

July 21, 2009

State Senator Susan Fargo, Chair
State Representative Jeffrey Sanchez, Chair
Joint Committee on Public Health
Massachusetts General Court
State House, Room 504
Boston, MA

Re: SB 836

Dear Members of the Joint Committee on Public Health:

As a dermatologic surgeon practicing in Chestnut Hill and a member of the Massachusetts Medical Spa Task Force, I would like to share with you some concerns that I have with SB 836.

First, I applaud the hard work of Senator Menard and my colleagues on the Massachusetts Medical Spa Task Force in addressing the need to regulate the growing medical spa industry.

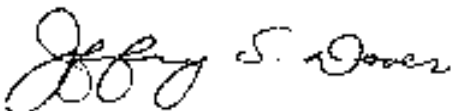
The Massachusetts Medical Spa Task Force was made up of members of the cosmetology, electrology, nursing, and physician communities—all of whom have a stake in the procedures performed in medical spa facilities. The goal for all of us is patient safety. The Report of the Medical Spa Task Force sets a framework with which to address these patient safety concerns within the legislative arena. **However, the legislation recommended within the Task Force Report, and proposed as SB 836, does not fully ensure patient safety.**

I was selected for the Task Force because of my capacity as a dermatologic surgeon. Dermatologic surgeons invented many of the minimally invasive medical procedures performed in medical spas. The three categories of medical spas—Level I, Level II and Level III, was based on the theory of simple to complex and potential risks, with the level of training and supervision required to perform each procedure assigned to one of these 3 categories.

SB 836 allows, in Level II Medical Spas, nurses and aestheticians to perform laser and light based non-hair removal treatments, such as treatment of vascular and pigmented lesions, without a supervising MD. My concern is that these unsupervised nurses and aestheticians may not have the medical training to differentiate sun spots (lentiginos) from moles and precursors to melanoma. Treating the latter will increase the risk of melanoma, a potentially fatal skin cancer. Patients should be required to obtain a skin examination from the onsite supervising physician prior to any procedure or series of procedures. The physician should be required to provide a prescription for treatment that then can be carried out by the RN or aesthetician.

While it could be argued that a skin examination performed by a physician and on-site physician supervision should be required for non-ablative cosmetic medical procedures will reduce patients' access to these procedures, I feel the data supports this important and essential requirement. In any medical situation, one must weigh the level of risk vs. benefit of a procedure. By definition, patients undergo cosmetic medical treatments to improve some aspect of their appearance; therefore, any risk of scarring or disfigurement is unacceptable. More importantly is either the potential risk of missing a premalignant or malignant pigmentary process (melanoma) or even worse treating such a spot as if it was a benign sun spot, and by doing so risking the patient's life.

Sincerely,



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