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Details:

(FORM UPDATED: 07/12/2010)

WISCONSIN STATE LEGISLATURE ... PUBLIC HEARING - COMMITTEE RECORDS

2005-06

(session year)

Assembly

(Assembly, Senate or Joint)

Committee on ... Public Health (AC-PH)

COMMITTEE NOTICES ...

- Committee Reports ... CR
- Executive Sessions ... ES
- Public Hearings ... PH
- Record of Comm. Proceedings ... RCP

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... Appt
- Clearinghouse Rules ... CRule
- Hearing Records ... bills and resolutions
(ab = Assembly Bill) (ar = Assembly Resolution) (ajr = Assembly Joint Resolution)
(sb = Senate Bill) (sr = Senate Resolution) (sfr = Senate Joint Resolution)
- Miscellaneous ... Misc



mequon
thiensville
school
of
esthetics

ATTN: Chairman Hines

February 15, 2006

Mr. Larry Martin
Wisconsin Department of Regulation and Licensing
1400 E. Washington Ave
P.O. Box 8935
Madison, Wisconsin 53708-8935

Dear Mr. Martin,

I am very committed to the reinstatement of microdermabrasion and very thankful for being able to speak at the February 6th meeting. I have prepared a fourteen hour microdermabrasion syllabus and a written test with 75 multiple choice questions. This test would determine the eligibility and certification of the student to practice microdermabrasion. The student would be given this test after completing the class.

I thought that having this in place would give you and the others a little insight into the microdermabrasion procedure.

As I stated at the meeting, I have been performing microdermabrasion for 11 years and am confident that estheticians can be successfully trained with the correct information.

Even though we have no problems to date, I do understand that the more people doing the procedure, the more possibility for error.

Please note that the materials accompanying this letter were prepared by me and resulted from the expenditure of considerable time and expense. I would ask that, to the extent appropriate, steps be taken to insure that these materials are treated as "confidential" in nature and not disseminated in a fashion which would allow them to be used by other people within the industry.

I would be so honored if you would consider using my training syllabus. I feel the training should be held in a school of esthology by an individual that has the experience and knowledge required to teach the subject of microdermabrasion.

Thank you for your consideration,

Sincerely,

Paul German

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green bay rd.
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FOURTEEN HOUR MICRODERMABRASION TRAINING SYLLABUS

ORIENTATION:

- a.) A description of the theory and practical portion of the training.

OBJECTIVE:

- a.) To successfully educate licensed estheticians on the method of microdermabrasion.

VISUAL AIDS:

- a.) Slide projector/ contraindications and alternate treatments.
- b.) Blackboard

REFERENCE MATERIALS:

- a.) Milady's Standard Textbook for Professional Estheticians.
- b.) Handouts, physiology and histology of the skin, anatomy and physiology, sanitation and sterilization, articles on microdermabrasion.

THEORY/ PRACTICAL CLASSROOM OBSERVATIONS:

TIME:

a.m.

SUMMARY:

- a.) An instruction into the theory and practical portion of microdermabrasion.

ASSIGNMENT:

- a.) Practice your procedure and review your notes.

**FOURTEEN HOUR MICRODERMABRASION TRAINING
SYLLABUS**

ORIENTATION:

- a.) A description into the theory portion of the training.

OBJECTIVE:

- a.) To successfully educate licensed estheticians on the method of Microdermabrasion.

VISUAL AIDS:

- a.) Handouts, physiology and histology of the skin, numerous articles microdermabrasion.
- b.) Slide projector/contraindications and alternate treatments.
- c.) Blackboard

REFERENCE MATERIALS:

- a.) Milady's Standard Textbook for Professional Estheticians

THEORY CLASSROOM OBSERVATION AND QUESTIONS:

- a.) Physiology and histology of the skin.
- b.) Required supplies and equipment needed to perform microdermabrasion.
- c.) Facial anatomy direction in which the esthetician utilizes the hand piece.
- d.) Sanitation and sterilization of the equipment and work area including the time required for the process of sterilization.
- e.) Client/patient skin analysis and history.
- f.) Preparation of the skin before and after the treatment.
- g.) Contraindications.
- h.) Before and after treatment advice, client expectations, longevity of the treatments and follow up visits.
- i.) Consultation forms signed, client/patient informed.
- j.) Information regarding product knowledge and a follow up visit.

SUMMARY:

- a.) An instruction into the theory portion of microdermabrasion.

THEORY CLASSROOM OBSERVATION QUESTIONS:

- a.). What supplies and equipment are needed to perform
- b.) microdermabrasion?
- c.) Why is it necessary to know the physiology of the skin?
- d.) How do we prepare the skin before and after the treatments.

FOURTEEN HOUR MICRODERMABRASION SYLLABUS

ORIENTATION:

- a.) A description of the practical portion of the training.

OBJECTIVE:

- a.) To successfully educate licensed estheticians on the method of microdermabrasion.

VISUAL AIDS:

- a.) Instructor demonstrates proper technique.
 - 1.) Sterilization and sanitation procedures for equipment and work area.
 - 2.) Preparing the work area, supplies in order.
 - 3.) Reviewing the client/patient consent/questionnaire form.
 - 4.) Instructor washes her/his hands and puts gloves on.
 - 5.) Demonstration of a skin analysis utilizing a magnifying light.
 - 6.) Demonstration of the cleansing and drying process to remove excess oil on the skin.
 - 7.) Demonstration on the hand.
 - 8.) Instructor applies a well-fitted eye goggle on the client/patient.
 - 9.) Instructor provides a coverlet draped around the client/patient.
 - 10.) Demonstration using correct movements with the handpiece on the area to be worked on.
 - 11.) Instructor completes the treatment, removes the particles and eye goggles.
 - 12.) Appropriate moisturizer with sunscreen is applied.
 - 13.) Instructor reviews after treatment advice and follow up visits.
 - 14.) Instructor reviews sanitation, disinfection, and sterilization.

PRACTICAL CLASSROOM OBSERVATION QUESTIONS:

- a.) What are the contraindications to using microdermabrasion?
- b.) How do we sterilize our equipment and handpieces?
- c.) What are the results in performing microdermabrasion?

TIME:

a.m.

SUMMARY:

- a.) An instruction into the practical portion of microdermabrasion.

ASSIGNMENT:

- a.) Practice your procedure and review your notes.

MICRODERMABRASION 75 MULTIPLE CHOICE QUESTION TEST

Circle each question using the best answer. You may only circle one answer.

- 1) What are the benefits of microdermabrasion?
 - a. exfoliates the stratum corneum layer of the skin
 - b. exfoliates the dermis layer of the skin
 - c. exfoliates the subcutis layer of the skin
 - d. exfoliates the reticular layer of the skin

- 2) What do we sterilize our implements with?
 - a. 70% alcohol
 - b. hot, soapy water
 - c. bleach
 - d. FDA approved sterilant

- 3) Microdermabrasion should not be performed if the following skin conditions are present on the skin.
 - a. acne
 - b. milia
 - c. rosacea
 - d. herpes virus

- 4) Why do we have our clients/patients complete questionnaire forms?
 - a. to determine skin texture
 - b. to review client/patient skin history
 - c. to determine skin care products
 - d. for follow up visits

- 5) What type of skin is best suited for microdermabrasion treatments?
 - a. dry skin
 - b. hydrated skin
 - c. uneven skin tone
 - d. unhealthy skin

6) What part of the anatomy would we refuse to do microdermabrasion on?

