference 3) *Unfortunately, several RI politicians apparently have bought into dangerous narrative that they need to ease regulation in medical spas to "support small business" and so as not to "lose business to Massachusetts."* The explosion of medical spas and the lack of strong standards for training and supervision of practitioners has harmed patients. (References 4, 5, 6)
3. John Oliver covered the topic in a recent episode of his "John Oliver Tonight" show. We are very serious about the issue, but his humor effectively communicates the problem. https://www.youtube.com/watch?v=pzggl8C2fvs [youtube.com]. The section from time 3:20-5:11 relates the story of an unsuspecting woman scarred by laser hair removal. She thought she was safe because the office was professional and the staff wore white coats. Oliver says, the industry has been "trivialized to the point that patients no longer see it as health care." It is the responsibility of the state protect patients. The entire episode is worth a listen and a laugh. HIs solution is also spot on: "this is an industry badly in need of oversight." 22:10-23:30.
4. We respect our Physician Assistant and Nurse Practitioner colleagues and agree with the AMA that a **Physician Led Team** is the optimal model for health care safety and quality. "Scope creep" efforts affect **many medical specialties** including anesthesia, psychiatry, ophthalmology, wellness medicine And primary care.
5. This proposal is a solution in want of a problem. We posit that the strategy comes from the national Medical Spa Association which supports medical spa operations, but is ever seeking to expand the scope of non physicians. We will name the elephant in the room: **money** is the motivation. Industry also shares responsibility. To makers of toxin and filler, the more registered nurses, medical assistants and aestheticians who have needles in their hands, the more money pharmaceutical companies make. Responsibility ought to fall to a core specialty physician (i.e. a plastic surgeon or a dermatologist who get required, supervised training as part of residency). Redefining surgery may

be a ploy to allow non-physicians to perform more invasive procedures. Is this a strategy by non physicians to avoid being sued for performing surgery?

6. The medical spa industry is one that is due for more regulation, not less! Patients getting cosmetic procedures in med spas by non-physicians suffer higher rates of complications (References 4, 5, 6) and a recent survey of medical spas in the five boroughs of New York demonstrated profound lack of compliance with existing regulations. (Reference 7) .This is alarming giving that New York City is a highly regulated environment! Enforcement of standards in Rhode Island is complaint driven so violations are likely occurring already. In addition, studies demonstrate that patients who visit medical spas support More regulation, not less.
7. Rhode Island ranks 49th of 50 states on its favorability for physicians in which to practice. It is high time for Rhode Island to recognize and respect physicians who spend years in training, assume high rates of medical debt and the carry expensive malpractice insurance. Allowing non-physicians more scope in cosmetic practices is a slap in the face for RI physicians.
8. Expanding what non-physicians can do in a medical spa is also diluting the primary care workforce. Wasn't the idea of advanced practice RNs and physicians assistants to address primary care shortages? APRN's are specifically trained in primary care not surgery and cosmetic medical procedures. If Rhode Island is seeking to align, its healthcare with Massachusetts, perhaps supporting better reimbursement rates for physicians -which are 20 to 30% higher in Massachusetts- is a better area on which to focus.

In conclusion, the proposed rule change does not align with national surgical definitions, threatens the safety of Rhode Island patients and disrespects the expertise of physicians. We urge you to reject the change.

Sincerely,

Leslie Robinson-Bostom, MD
Professor of Dermatology
Professor of Pathology and Laboratory Medicine
Director, Division of Dermatopathology
Department of Dermatology
The Warren Alpert Medical School of Brown University
Tele: 401-444-8511
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Outlook

Injections are surgical and medical

From Elnaz Firoz <elnaz_firoz@brown.edu>
Date Fri 4/3/2026 7:50 AM
To Garceau, Zachary (RIDOH) <Zachary.Garceau@health.ri.gov>; Larkin, Jerome (RIDOH) <Jerome.Larkin@health.ri.gov>; Fischer, Staci (RIDOH) <Staci.Fischer@health.ri.gov>
Cc Firoz, Elnaz F, MD <efiroz1@brownhealth.org>

To whom it may concern:

I am a dermatologist concerned about legislation that would remove from surgical practice the injection of cosmetic agents. I work at university Hospital and see all of the complications related to poor practices harming patients receiving care at offices or by practitioners who are not properly qualified.

