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Medical Spas Get a Checkup

States Weigh Tighter Rules on Cosmetic-Procedure Centers After Patient Injuries

By MELINDA BECK

States are tightening regulations on medical spas—and wading into some ugly disputes over where beauty treatments stop and the practice of medicine begins.

Medical spas are fast-growing hybrids between day spas and doctors' offices. They typically offer Botox injections, facial peels, laser skin treatments and other minimally invasive cosmetic procedures. Some add breast implants, tummy tucks and chin, face, brow and eyelid lifts as well.



Philip Montgomery for The Wall Street Journal

Nurse Paula Young, right, removes a tattoo with a laser Tuesday at her Bethlehem, Pa., clinic, which could be forced to close under new state rules.
nonphysician personnel.

The International Spa Association counts 1,750 across the U.S., up from 471 in 2003. Some of the growth comes from dermatologists and plastic surgeons adding services and amenities to their practices. But doctors trained in unrelated specialties, such as obstetricians or oral surgeons, also are supplementing their incomes with the lucrative procedures that are rarely covered by insurance, and many of the services are performed by a range of

State regulations vary widely. Only a few require medical spas to be licensed. In some states, procedures from laser hair removal to liposuction can be performed by nonphysicians. Most require a medical doctor to oversee the services—though not necessarily to be on site or even in the same state.

Some serious injuries have prompted crackdowns. A month ago, Maryland Gov. Martin O'Malley signed a new law directing the state health department to oversee cosmetic-surgery facilities after one woman died and two others became seriously ill with Group A streptococcus infections traced to liposuction at a Baltimore clinic.

Florida now requires that liposuctions removing more than two pounds of fat be performed in a state-licensed surgical center with emergency equipment on hand, after two women died from overdoses of lidocaine, a local anesthetic. In California, it is now a felony, punishable by up to five years in prison and a \$50,000 fine, for a corporate entity to own a medical spa; the majority owners must be M.D.s.

Pennsylvania is weighing tighter rules on who can provide laser treatments. Fourteen states are considering "truth in advertising" laws, many of which would require medical spas to list personnel's training and credentials in all marketing. Some proposals, like New York's, would require anyone who wears a white coat and treats patients to list credentials on a nametag.

The push for more regulation is being driven in part by dermatologists who say allowing nonphysicians to perform cosmetic procedures puts patients at risk.

"It's the difference between four years of medical school and four to five years of residency versus beauty school," says Timothy Flynn, president of the American Society for Dermatologic Surgery Association, which has lobbied for stricter rules in several states. The ASDSA considers any use of lasers, lights, electrical impulses, chemical peels, injections, insertions or tissue augmentation to be the practice of medicine, which it says should be performed by a physician or midlevel health professional, such as a physician assistant, under a doctor's supervision.



In a 2007 survey by the society, 56% of the 271 responding dermatologists said they had seen an increase in patients with complications—including blisters, burns, nerve damage and scarring—caused by nonphysicians doing cosmetic procedures. "Next week, I'm scheduled to see a patient who was injected with something by somebody in a garage," Dr. Flynn says.

Supporters of medical spas say they get a bad rap when it comes to injuries. "In 2009, there were over 9,000 deaths in hospitals related to errors, but one death occurs in a medical spa and it's on the national news," says Francis Acunzo, whose company, Acara Partners LLC, provides management advice for medical spas.

"I've treated patients who were burned at the hands of a doctor," says Paula Young, a nurse who owns three medical spas with her physician husband in Pennsylvania. She says she would have to lay off seven experienced laser technicians and close her tattoo- and hair-removal clinic

under the state's proposal allowing only physicians or physician-supervised nurses and PAs to perform laser treatments.

Only a few states require medical spas to report injuries, so it is difficult to compare safety records. Spa supporters say it can be difficult for patients to learn complication rates for doctors' offices too.

Laws requiring that physicians perform procedures don't guarantee competence either, some critics say. "In New Jersey, only a doctor can do laser treatments—but it could be a psychiatrist," says [David Goldberg](#), a dermatologist who owns medical spas in three states and teaches health law at Fordham University School of Law.

Several groups have sprung up to teach cosmetic procedures to doctors from other fields. The National Society of Cosmetic Physicians, for example, advertises two-day workshops in laser liposuction, breast augmentation and tummy tucks.

The proposed medical-spa law in New York would require doctors advertising themselves as "board certified" to specify which board. The American Board of Medical Specialties recognizes dermatology and plastic surgery but not cosmetic, aesthetic or anti-aging medicine.

Lynne McNees, president of the International Spa Association, suggests potential customers do as much research as they can on the procedures, the facility and the practitioners—starting with the local Better Business Bureau. "Intuition plays a big part," she adds. "If it doesn't feel right, don't do it."

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