- a. face
- b. neck
- c. hands
- d. ears

7) What skin disorder do we advise against doing microdermabrasion?

- a. acneic skin
- b. telangectasia
- c. cystic acne
- d. rosacea

8) How do we prepare the skin for microdermabrasion?

- a. cleansing the area
- b. putting moisturizer on the area to be worked on
- c. cleanse and dry the skin thoroughly
- d. use alcohol for cleansing

9) What protection do we use for covering the eyes?

- a. cotton pads
- b. well-fitted eye goggles
- c. a towel
- d. gauze

10) What is the incorrect way to use the handpiece?

- a. upward movements
- b. sideways
- c. downward
- d. horizontally

11) What product is used after the microdermabrasion treatment?

- a. alpha hydroxy acids
- b. moisturizer
- c. hydrocortisone
- d. moisturizer with sunscreen

12) What is the proper amount of SPF, sun protection factor, to block the UVA and UVB rays?

- a. SPF 8
- b. SPF15
- c. SPF 4
- d. SPF10

13) Where are the handpieces kept after the sterilization process?

- a. in a cabinet
- b. wrapped tightly in a towel
- c. ultra violet ray sanitizer
- d. covered in plastic

14) What is used to protect against infection during microdermabrasion?

- a. kleenex
- b. cotton
- c. gauze
- d. latex gloves

15) What is recommended to use to protect us from inhaling airborne crystals?

- a. mouth cover
- b. mask
- c. lip stick
- d. Vaseline

16) When are results usually revealed after performing microdermabrasion?

- a. day
- b. 10 days
- c. one month
- d. three days

17) How soon are treatments given initially?

- a. every other month
- b. weekly
- c. monthly
- d. every six months

18) What determines appropriate skin care products for the client/patient?

- a. looking at the skin
- b. communication
- c. performing a skin analysis
- d. reviewing past products

19) Why is skin care history important?

- a. client/patient is suitable for microdermabrasion
- b. to decide on skin care products
- c. allergies/contraindications
- d. to determine color

20) Why do we have our clients/patients sign consent/waiver forms?

- a. to protect the esthetician and the client/patient
- b. to protect the client
- c. to communicate with your client/patient
- d. to evaluate the client/patient

21) How is the work station sanitized?

- a. 70% alcohol
- b. a disinfectant
- c. bleach
- d. FDA approved disinfectant

22) Which product is contraindicated to use on the skin after microdermabrasion?

- a. sunscreen
- b. aloe
- c. moisturizer
- d. oil/an occlusive

23) What is used if the skin gets slightly red after microdermabrasion?

- a. sunscreen
- b. aloe
- c. moisturizer
- d. ice cold towel

24) What is used to remove crystals after the microdermabrasion?

- a. kleenex
- b. cold towel
- c. gauzed
- d. fluff brush

25) How long does microdermabrasion usually take?

- a. one hour
- b. three hours
- c. 30-45 minutes
- d. 15 minutes

26) What are the characteristics of a client/patient with rosacea?

- a. lines and wrinkles
- b. uneven texture
- c. milia
- d. telangectasia

27) Why should microdermabrasion not be performed on someone with cystic acne?

- a. irritation/stimulation
- b. redness
- c. dryness
- d. puffiness

28) Why should microdermabrasion not be performed on someone with acne?

- a. couperose
- b. a transfer of bacteria
- c. erythema
- d. edema

29) After the initial microdermabrasion treatment, what is the time table for a follow-up treatment?

- a. 1 year
- b. 3 months
- c. 1-2 months
- d. 5 days

30) What does psoriasis look like?

- a. red bumps
- b. vesicles
- c. blisters
- d. red inflamed base with silver scales

31) What does eczema look like?

- a. red, sometimes itchy base
- b. hives
- c. macules
- d. red, white base

32) What is the action of hydrocortisone on the skin?

- a. bleaches the skin
- b. reduces redness
- c. helps acne
- d. inhibits melanocyte cells

33) To improve our microdermabrasion technique, who should we first work on?

- a. friends, relatives
- b. our clients
- c. our patients
- d. the general public

34) Why is proper technique important?

- a. correct movements provide better results
- b. no complications
- c. healthier skin
- d. client retention

35) The two divisions of the skin are:

- a. papillary and reticular layer
- b. lucidum and germinativum layer
- c. stratum corneum and basal layer
- d. epidermis and dermis

36) What layer of the skin are we concerned with while doing microdermabrasion?

- a. reticular
- b. epidermis
- c. dermis
- d. stratum corneum

37) How many layers do we have in the epidermis?

- a. 3
- b. 2
- c. 5
- d. 7

38) How does microdermabrasion work on hyperpigmented skin?

- a. evens out skin tone
- b. lifts melanin pigment
- c. irritates the stratum corneum
- d. polishes the surface

39) The correct procedure for performing microdermabrasion with a client/patient who has moles is:

- a. glide slowly over the moles
- b. work alongside the moles
- c. avoid the moles
- d. do not perform microdermabrasion

40) What is the superior sterilization procedure for implements?

- a. 70% alcohol and anti-bacterial soap
- b. bleach and hot water
- c. disinfectant and bleach
- d. 70% alcohol, anti-bacterial soap and an approved FDA sterilant.

41) Microdermabrasion will improve:

- a. moles
- b. redness
- c. verrucas
- d. hyperpigmentation

42) Why do we avoid doing dermabrasion on people with verrucas (warts)?

- a. skin will get red
- b. virus can spread
- c. verrucas will get larger
- d. verrucas will bleed

43) If our client/patient has a latex allergy, what is the alternative for glove use?

- a. plastic glove
- b. surgical glove
- c. vinyl glove
- d. glove with powder

44) How does microdermabrasion increase collagen?

- a. irritates the skin and stimulates the fibroblasts
- b. by exfoliation
- c. by healing
- d. by moisturization

45) By being a licensed esthetician, whose rules and regulations do we follow?

- a. CIA
- b. board of cosmetology and barbering
- c. doctors
- d. physicians

46) What does OSHA stand for?

- a. office of health associates
- b. operating skills health attention
- c. open standard health account
- d. occupational safety and health administration

47) Wearing gloves can help prevent:

- a. rashes
- b. allergies
- c. contamination
- d. dryness

48) Manufacturers of equipment and products are required to provide:

- a. list of the best products they offer
- b. "material data sheet"
- c. list of which product to apply first
- d. the age of each product

49) What does FDA stand for?

- a. federal division agency
- b. food and drug administration
- c. for diverse action
- d. federal documentary agency

50) What is used immediately, should there be an emergency?

- a. gloves
- b. cold towel
- c. first aid kit
- d. bandaid

51) When a client/patient has an allergy, why is communication important?

