



*American Academy of Dermatology
and AAD Association*

Physicians Dedicated to Excellence in Dermatology™

Stephen F. Stone, MD, FAAD
President

Correspondence

PO Box 4014
Schaumburg IL 60168-4014

Phone 847/330-0230
Fax 847/330-0050

Location

930 E Woodfield Rd
Schaumburg IL 60173-4729

AAD Web Site
www.aad.org

Diane R. Baker, MD, FAAD
President-Elect

William P. Coleman, III, MD, FAAD
Vice President

Henry W. Lim, MD, FAAD
Vice President-Elect

David M. Partser, MD, FAAD
Secretary-Treasurer

Mary E. Maloney, MD, FAAD
Assistant Secretary-Treasurer

Ronald A. Henrichs, CAE
Executive Director & CEO

July 21, 2006

Senator Carol Roessler, Chairperson
Senate Committee on Health, Children,
Families, Aging and Long-Term Care
Room 8 South
State Capitol
P.O. Box 7882
Madison, WI 53707

Representative Jay A. Hines, Chairperson
Assembly Committee on Public Health
Room 10 West
State Capitol
P.O. Box 8952
Madison, WI 53708

Dear Senator Roessler and Representative Hines:

I am contacting you on behalf of our 183 Wisconsin members and on behalf of the American Academy of Dermatology Association's 15,000 members in general to comment on the matter of proposed rulemaking CR05-118 that would grant estheticians and other non-physicians the authority to practice cutaneous medicine – such as microdermabrasion, laser hair removal, and chemical skin peels – without direct supervision by a physician. The rulemaking also appears to grant licensed non-physicians authority to supervise non-licensed non-physicians, such as apprentices, who are furnishing these services. Modifying Wisconsin's regulations to allow the provision of cutaneous medical services by inappropriately supervised non-physicians is manifestly not in the best interests of patients' safety and well-being. The Academy therefore strongly urges that a public hearing be held to openly and thoroughly debate the important patient safety and supervision issues arising from this proposed rulemaking.

This proposed rulemaking covers much more than dermabrasion, as some of its proponents are claiming. Indeed, the combined impact of Sections 5, 11, 12, 13, 14, 15, and 16 would result in poorly supervised, non-physician practitioners furnishing dermabrasion as well laser hair removal and chemical skin peels to Wisconsin patients. According to Academy policy, each of these procedures constitutes the practice of medicine because they can and often do cause biological changes to living tissue layers. Done improperly, these procedures can leave an individual discomforted in the short term as well as permanently scarred and disfigured.

Our paramount interest in this matter is the health, safety, and welfare of patients. This is precisely why only a physician, or an appropriately trained non-physician practitioner who is directly supervised by a physician, should furnish cutaneous medical services such as dermabrasion, laser skin removal, and chemical skin peels. This is also why Academy policy explicitly states that "except in exceptional circumstances, the supervising physician shall be physically present on-site, immediately available and able

Letter to Senator Roessler and Representative on WI CR05-118


July 21, 2006

Page 2

to respond promptly to any question or problem that may occur while the procedure or service is being provided." It strains credulity to believe that a physician, or anyone else, for that matter could effectively supervise personnel from 120 miles away from an establishment furnishing the cutaneous medical services in question, as would be the case if CR05-118 is implemented in its current form.

In closing, we urge you to hold a public hearing on the safety and supervision concerns at issue with this proposed rulemaking. Please feel free to contact Robb Bohannon (at rbohannon@aad.org or 202-842-3555) or Laura Saul Edwards (at ledwards@aad.org or 202-842-3555) if you have questions concerning the Academy's recommendations on this matter. Thank you for considering our views.

Sincerely,



Stephen P. Stone, MD, FAAD
President

SPS/lse

Enclosures

cc: David M. Pariser, MD, FAAD, Secretary-Treasurer
Sabra Sullivan, MD, FAAD, Chair, Practice of Medicine by Physicians and
on-Physicians Committee
Eric Berg, MD, FAAD, Dermatology Representative, Council on Legislation,
Wisconsin Medical Society
Ronald A. Henrichs, CAE, Executive Director & CEO
John D. Barnes, Deputy Executive Director, AADA
Laura Saul Edwards, Director, Federal Affairs, AADA
Robb Bohannon, Assistant Director, State Affairs
Cyndi Del Bocchio, Director, Executive Office
Jeremy Levin, Government Relations Specialist, Wisconsin Medical Society



American Academy of Dermatology and AAD Association

Position Statement

on

The Practice of Cutaneous Medicine

(Approved by the Board of Directors February 22, 2002
Amended by the Board of Directors July 23, 2005)

The practice of cutaneous medicine includes, but is not limited to diagnosis, treatment, or correction of human conditions, ailments, diseases, injuries, or infirmities of the skin, hair, nails and mucous membranes, by any means, methods, devices, or instruments.

The practice of cutaneous medicine includes, but is not limited to, performing any act or procedure that, by its intended or improper use, can alter or cause biologic change or damage living tissue. Living tissue is any layer below the dead cell layer (stratum corneum) of the epidermis. The epidermis, below the stratum corneum, and dermis are living tissue layers.

Such acts or procedures include, for example, the use of all lasers, light sources, microwave energy, electrical impulses, chemical application, particle sanding, the injection or insertion of foreign or natural substances, or soft tissue augmentation.

Because certain FDA-approved Class I and II devices, by their intended or improper use, can alter or cause biologic change or damage below the stratum corneum their use constitutes the practice of cutaneous medicine, which should be performed only by a physician or an appropriately trained person under the direct supervision of a physician.

This Position Statement is intended to offer physicians guidelines regarding the delegation of performance of medical procedures, but is not intended to establish a legal standard of care. Physicians should use their personal and professional judgment in interpreting these guidelines and applying them to the particular circumstances of their individual practice arrangements.