

**Position Statement  
on  
Office-Based Medicine  
(Approved by the Board of Directors: November 23, 2002;  
Amended by the Board of Directors: January 7, 2003, March 25, 2003;  
November 5, 2011; March 11, 2024)**

## Medical Office Accreditation

The AADA opposes mandatory office accreditation specifically for medical and surgical procedures performed solely under local anesthesia, including procedures using dilute local (tumescent) anesthesia.

AADA members providing surgical and procedural services utilizing anesthesia that significantly impairs the patient's life protective reflexes should have demonstrated competencies in moderate and deep sedation and airway management. Achieving accreditation by an appropriate agency may be one method to demonstrate facility preparedness and staff competency.

## Adverse Patient Incident Data

- The AADA supports the passage of state legislation and/or the implementation of state regulations calling for the mandatory reporting of adverse patient incidents.
- The AADA supports state legislation and/or state regulation to ensure that adequate privacy protections are adopted along with reporting regulations so that members and other office-based physicians are not made vulnerable to malpractice challenges unnecessarily.
- Basic information in adverse incident reports pertaining to the procedure, setting, type of anesthesia utilized, physician specialty, and outcome should be made available to appropriate researchers.
- The AADA supports office-based medicine and surgery regulations that are fair, reasonable and appropriate and based on factual medical evidence.

## Office-Based Anesthesia

- Regulations pertaining to anesthesia services in medical offices must be reasonable, appropriate and fair.
- Dilute local (tumescent) anesthesia should be classified with other forms of local anesthesia. The AADA supports the following definition of dilute local anesthesia:

“Dilute local anesthesia” means local anesthesia administered in large volumes of highly diluted lidocaine not exceeding 55 milligrams per kilogram of body weight, epinephrine not exceeding 1.5 milligrams per liter of solution, and sodium bicarbonate not exceeding 15 milliequivalents per liter of solution in a sterile saline solution by slow infiltration into subcutaneous fat. While dilute local (tumescent) anesthesia may be administered with anxiolytics and pain medications, it shall not include the concomitant administration of any combination of sedatives or other

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anesthesia at any dosage that poses a risk of impairing the patient's independent and continuous ability to maintain adequate cardiorespiratory function and ability to respond purposefully to tactile stimulation and verbal commands.

- The AADA supports state regulations that would severely restrict or ban the use of general anesthesia except in accredited medical facilities.
- The AADA supports state regulations that ensure that medical offices have adequate and appropriate anesthesia services available for patient safety.

### Physician Credentialing

- The AADA supports the concept of physician credentialing by state medical boards only where the process is reasonable, appropriate and fair. The process should ensure:
  1. Review of credentialing by a committee of the physician's peers including members of his or her own medical specialty.
  2. Due process must be provided to ensure fairness in all considerations of credentialing and in any cases involving revocation of credentialing.
  3. Appropriate criteria to be used in the credentialing process, may include such things as certification by a national medical specialty board as recognized by the ABMS, AOA or ABMS/AOA equivalent.
- The AADA opposes any regulations for physician credentialing that are unfair, unreasonable or inappropriate, such as requirements that would place the applicant in the position of obtaining hospital privileges or transfer agreements in situations where they are unattainable.

### Emergency Protocols; Hospital Privileges and Alternative Credentialing

- The AADA supports mandatory emergency protocols (e.g., transfer plans) for medical offices where surgical services are provided, at all levels of anesthesia services.
- The AADA opposes mandatory requirements for hospital staff privileges (at all levels), hospital admitting privileges and hospital transfer agreements as requirements for physicians to perform office-based surgical procedures, as these constitute economic credentialing.
- The AADA opposes actions that result in restraint of trade for dermatologists.
- The AADA supports fair and impartial mechanisms to allow dermatologists to procure credentialing at appropriate levels.

*This Position Statement is provided for educational and informational purposes only. It is intended to offer physicians guiding principles and policies regarding the practice of dermatology. This Position Statement is not intended to establish a legal or medical 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.*