- a. no adverse reactions
- b. client has better idea of skin care products
- c. no infection
- d. to not acquire the allergy

52) An esthetician must be able to recognize serious skin diseases and refer clients to a:

- a. dermatologist
- b. cosmetologist
- c. hospital
- d. psychologist

53) The branch of medical science that deals with the skin, it's diseases and treatments is called:

- a. pathology
- b. dermatology
- c. podiatry
- d. psychiatry

54) The technical term for skin inflammation is:

- a. canities
- b. alopecia
- c. dermatitis
- d. anidrosis

55) Abnormal white patches on the skin are called:

- a. leucoderma
- b. albinism
- c. naevus
- d. chloasma

56) A skin wart is known as a:

- a. stain
- b. vitiligo
- c. naevus
- d. chloasma

57) Inflammatory, painful itching disease of the skin:

- a. eczema
- b. venereal disease
- c. tumors
- d. melanomas

58) A ruptured follicle deep within the dermis is often the cause of:

- a. a cyst
- b. asteatosis
- c. seborrhea
- d. macule

59) The recognition of a disease from its symptoms is a/an:

- a. objective
- b. prognosis
- c. diagnosis
- d. subjective

60) A structural tissue change caused by injury or disease is a:

- a. diagnosis
- b. lesion
- c. prognosis
- d. subjective

61) The more movable attachment of a muscle is known as the:

- a. muscle tone
- b. ligaments
- c. origin
- d. insertion

62) The main source of the supply of the blood to the head, face, and neck is the:

- a. submental artery
- b. carotid artery
- c. inferior artery
- d. angular artery

63) The skin between the eyes and upper sides of the nose is affected by the :

- a. supra-orbital nerve
- b. zygomatic nerve
- c. supra-trochlear nerve
- d. infra-trochlear nerve

64) Cells reproduce themselves by:

- a. dividing
- b. osmosis
- c. merging
- d. prognosis

65) The muscle that covers the top of the skull is called:

- a. orbicularis
- b. epicranium
- c. procerus
- d. oculi

66) The muscle that covers the top of the nose is:

- a. procerus
- b. trapezius
- c. epicranium
- d. maxillae

67) Pathogenic bacteria are:

- a. helpful
- b. harmful
- c. useful
- d. stimulating

68) Bacteria are also known as:

- a. microbes
- b. animals
- c. electrons
- d. abscesses

69) Blood-borne pathogens are considered:

- a. germs
- b. viruses
- c. lesion
- d. immunity

70) Disinfectants are chemical agents that destroy:

- a. nails
- b. most bacteria
- c. equipment
- d. spores

71) Sterilization is the highest level of decontamination, it kills:

- a. viruses
- b. disinfectants
- c. implements
- d. disease

72) An autoclave is an apparatus for:

- a. removing germs
- b. helping disease
- c. sterilizing
- d. cleaning

73) All linens should be used once and laundered with:

- a. soap
- b. hot water
- c. disinfectant
- d. bleach

74) Antiseptics are meant to:

- a. disinfect
- b. prevent the growth of bacteria
- c. sterilize
- d. help injury

75) The HIV virus is a human immunodeficiency virus that causes:

- a. bacteria
- b. infection
- c. fungus
- d. AIDS



August 14, 2006

Senator Carol A. 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 J. A. "Doc" 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:

As a member of the American Academy of Dermatology Association and/or the American Society of Dermatologic Surgery I would like to voice my strong disapproval of proposed rule CR05-118. The rule would grant estheticians the authority to practice cutaneous medicine – such as microdermabrasion, laser hair removal, chemical skin peels, acne surgery, and surgical removal of calluses – without the **DIRECT** supervision of a physician. The rule would also grant licensed non-physicians authority to supervise non-licensed non-physicians who are performing these services.

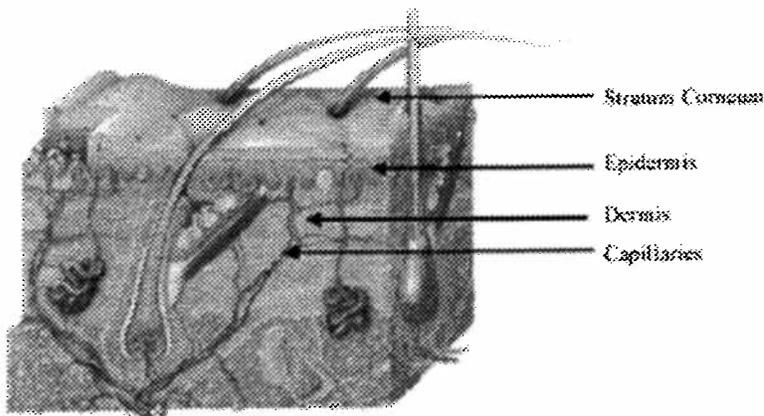
Above all, enacting rule 05-118 would be dismissing the position statements of these physician organizations: The American Academy of Dermatology, The American Society for Dermatologic Surgery, and The American Society for Aesthetic Plastic Surgery (see attached #1 for society position statements). Additionally, the proposed changes in this rule are in **VIOLATION** of the definition of supervision for individuals who are not licensed to perform delegated medical acts according to the Wisconsin Department of Regulation and Licensing for Health Care Professionals (see attached #2). The passing of this rule would not be based on studies (as per page 9, paragraph 6 of CR 05-118), but “the board’s analysis and determination that a rule change is necessary.”

In recent years, there has been an explosion of inadequately supervised individuals using lasers, light and radiofrequency devices to perform cosmetic procedures and acne therapy; administering chemical peels; and injecting Botox and filler substances. Often, these procedures are performed in non-medical settings including spas and salons, malls, hotel rooms and even private homes. Because such procedures are mistakenly viewed as uncomplicated and easy to perform their popularity continues to increase as does the number of patients being injured and scarred by non-physicians (see attached #3).

According to the American Society for Aesthetics and Plastic Surgery (see attached #4) there were 9,297,731 non-surgical cosmetic procedures performed in 2005: 1,566,909 laser hair removal treatments, 1,023,931 microdermabrasion treatments and 556,172 chemical peels. The most common procedures of people <18 year old were:

1. laser hair removal
2. microdermabrasion
3. chemical peels

California is a state known for an abundance non-surgical cosmetic procedures. Knowing this, the California Medical Board adheres to the position that estheticians may NOT LEGALLY use lasers or intense pulse light (IPL) to remove hair, spider veins, or tattoos. Microdermabrasion can only be used if it only affects the stratum corneum (not deeper levels of the epidermis) (see attached #5).



According to the California Code of Regulations Board of Barbering and Cosmetology, rule 993 (attached #6) also states:

(a) No establishment or school shall have on the premises any razor-edged or other device or tool which is designed to remove calluses.

(b) No establishment or school shall have on the premises any needle-like instrument which is used for the purpose of extracting skin blemishes and other similar procedures.

