



June 2, 2011

The Honorable Jeffrey Sanchez
Chair, Joint Committee on Public Health
State House, Room 130
Boston, Massachusetts 02133

Dear Representative Sanchez,

On behalf of the more than 12,000 U.S. members of the American Academy of Dermatology Association (AADA), I am writing to share with you our strong support for S01113. This legislation is an important step toward ensuring transparency of health care provider qualifications. America's patients deserve to know what procedures their providers are qualified and licensed to perform.

The AADA believes those who regulate and deliver medical care have an obligation to inform the public of the qualifications and limitations of the persons providing their care prior to treatment. All providers should identify or disclose their degree or field of study, board-certification (if any) and licensure to each patient.

As dermatologists, our utmost concerns are quality patient care and patient safety. Quality patient care includes evaluating a patient's needs and current condition, selecting an appropriate course of treatment, and providing adequate information and follow-up care. It is not only essential to provide the highest quality care, but it is just as important that patients understand and are comfortable with who is providing those services.

A recent survey conducted by the American Medical Association's Scope of Practice Partnership, on which AADA serves as a steering committee member, confirms increasing patient confusion regarding the many types of health care providers - including physicians, nurses, physician assistants, technicians and other varied providers. The survey revealed:

- **54 percent** of patients incorrectly believe an optometrist is a medical doctor;
- **35 percent** of patients believe a nurse with a "doctor of nursing practice" degree is a medical doctor;
- **44 percent** of patients believe it is difficult to identify who is a licensed medical doctor and who is not by reading what services they offer, their title and other licensing credentials in advertising or other marketing materials.

As you know, there is a wide spectrum of training and expertise among caregivers. In a clinical setting, it is often impossible for patients to know whether the person providing their care is a physician, nurse, physician assistant, pharmacist, dentist, or dental hygienist, for example.

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Excellence in Dermatology™

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This creates a great deal of confusion for individuals receiving health care and our patients have the right to know the credentials and the level of training of that person making the important medical diagnosis, pushing medications into an intravenous line, using a scalpel, or pointing a laser at their face, torso, arms, or legs. Many patients may not feel comfortable asking for a provider's credentials prior to receiving care. The SOPP survey reinforces that patients want more transparency regarding the credentials and qualifications of their health care providers:

- **93 percent** of patients believe only medical doctors should be permitted to use the title "physician;"
- **87 percent** of patients support state legislation to require all health care advertising materials to clearly designate the level of education, skills and training of all health care professionals promoting their services.

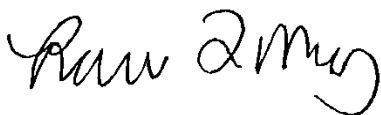
S01113 would make it unlawful for any person who is not a medical doctor, doctor of osteopathic medicine, doctor of dental surgery, or doctor of dental medicine to make any statement, or engage in any act, that deceives or misleads the public or a prospective or current patient that such person is a medical doctor, doctor of osteopathic medicine, doctor of dental surgery or doctor of dental medicine or has the same or equivalent education skills or training.

The AADA strongly supports the team-based model of health care delivery, led by the physician, and recognizes the vital role all providers play in the health care delivery system. However, ambiguous provider nomenclature, related advertisements and marketing, and the myriad of individuals one encounters in each point of service exacerbate patient uncertainty. Further, patient autonomy and decision-making are jeopardized by uncertainty and misunderstanding in the health care patient-provider relationship.

S01113 helps set the record straight and provides patients with the necessary information about who is providing their healthcare.

We strongly urge you and your colleagues to support S01113. For further information, please contact Kathryn Chandra, Assistant Director of State Policy for the AADA, at kchandra@aad.org or (202) 712-2615.

Sincerely,



Ronald L. Moy, MD, FAAD
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RLM/kgc