Whereas, medical spas offer a range of services, including medical and surgical procedures to improve one’s well-being and/or appearance in a non-traditional setting;

Whereas, common medical aesthetic procedures performed at medical spas include laser hair removal, intense pulsed light (IPL) and other laser treatments, microdermabrasion, chemical peels, and filler and botulinum toxin injections. Some offer body contouring and even liposuction;

Whereas, according to the International SPA Association (ISPA) 2018 U.S. Spa Industry Study, there were 21,770 spa locations by the end of 2017 with a total of 187 million visits to spa establishments, an equivalent of over 511,000 people visiting U.S. spas each day. 1,780 or 8.2% are medical spas. Total revenue for 2017 was estimated at $17.5 billion;¹

Whereas, services offered in the medical spa setting are often provided by physicians or non-physicians who may have limited or no formal training or education in aesthetic medicine. Of those surveyed in ISPA’s US Spa Industry Study, 40% responded that lack of qualified, experienced talent was the single most important issue and acknowledged that the number of qualified people is not matching the growth in the industry;

Whereas, growing evidence demonstrates that adverse outcomes are occurring more frequently as the cosmetic industry is growing and more of these procedures are performed by non-physicians;

Whereas, the number of lawsuits filed against non-physicians — including registered nurses (RNs), nurse practitioners (NPs), and aestheticians or technicians — performing cutaneous laser surgery has more than doubled in recent years. From 2008 to 2011, the percentage of laser-related cases that involved a procedure by a non-physician, largely involving laser hair removal, jumped from 36% to nearly 78%. While only one-third of laser hair removal procedures are performed by non-physicians, such procedures account for nearly 76% of all lawsuits from 2004 to 2012;

Whereas, 64% of cases involving non-physicians involved a spa from 1999 to 2012, with the figure rising to nearly 77% from 2008 to 2012. Cases involving non-physicians in a physician office fell from a third of cases in the full time period to 23.4% from 2008 to 2012; and therefore, be it

RESOLVED, that the STATE MEDICAL ASSOCIATION/ASSOCIATION support efforts to improve patient safety in the medical spa setting offering medical aesthetic services; and be it further

RESOLVED, that our STATE MEDICAL SOCIETY/ASSOCIATION advocate for state regulation of medical spas facilities that recognize medical aesthetic services as the practice of medicine; and be it further

RESOLVED, that our STATE MEDICAL SOCIETY/ASSOCIATION advocate for medical spa regulations requiring the medical spa medical director and all other supervising physicians of a medical spa to obtain a license to practice medicine in the state where the facility is located; and be it further

RESOLVED, that our STATE MEDICAL SOCIETY/ASSOCIATION advocate for the medical spa regulations that require the supervising physician to be trained in the indications for, and performance of, medical aesthetic services and medical devices. Training programs provided by a manufacturer or vendor of a medical device or supplies may not be the supervising physician’s only education in the service or operation of the medical device or supplies to be used. The supervising physician who delegates cosmetic medical procedures demonstrates one’s education, training, and education in the medical aesthetic services through the completion of an ACCME or AOA-approved continuing education, or ACGME or AOA-accredited postgraduate program that includes training in the cosmetic medical procedure performed. The AACME continuing education must meet Category I AMA approval; and be it further

RESOLVED, that the use of lasers, intense pulse light devices, microwave energy, electrical impulses, thermal destruction chemical application, particle sanding, chemical peels, botulinum toxins, neurotoxins, and foreign or natural substances by injection or insertion that alter, ablate, or destroy living tissue be considered the practice of medicine and surgery to be performed by qualified and licensed physicians or qualified and licensed non-physicians under the on-site supervision of a physician; and be it further

RESOLVED, that any advertising of a medical spa facility does not include false, misleading, or deceptive representations regarding the training, qualifications, licensure, and board certification (if applicable) of all medical spa facility personnel and the nature or quality of services provided by the facility or its staff. The medical director and supervising physician must clearly identify their board certification and original area of practice, which is evidenced by the completion of an ACGME or AOA-accredited postgraduate program.