According to the Wisconsin Department of Regulation and Licensing an esthetician is a **business professional (not medical)** who "practices aesthetics." Aesthetics refers to the care and beautification of the skin of the human body for compensation, including but not limited to cleaning, applying cosmetics, oils, lotions, clay, creams, antiseptics, powders, tonics to the skin; or massaging, stimulating, wrapping or exercising the skin of the body. (attached #7).

To practice as an esthetician trained in the state of Wisconsin, an individual needs to graduate high school and complete a course of instruction in aesthetics of at least 450 training hours in not less than 11 weeks and not more than 30 weeks, in a school of barbering or cosmetology or a school of aesthetics.

According to the Wisconsin Department of Regulation and Licensing a physician is a health professional who:

- is an individual possessing the degree of doctor of medicine or doctor of osteopathy or an equivalent degree as determined by the Wisconsin Medical Examining Board, and holding a license granted by the board.

The practice of medicine and surgery means (attached #8):

- -to examine into the fact, condition or cause of human health or disease, or to treat, operate, prescribe or advise for the same, by any means or instrumentality.
- -to apply principles or techniques of medical sciences in the diagnosis or prevention of any of the conditions described above or in s. 448.01(2) Wis. Stats.
- -to penetrate, pierce or sever the tissues of a human being.
- -to offer, undertake, attempt or do or hold oneself out in any manner as able to do any of the acts described in Chapter 448 Subchapter I, Wis. Stats.
- No person may practice medicine and surgery or attempt to do so or make a representation as authorized to do so, without a license granted by the Wisconsin Medical Examining Board.

Based on the definitions of the Wisconsin State Medical Board, the use of lasers, chemical treatments, acne surgery, and removal of calluses for therapeutic or cosmetic purposes constitutes the practice of medicine and is outside the scope of business professionals, such as estheticians.

Proposed Clearinghouse Rule 05-118:

page 6, comparison with rules in adjacent states:

It is our belief that adjacent states have not fully addressed the issues in this clearinghouse rule, because similar to the state of Wisconsin, they do not hold estheticians to be medical professionals. It is implicit in the rules of their medical boards that they not perform medical procedures such as those outlined in this rule. Allowing this rule would set a dangerous precedent for our neighboring states, and clearly oppose the concrete rules set forth by the medical boards of states such as California, Louisiana, and Texas (attached #8).

..."estheticians may not **legally** perform these treatments (laser and IPL) under any circumstances, nor may registered nurses or physician assistants perform them independently, without supervision."

---Medical Board of California

... "only persons licensed under the laws of this state to practice medicine, veterinary medicine, dentistry, or podiatry shall perform laser surgery."

---Louisiana State Board of Medical Examiners

"The use of lasers/pulsed light devices for non-ablative procedures can not be delegated to non-physician delegates, other than an advanced health practitioner, without the delegating/supervising physician being onsite and immediately available."

---Texas Board of Medical Examiners

According to the government's census estimates, 1 in every 5 U.S. citizens reside in the above states and are protected by their state medical boards from the potential complications incurred by non-physicians practicing medicine.

page 9, summary of factual data and analytical methodologies:

Review all attachments.

page 10, section 2, BC 1.01 (3r) states "cutting as used at s 454.01 (13), Stats., means exclusively the cutting of human nails, cuticles, and calluses, and does not refer to any other invasive procedure.

The addition of cutting calluses constitutes severing human tissue and the practice of medicine as discussed previously (see attached #8).

page 10, BC 1.01 (7m) states "general supervision"

This directly opposes the position statements of 3 specialty physician organizations.

Additionally, the proposed changes in this rule is in **VIOLATION** of the definition of supervision for individuals who are not licensed to perform delegated medical acts according to the Wisconsin Department of Regulation and Licensing for Health Care Professionals (see attached #2).

Potential perils and pitfalls of medical practice by non-physicians:
(see attached #10 - images)

page 11, BC 1.01 (11n) (11r) states "Removal of surface epidermal cells"

The epidermis is skin tissue composed of keratinocytes (principle cell of the epidermis), melanocytes (pigment producing cells of the epidermis), and langerhans cells (immunosurveillance cells of the epidermis). Removing epidermal cells (living structure below the stratum corneum) constitutes penetrating tissues of a human being, which is not permitted by business professionals such as estheticians as defined by the Wisconsin Department of Regulation and Licensing. This is reserved for health care professionals.

page 11, BC 2.025

The language is changed, eliminating the term "non-medical facial peels." This allows for commercially available **MEDICAL GRADE** (30% glycolic acid and 20% salicylic acid) peels to be used.

Use of chemical peels that penetrate the living cells of the epidermis constitutes penetrating tissues of a human being, which is not permitted by business professionals such as estheticians as defined by the Wisconsin Department of Regulation and Licensing. This is reserved for health care professionals. This is also directly opposed to the position statements of the AAD, ASDS, and ASAPS regarding non-medical professionals.

page 12, BC 2.025 (2m) c

See above responses to page 11, BC 1.01 (11n)(11r) and BC 2.025

page 13 Section 1. BC 2.025 (3) "Laser hair removal product or device, or intense pulsed light device"....."general supervision"

Please see comments regarding general supervision from page 10, BC 1.01 (7m) states "general supervision"

Additionally, there is no clear language in CR05-118 that stipulates that estheticians are allowed to operate IPL devices.

Additionally use of IPL and laser for hair removal is directly opposed to the position statements from the AAD, ASDS, and the ASAPS.

Additionally, for comparison, the California Medical Board clearly states that estheticians may NOT legally use lasers or intense pulse light to remove hair, spider veins, and tattoos.

page 15 Section 23 BC 4.01 (8) "using lancets for the lateral piercing of whiteheads"

This constitutes acne surgery. It clearly states in the Wisconsin Department of Regulation and Licensing that:

-to penetrate, pierce or sever the tissues of a human being is the practice of medicine and surgery and that no person may practice medicine and surgery or attempt to do so or make a representation as authorized to do so, without a license granted by the Wisconsin Medical Examining Board.

It clearly states in the Wisconsin Department of Regulation and Licensing that:
-to penetrate, pierce or sever the tissues of a human being is the practice of medicine and surgery and that no person may practice medicine and surgery or attempt to do so or make a representation as authorized to do so, without a license granted by the Wisconsin Medical Examining Board.

Our primary goal in objecting to the changes outlined in CR05-118 is to protect patients. This is consistent with the goals of the state of Wisconsin as defined by the state medical board. It would benefit our patients, and the citizens of the state to not implement these rule changes.

Thank you for reviewing our states rules and regulations as it pertains to CR05-118.

Sincerely,

Er R Berg MD
(Ear Berg MD UW Health - Madison)

Robert Smith

J. J. J. MD

Diane Street MD PhD

Milly Hinshaw, MD
1. M. S. G. MD

Anne Rogin MD

Dave Puchalsky MD

Antler MD

Eica Swirad

Andrea Jesant MD

Alfunt, M.D.

B. J. V. MD

Phillip Hsu MD

W. J. MD

Em Vaerness, MD

Note of those
most of those
names are signed on
two pages - ER Berg MD
Therefore approx 20 names

It clearly states in the Wisconsin Department of Regulation and Licensing that:
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implement these rule changes.