Our opinion and corroborating evidence for it is as follows:

Physicians, surgeons and the AMA should define surgery. The American College of Surgeons and the American Society of Plastic Surgery concur on the definition of surgery and this definition includes the procedures that the proposed rule would remove. (References 1, 2)

Cosmetic medical procedures are MEDICAL procedures and ought to be performed with the same standards whether performed in a medical spa or in a conventional medical office. Shortcuts, expanded scope of practice and removing physicians from supervision in medical spas, all threaten public safety.

The issue here is PUBLIC SAFETY, Not small business support or alignment with practice in Massachusetts. (where Guidelines were written by the nursing board, not physician experts). (Reference 3)

Unfortunately, several RI politicians apparently have bought into dangerous narrative that they need to ease regulation in medical spas to "support small business" and so as not to "lose business to Massachusetts." The explosion of medical spas and the lack of strong standards for training and supervision of practitioners has harmed patients. (References 4, 5, 6)

John Oliver covered the topic in a recent episode of his "John Oliver Tonight" show. We are very serious about the issue, but his humor effectively communicates the problem. https://www.youtube.com/watch?v=pzggI8C2fvs [youtube.com].

The section from time 3:20-5:11 relates the story of an unsuspecting woman scarred by laser hair removal. She thought she was safe because the office was professional and the staff wore white coats. Oliver says, the industry has been "trivialized to the point that patients no longer see it as health care." It is the responsibility of the state protect patients. The entire episode is worth a listen and a laugh. HIs solution is also spot on: "this is an industry badly in need of oversight." 22:10-23:30.

We respect our Physician Assistant and Nurse Practitioner colleagues and agree with the AMA that a Physician Led Team is the optimal model for health care safety and quality. "Scope creep" efforts affect many medical specialties including anesthesia, psychiatry, ophthalmology, wellness medicine And primary care.

This proposal is a solution in want of a problem. We posit that the strategy comes from the national Medical Spa Association which supports medical spa operations, but is ever seeking to expand the scope of non physicians. We will name the elephant in the room: money is the motivation.

Industry also shares responsibility. To makers of toxin and filler, the more registered nurses, medical assistants and aestheticians who have needles in their hands, the more money pharmaceutical companies make. Responsibility ought to fall to a core specialty physician (i.e. a plastic surgeon or a dermatologist who get required, supervised training as part of residency).

Redefining surgery may be a ploy to allow non-physicians to perform more invasive procedures. Is this a strategy by non physicians to avoid being sued for performing surgery?

The medical spa industry is one that is due for more regulation, not less! Patients getting cosmetic procedures in med spas by non-physicians suffer higher rates of complications (References 4, 5, 6) and a recent survey of medical spas in the five

boroughs of New York demonstrated profound lack of compliance with existing regulations. (Reference 7) .This is alarming giving that New York City is a highly regulated environment!

Enforcement of standards in Rhode Island is complaint driven so violations are likely occurring already. In addition, studies demonstrate that patients who visit medical spas support More regulation, not less.

Rhode Island ranks 49th of 50 states on its favorability for physicians in which to practice. It is high time for Rhode Island to recognize and respect physicians who spend years in training, assume high rates of medical debt and the carry expensive malpractice insurance. Allowing non-physicians more scope in cosmetic practices is a slap in the face for RI physicians.

Expanding what non-physicians can do in a medical spa is also diluting the primary care workforce. Wasn't the idea of advanced practice RNs and physicians assistants to address primary care shortages? APRN's are specifically trained in primary care not surgery and cosmetic medical procedures. If Rhode Island is seeking to align, its healthcare with Massachusetts, perhaps supporting better reimbursement rates for physicians -which are 20 to 30% higher in Massachusetts- is a better area on which to focus.

In conclusion, the proposed rule change does not align with national surgical definitions, threatens the safety of Rhode Island patients and disrespects the expertise of physicians. We urge you to reject the change.

Sincerely,

Elnaz F. Firoz, MD
MEDICAL DIRECTOR, DERMATOLOGY, THE MIRIAM HOSPITAL

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4. Higher rates and complications and medical spas than in Physician office settings

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8. -article about nurse practitioners not pursuing primary care practice

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