Thank you for reviewing our states rules and regulations as it pertains to CR05-
118.

Sincerely,

Bob Olivert / Oliver Olivert 752 N. High Point Rd, Madison 53717

Joyce Teng MD

(JOYCE TENG, One South Park St. 7th Fl.)

Anne Rosin, MD UW-Health, Madison
1 S. Park St UW Health

Molly Hinshaw, MD Molly Hinshaw, MD 1 S. Park St 7th Fl.
Madison, WI 53715

Erin Vanness, MD Erin Vanness, MD 1 S Park St 7th fl
L. mastig, MD LADAN MUSTACHEMI, MD 1 S. park st. 7th fl.
Madison, WI 53715

Dave Puchalsky Dave Puchalsky, MD 1 S Park St. 7th Floor
Madison, WI 53715

Erica Liverant, MD Erica Liverant, MD 427 E. Gorham, #206
Madison, WI 53703

Andrea Barrett 1 S. Park St, 7th floor
Madison, WI 53715

Lindsey Bennet, MD 1 South Park St
515 22nd Ave. Monroe, WI (Valerie Hals, D.O.)

B. Jack Longley, MD 1 South Park St, Madison

Phillip Hsu MD 1 South Park St, Madison

Anna Haemel 1 South Park St, Madison

page 11, BC 2.025

The language is changed, eliminating the term "non-medical facial peels." This allows for commercially available **MEDICAL GRADE** (30% glycolic acid and 20% salicylic acid) peels to be used.

Use of chemical peels that penetrate the living cells of the epidermis constitutes penetrating tissues of a human being, which is not permitted by business professionals such as estheticians as defined by the Wisconsin Department of Regulation and Licensing. This is reserved for health care professionals. This is also directly opposed to the position statements of the AAD, ASDS, and ASAPS regarding non-medical professionals.

page 12, BC 2.025 (2m) c

See above responses to page 11, BC 1.01 (11n)(11r) and BC 2.025

page 13 Section 1. BC 2.025 (3) "Laser hair removal product or device, or intense pulsed light device"....."general supervision"

Please see comments regarding general supervision from page 10, BC 1.01 (7m) states "general supervision"

Additionally, there is no clear language in CR05-118 that stipulates that estheticians are allowed to operate IPL devices.

Additionally use of IPL and laser for hair removal is directly opposed to the position statements from the AAD, ASDS, and the ASAPS.

Additionally, for comparison, the California Medical Board clearly states that estheticians may NOT legally use lasers or intense pulse light to remove hair, spider veins, and tattoos.

page 15 Section 23 BC 4.01 (8) "using lancets for the lateral piercing of whiteheads"

This constitutes acne surgery. It clearly states in the Wisconsin Department of Regulation and Licensing that:

-to penetrate, pierce or sever the tissues of a human being is the practice of medicine and surgery and that no person may practice medicine and surgery or attempt to do so or make a representation as authorized to do so, without a license granted by the Wisconsin Medical Examining Board.



In support of Clearinghouse Rule CR 05-118

August 28th, 2006

Dear Health Care Representative Hines, Underheim, Townsend, Freese, McCormick, Wasserman, Grigsby, and Benedict:

First and foremost, I want to thank -you for your time in regards to Clearing House Rule CR 05-118.

I am a licensed health care professional in the state of Wisconsin. I am also a client, student, and friend to some of the people who are fighting for the proposed rulemaking of CR05-118. The rule would grant estheticians the authority to practice microdermabrasion and chemical exfoliation without medical supervision.

I have had both microdermabrasion and chemical exfoliation treatments from several estheticians who are not under direct supervision of a physician. I have never had any medical complications nor downtime from either procedure. The chemical exfoliations and microdermabrasion treatments are superficial skin resurfacing agents which cause minimal disruption to the epidermis. These procedures are much different than what is done by a M.D. In a medical office they not only do microdermabrasion, but dermabrasion and they not only do chemical exfoliations, but chemical peels. Both dermabrasion and chemical peels cause downtime and need definite medical supervision. Microdermabrasion and chemical exfoliations are nicknamed "lunchtime procedures" because they are just that. They are procedures that don't cause down time because it is only affecting the outer most part of the epidermis. In my experience and research I have not come across anyone in the state of Wisconsin who has had a medical problem with either microdermabrasion or chemical exfoliation. My understanding is the microdermabrasion machines are a class one device much like a curling iron or blow dryer. Both microdermabrasion and chemical exfoliations have a place in our society. Not everyone wants a procedure or can afford a procedure that causes down time, but they do want an affordable procedure that maintains good quality of their skin. Regular exfoliation simply removes the top layer of dead cells on our skin.

Are we really looking at public safety or are we looking at loss of income to our physicians? I have to ask myself that question because when having procedures done in a medical office the physician isn't always on sight. Licensed estheticians and nurses alike are very capable of performing these treatments. Are the physicians willing to always be on sight for all microdermabrasion and chemical exfoliations being done in their offices? No vacations, no days off, and no golf games. These procedures are not always directly supervised in a physicians office now. Physician offices run on physician days off just as if the physician was there. From my experience, estheticians and nurses who perform these procedures, regardless of the practice setting, are more knowledgeable and more capable of performing these procedures, than the supervising physicians. Physicians have a lot on their plates and don't always have the time to spend educating the public and performing procedures that are not so called "medical procedures." We are missing the boat in our society on preventative health care. We don't get that kind of health care at the physicians office. You need to have a medical problem to get in to see a physician. We need to have more, not less people, educating and performing procedures that are preventative and watching out for the welfare of our people. Estheticians are well trained in providing skin care. Patients are coming in on a regular basis to see their esthetician and therefore they are being assessed, educated and encouraged to make preventative skin care a priority. We all have a role to play.

There are many estheticians who have put their financial lives on the line. They have purchased expensive equipment and started businesses under the current law. They could loose everything. You can't go backwards for a select few and base it on public safety, when the public is already safe. I don't believe any one of these professionals would put any of their patients in harms way and I know they pride themselves on offering a safe and effective treatment for their patients.

In conclusion, when talking about the safety and well-being of our society, I am more concerned about the fact that our licensed medical professionals, in the state of Wisconsin, are not mandated to perform continuing education in their field, than I am about estheticians performing a superficial skin resurfacing procedure.

I want to thank- you again for your time.
I am for the proposed rulemaking of CR-05-118.

Sincerely,

Anne Hill BSN,RN



August 28, 2006

Public Health Committee
RE: WI CR05-118

To whom it may concern:

My name is Dawn Cook I am a Licensed Aesthetician since 1994 and Licensed Aesthetic Instructor since 2002. I am currently working under a Plastic Surgeon and have a Pharmacist available to answer any questions I may have about medications that can/may react with treatments that I perform. I am an extremely professional technician that is very thorough. My clients are required to fill out a patient history form that insures my clients that I wouldn't put them in harms way with any treatment that I may suggest or perform. I am up to date with the current products and services that are offered to Aestheticians. I attend continuing education classes and attend trade shows frequently. With my knowledge and my years of experience I feel as though through training and certification that I have the ability to perform such treatments as microdermabrasion & chemical exfoliation. It would be extremely unfair if these services would be taken away from me after the time and money I've invested getting trained on these services. It would be very upsetting as a Licensed Professional that ANYONE, meaning a non-Aesthetician could get trained under a Doctor to do such services. In my eyes that would VERY wrong and VERY unprofessional!

In closing, it took a lot of time and money and I worked very hard to get to where I am today. Myself and my clients who are loyal and I built trust with would be VERY disappointed if I couldn't perform such treatments. I also, feel that Aestheticians complement dermatologists.

Thank you,

Dawn Cook



August 29th, 06

Public Health & Safety Committee
RE: CR 05-118

To whom it may concern;

My name is Coleen Boller and I'm a licensed Aesthetician here in WI as well as in the state of Arizona. I had exceptional training at the National Aesthetics Institute, put myself through school as a single mother and started a very successful business specializing in Microdermabrasion and chemical peels. I recently moved to WI last summer and started my own business in Brookfield. I made the move here to WI because of better schools and atmosphere to raise my children. If CR05-118 is not implemented, it would be nothing short of devastating to my business. Moreover, it would literally threaten the health, well-being and livelihood as it relates to my ability to support my family. The loss of these services would take a heavy toll on my income and would literally make it impossible for me to support my family.

There is clear evidence that the public may be at substantial risk if Aestheticians were unable to perform Microdermabrasion, chemical peels and laser hair removal. Microdermabrasion is not a medical procedure but should be performed by licenced professionals such as an Aesthetician. We are specifically trained to do services that pertain to the skin and if it were done by a non-licenced practioner (which could be anyone for that matter) it would not serve the best interests of the public's health and safety. Lastly, Aestheticians work with the skin daily and understand things such as pre-existing conditions, family or client history for example that may impact certain services or cause side effects from other services performed. Aestheticians compliment Dermatology. I have always had good business relations with Dermatologist in the past and will would like to continue to do so.

In closing, I have worked very hard, supported a family, paid my own way through Aesthetician school and have been able to build a foundation for a career. If CR05-118 were not implemented it would effect my ability to survive as a single parent and take away a career that I worked so hard to achieve and enjoy. Lastly, it would adversely effect my clients in many ways such as; ability to get services at a fair cost, at a time when desired/appropriate or convenient from the person who understands best the clients history and conditions and most importantly from a professional that has built a long standing relationship that rises above "an office visit". To circumvent this relationship again is literally nothing short of taking away my livelihood and undermines my right to work in my profession.

Thank you for your time.

Sincerely,

Coleen Boller

P.S. My fiancé and I called Governor Doyle's office and they seemed to feel that the Governor may not be aware of this and showed great concern for the impact of such action on persons such as myself and even offered their assistance in the future.



August 29, 2006

Senator Carol A. 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 J. A. "Doc" 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:

As members of the Wisconsin Rheumatology Association we would like to voice my strong disapproval of proposed rule CR05-118 as it would affect our patients with lupus skin disease. The rule would grant estheticians the authority to practice cutaneous medicine – such as microdermabrasion, laser hair removal, chemical skin peels, acne surgery, and surgical removal of calluses – without the **DIRECT** supervision of a physician. The rule would also grant licensed non-physicians authority to supervise non-licensed non-physicians who are performing these services.

Above all, enacting rule 05-118 would be dismissing the position statements of these physician organizations: The American Academy of Dermatology, The American Society for Dermatologic Surgery, and The American Society for Aesthetic Plastic Surgery (see attached #1 for society position statements). Additionally, the proposed changes in this rule are in **VIOLATION** of the definition of supervision for individuals who are not licensed to perform delegated medical acts according to the Wisconsin Department of Regulation and Licensing for Health Care Professionals (see attached #2). The passing of this rule would not be based on studies (as per page 9, paragraph 6 of CR 05-118), but "the board's analysis and determination that a rule change is necessary."

In recent years, there has been an explosion of inadequately supervised individuals using lasers, light and radiofrequency devices to perform cosmetic procedures and acne therapy; administering chemical peels; and injecting Botox and filler substances. Often, these procedures are performed in non-medical settings including spas and salons, malls, hotel rooms and even private homes. Because such procedures are mistakenly viewed as uncomplicated and easy to perform their popularity continues to increase as does the number of patients being injured and scarred by non-physicians (see attached #3).

According to the American Society for Aesthetics and Plastic Surgery (see attached #4) there were 9,297,731 non-surgical cosmetic procedures performed in 2005: 1,566,909 laser hair removal treatments, 1,023,931 microdermabrasion treatments and 556,172 chemical peels. The most common procedures of people <18 year old were:

1. laser hair removal
2. microdermabrasion
3. chemical peels

California is a state known for an abundance non-surgical cosmetic procedures. Knowing this, the California Medical Board adheres to the position that estheticians may NOT LEGALLY use lasers or intense pulse light (IPL) to remove hair, spider veins, or tattoos. Microdermabrasion can only be used if it only affects the stratum corneum (not deeper levels of the epidermis) (see attached #5).

According to the California Code of Regulations Board of Barbering and Cosmetology, rule 993 (attached #6) also states:

(a) No establishment or school shall have on the premises any razor-edged or other device or tool which is designed to remove calluses.

(b) No establishment or school shall have on the premises any needle-like instrument which is used for the purpose of extracting skin blemishes and other similar procedures.

According to the Wisconsin Department of Regulation and Licensing an esthetician is a **business professional (not medical)** who "practices aesthetics." Aesthetics refers to the care and beautification of the skin of the human body for compensation, including but not limited to cleaning, applying cosmetics, oils, lotions, clay, creams, antiseptics, powders, tonics to the skin; or massaging, stimulating, wrapping or exercising the skin of the body. (attached #7).

To practice as an esthetician trained in the state of Wisconsin, an individual needs to graduate high school and complete a course of instruction in aesthetics of at least 450 training hours in not less than 11 weeks and not more than 30 weeks, in a school of barbering or cosmetology or a school of aesthetics.

According to the Wisconsin Department of Regulation and Licensing a physician is a health professional who:

- is an individual possessing the degree of doctor of medicine or doctor of osteopathy or an equivalent degree as determined by the Wisconsin Medical

Examining Board, and holding a license granted by the board.

The practice of medicine and surgery means (attached #8):

- -to examine into the fact, condition or cause of human health or disease, or to treat, operate, prescribe or advise for the same, by any means or instrumentality.

- -to apply principles or techniques of medical sciences in the diagnosis or prevention of any of the conditions described above or in s. 448.01(2) Wis. Stats.

- -to penetrate, pierce or sever the tissues of a human being.

- -to offer, undertake, attempt or do or hold oneself out in any manner as able to do any of the acts described in Chapter 448 Subchapter I, Wis. Stats.

- No person may practice medicine and surgery or attempt to do so or make a representation as authorized to do so, without a license granted by the Wisconsin Medical Examining Board.

Based on the definitions of the Wisconsin State Medical Board, the use of lasers, chemical treatments, acne surgery, and removal of calluses for therapeutic or cosmetic purposes constitutes the practice of medicine and is outside the scope of business professionals, such as estheticians.

Proposed Clearinghouse Rule 05-118:

page 6, comparison with rules in adjacent states:

It is our belief that adjacent states have not fully addressed the issues in this clearinghouse rule, because similar to the state of Wisconsin, they do not hold estheticians to be medical professionals. It is implicit in the rules of their medical boards that they not perform medical procedures such as those outlined in this rule. Allowing this rule would set a dangerous precedent for our neighboring states, and clearly oppose the concrete rules set forth by the medical boards of states such as California, Louisiana, and Texas (attached #8).

..."estheticians may not **legally** perform these treatments (laser and IPL) under any circumstances, nor may registered nurses or physician assistants perform them independently, without supervision."

---Medical Board of California

..."only persons licensed under the laws of this state to practice medicine, veterinary medicine, dentistry, or podiatry shall perform laser surgery."

---Louisiana State Board of Medical

Examiners

"The use of lasers/pulsed light devices for non-ablative procedures can

not be delegated to non-physician delegates, other than an advanced health practitioner, without the delegating/supervising physician being onsite and immediately available."

---Texas Board of Medical Examiners

According to the government's census estimates, 1 In every 5 U.S. citizens reside in the above states and are protected by their state medical boards from the potential complications incurred by non-physicians practicing medicine.

page 9, summary of factual data and analytical methodologies:

Review all attachments.

page 10, section 2, BC 1.01 (3r) states "cutting as used at s 454.01 (13), Stats., means exclusively the cutting of human nails, cuticles, and calluses, and does not refer to any other invasive procedure.

The addition of cutting calluses constitutes severing human tissue and the practice of medicine as discussed previously (see attached #8).

page 10, BC 1.01 (7m) states "general supervision"

This directly opposes the position statements of 3 specialty physician organizations.

Additionally, the proposed changes in this rule is in **VIOLATION** of the definition of supervision for individuals who are not licensed to perform delegated medical acts according to the Wisconsin Department of Regulation and Licensing for Health Care Professionals (see attached #2).

Potential perils and pitfalls of medical practice by non-physicians:
(see attached #10 - images)

page 11, BC 1.01 (11n) (11r) states "Removal of surface epidermal cells"

The epidermis is skin tissue composed of keratinocytes (principle cell of the epidermis), melanocytes (pigment producing cells of the epidermis), and langerhans cells (immunosurveillance cells of the epidermis). Removing epidermal cells (living structure below the stratum corneum) constitutes penetrating tissues of a human being, which is not permitted by business professionals such as estheticians as defined by the Wisconsin Department of Regulation and Licensing. This is reserved for health care professionals.

page 11, BC 2.025

The language is changed, eliminating the term "non-medical facial peels." This allows for commercially available **MEDICAL GRADE** (30% glycolic acid and 20% salicylic acid) peels to be used.

Use of chemical peels that penetrate the living cells of the epidermis constitutes penetrating tissues of a human being, which is not permitted by business professionals such as estheticians as defined by the Wisconsin Department of Regulation and Licensing. This is reserved for health care professionals. This is also directly opposed to the position statements of the AAD, ASDS, and ASAPS regarding non-medical professionals.

page 12, BC 2.025 (2m) c

See above responses to page 11, BC 1.01 (11n)(11r) and BC 2.025

page 13 Section 1. BC 2.025 (3) "Laser hair removal product or device, or intense pulsed light device"....."general supervision"

Please see comments regarding general supervision from page 10, BC 1.01 (7m) states "general supervision"

Additionally, there is no clear language in CR05-118 that stipulates that estheticians are allowed to operate IPL devices.

Additionally use of IPL and laser for hair removal is directly opposed to the position statements from the AAD, ASDS, and the ASAPS.

Additionally, for comparison, the California Medical Board clearly states that estheticians may NOT legally use lasers or intense pulse light to remove hair, spider veins, and tattoos.

page 15 Section 23 BC 4.01 (8) "using lancets for the lateral piercing of whiteheads"

This constitutes acne surgery. It clearly states in the Wisconsin Department of Regulation and Licensing that:

-to penetrate, pierce or sever the tissues of a human being is the practice of medicine and surgery and that no person may practice medicine and surgery or attempt to do so or make a representation as authorized to do so, without a license granted by the Wisconsin Medical Examining Board.

page 15, BC 4.07 Ear piercing

It clearly states in the Wisconsin Department of Regulation and Licensing that:

-to penetrate, pierce or sever the tissues of a human being is the practice of medicine and surgery and that no person may practice medicine and surgery or attempt to do so or make a representation as authorized to do so, without a license granted by the Wisconsin Medical Examining Board.

Our primary goal in objecting to the changes outlined in CR05-118 is to protect patients. This is consistent with the goals of the state of Wisconsin as defined by the state medical board. It would benefit our patients, and the citizens of the state to not implement these rule changes.

Thank you for reviewing our states rules and regulations as it pertains to CR05-118.

Sincerely,

Mark Pearson, MD

Mark Schragger, MD

Daniel G. Malone, MD

Satish Lahiri, MD

Alan Finesilver, MD

Dirk Neunninghoff, MD

Doug Hempel, MD

Miriam Hanna, MD

Miriam Cohen, MD

Stephen Hinkle, MD

Allan Goldman, MD

Sanford Baim, MD

Steven Bergquist, MD

Larry Pearson, MD

Dan Rosler, MD

Alvin F. Wells, MD

Kurt Oelke, MD

Dan Rosler, M

John Juozevicius, MD

Timothy Harrington, MD



MAIL

From: "Neal Bhatia MD" <ndbhatia@juno.com>
Date: Wed, 30 Aug 2006 03:05:00 GMT
To: hholtey@yahoo.com
Subject: Re: Fwd: speech

Can you print this out? This is from the ASLMS website

Educational Recommendations for Laser Use by Non-Physicians

- 1) Individual should be a licensed medical professional, and carry adequate malpractice insurance.
- 2) Individuals should be trained appropriately in laser physics, tissue interaction, laser safety, clinical application, and pre and post operative care of the laser patient.
- 3) Prior to the initiation of any patient care activity the individual should have read and signed the facilities' policies and procedures regarding the safe use of lasers.
- 4) Continuing education of all licensed medical professionals should be mandatory and be made available with reasonable frequency (including outside the office setting) to help insure adequate performance. Specific credit hour requirements will be determined by the state, and/or individual facility.
- 5) A minimum of TEN procedures of precepted training should be required for each laser procedure and laser type to assess competency. Participation in all training programs, acquisition of new skills and number of hours spent in maintaining proficiency should be well documented.
- 6) After demonstrating competency to act alone, the designated licensed medical professional may perform limited laser treatments on specific patients as directed by the supervising physician.

The aforementioned devices refer to those classified by the FDA as Class IIIb or Class IV devices.

PLEASE ALSO REFER TO THE PRINCIPLES FOR NON-PHYSICIAN LASER USE

Approved by the Board of Directors
American Society for Laser Medicine and Surgery, Inc.
February 8, 2006

Neal Bhatia, M.D.



August 30, 2006

Dear Committee Members of Clearinghouse Rule 05-118,

Thank you for the opportunity to address you on Clearinghouse Rule 05-118. I have reviewed the proposed order and was very impressed by the depth of analysis. I have also reviewed the position statement on the practice of cutaneous medicine by the American Academy of Dermatology and AAD Association as well as the letter dated July 21, 2006 by Dr. Stephen Stone advocating for a physician to be on-site during the practice of cutaneous procedures. At this time, I would like to make the following points:

1. The procedures addressed by Dr. Stone are currently being done by licensed professionals who have been trained in their practice. Competence with these procedures comes with experience and cutaneous practice performing the procedures. The reality of physicians performing these procedures is very, very small. The procedures would be done by non-licensed staff members. The probability of complications in this scenario is much greater than in the current proposed order.
2. The proposed order has no anticipated costs incurred by the private sector or effect on small businesses. If a physician is required to be on-site to perform these procedures many if not most of the current practicing establishments would be required to close. It is not financially possible to maintain a physician on-site. This would place many currently practicing licensed estheticians out of work. Establishments with an on-site physician could raise prices to cover the salary of the physician thus impacting the cost to the private sector.
3. Microdermabrasion is not a medical procedure. I recently purchased an abrasive cleanser and enzyme peel at Sam's Club. If products such as these are readily available in the private sector, why does a physician need to be on-site to monitor its application? I am aware that professional peels can be much more extensive than over the counter peels, but again I must stress there is no need for a physician to be present during this procedure.
4. Dr. Stone appears to want to legislate how other professionals can practice. To my knowledge this is not in the scope of practice of a physician, but rather the responsibility of the State legislators. Professionals need to be allowed to work under the scope of practice defined by their own discipline, not something defined by a totally different discipline.

At this time I would like to encourage you to accept Clearinghouse Rule CR05-118 as written.

Sincerely,



Faye Kissner, RN, BSN, CCM



Testimony in Support of Clearinghouse Rule 05-118
Submitted by Kristi Batchelor
August 30, 2006

Dear Representatives Hines, Underheim, Townsend, Freese, McCormick, Wasserman, Grigsby, and Benedict:

Thank you for allowing me to speak in regards to Clearinghouse Rule 05-118 and to submit written testimony.

I have been a nationally certified barbering or cosmetology practitioner for over four years and since then have taken continuing education courses pertaining to skin care, microdermabrasion and chemical exfoliation. I would like to see Clearinghouse Rule 05-118 implemented in it's current form which will allow estheticians to perform microdermabrasion and chemical exfoliation without a medical director or supervision. I have had several of these treatments performed by an esthetician and have never experienced any complications or problems.

If patient safety is truly one of the biggest concerns pertaining to this new law, then there should be more emphasis on continuing education. But instead, the physicians seem to be more concerned with taking away our ability to perform these treatments and/or have unrealistic expectations for supervision.

Cost and availability are factors that lead many people to seek treatment at facilities other than a physicians office. It would be a disservice to take away this option from the public.

There also seems to be some misconceptions with the letter from the American Academy of Dermatology and the AAD Association to Senator Roessler and Representative Hines. I would like to make it clear that microdermabrasion is a very different procedure than dermabrasion. Estheticians perform microdermabrasion, not dermabrasion. We also perform chemical exfoliation rather than chemical skin peels. Both of those treatments are very different from each other.

Microdermabrasion and chemical exfoliation are NOT medical procedures. They both gently exfoliate the outer most layer of the skin (the stratum cornea) and require no down-time. These procedures are not painful and require no anesthetic. An esthetic microdermabrasion machine is considered an FDA Class 1 device which is same class as a blow dryer or curling iron.

My business will also be financially impacted if CR 05-118 is not implemented in its current form. My partner and I have a large sum invested in our business, especially with equipment and facility costs. With current law, all the these treatments are within our scope of practice. Microdermabrasion and chemical exfoliation are huge assets to our business and to our success. If CR 05-118 is not implemented in it's current form, we

could end up losing everything.

I would like your support of Clearinghouse Rule 05-118 because there are many well qualified and highly trained estheticians in Wisconsin who deserve to perform advanced skin care treatments. Perhaps a visit to an esthetician would shed more light on what these procedures entail.

Along with this written testimony, I have attached a statement from the Associated Bodywork & Massage Professionals (an insurance company for estheticians and other professionals). It states the fact that there have been no microdermabrasion claims against estheticians in the state of Wisconsin to this date.

Thank you for your consideration.

A S S O C I A T E D
**Bodywork
& Massage** 
P R O F E S S I O N A L S

August 23, 2006

To Whom It May Concern:

Regarding: Claims Experience, Specifically Microdermabrasion

ABMP has approximately 100 active and/or expired members that practice esthetics in the state of Wisconsin that have taken advantage of our membership that includes liability insurance. As of this date there have been no microdermabrasion claims reported.

Debbie Higdon



Special Services Manager
ABMP

/djh



Testimony in Support of CR 05-118
Submitted by Michelle L. Krueger
August 30, 2006

Thank you for allowing me to speak to the merits of Clearinghouse Rule 05-118 and to submit written testimony.

My name is Michelle Krueger and I am a licensed esthetician. I own a skin care studio in Cedarburg, WI. I am very concerned that the American Academy of Dermatologists is attempting to reduce the scope of my esthetic license. I rely on a wide variety of products and services to keep my business fiscally healthy. Without the ability to provide safe, effective services such as microdermabrasion and chemical exfoliation it is probable that my business will not survive.

The AAD cites public safety as their primary reason for requesting a public hearing. I think we can all agree that nearly everything carries some level of risk. When a new driver is granted a license we must collectively trust that they will operate their vehicle in a safe manner and obey the rules of the road. The same holds true for any professional charged with the responsibility of working with the public. It does not seem logical to unilaterally penalize 660 estheticians because there is risk associated with their job. Whether we are physicians or estheticians we are working on human beings and that in itself carries a certain level of risk. The object is to mitigate the risk by having rules, limits and protocols to keep the public safe.

Estheticians have been safely performing microdermabrasion and chemical exfoliation for many years. The Barber and Cosmetology board drafted CR 05-118 to establish new parameters or clarify existing rules with respect to microdermabrasion, chemical exfoliation, and laser hair removal. This new rule increases public safety by requiring more education, limiting the types of machines and products we may use and defining protocols to be followed. Like a new driver, we deserve the right to have a base level of trust that we will follow the rules set forth by our licensing board.

It has also been suggested that microdermabrasion and chemical exfoliation constitute the practice of cutaneous medicine. If delivered in accordance with CR 05-118 microdermabrasion and chemical exfoliation will only affect the stratum corneum which is the outermost layer of the skin. Estheticians are licensed to exfoliate the stratum corneum therefore these services are within our scope and are not the practice of cutaneous medicine.

On behalf of the 660 active licensed estheticians in Wisconsin I request that you accept Clearinghouse Rule 05-118 in its current form.

Thank you for your consideration.