



AMERICAN ACADEMY of
DERMATOLOGY | ASSOCIATION



THE AMERICAN SOCIETY
FOR AESTHETIC PLASTIC SURGERY



April 26, 2018

Rebecca Gaspard
Board of Cosmetologist Examiners
1000 University Avenue West, Suite 100
St. Paul, MN 55107
Submitted electronically: rebecca.gaspard@state.mn.us

Dear Ms. Gaspard:

On behalf of the undersigned physician organizations, we appreciate the opportunity to provide comments on revisions to the proposed permanent rules on advanced practice esthetician (APE) licensing. Protecting patient safety is always the primary concern of our organizations and professional licensing ensures that providers remain in their scope of practice.

We appreciate the Board of Cosmetologist Examiners' (BCE) effort to protect public safety by recognizing that any services provided beyond the epidermal dermal junction are most appropriately performed by a physician. However, the addition of an explicit exclusion of the practice of medicine from the APE scope of practice would provide clarity, and make these boundaries more clearly defined and enforceable. Furthermore, definitions of *stratum corneum* and *epidermal dermal junction* would distinguish the scope of practice between basic and APE services. These two terms are used when defining the scope of practice but are not defined themselves; adding this language is logical and would ensure consistent enforcement and transparent guidance to APEs regarding the boundaries of their practice.

Additionally, we recommend that the definition of "electrical energy treatment" specifically *exclude* the use of lasers or laser-assisted devices. As defined by Minnesota statutes 147.081 subd. 3, clause 4, the practice of medicine includes "any invasive or noninvasive procedures involving the use of a laser or laser assisted device, upon any person." Without explicitly excluding lasers and laser-assisted devices, the APE scope of practice could be inaccurately interpreted to include these devices. Precise guidance is needed to ensure a clear separation from the practice of medicine.

The services that may be provided by APEs are not without risk and it is the responsibility of licensing boards to ensure that individuals providing these services are adequately trained and knowledgeable. The Statement

of Need and Reasonableness (SONAR) that accompanied this rulemaking process stated that the BCE determined that 600 hours of training was “consistent with the theoretical and practical training necessary to address the proposed scope of practice for the AP esthetician and AP esthetician salon manager.” Additionally, the SONAR notes that of the three practice types which most closely resemble the scope of APEs, two out of the three require 600 hours of training. However, we are concerned with the reduction in training hours without any adequate justification and the change from the amount of training required for similar professionals in other states. Our organizations recommend that required training remain at 600 hours to align with similar practice types and to protect patient safety.

In order to protect the people of Minnesota from adverse events and to ensure quality care, we urge the Minnesota Board of Cosmetologist Examiners to consider these recommendations and make the necessary changes to ensure that the scope of advanced practice estheticians is clearly defined and does not include the practice of medicine. For further information, please contact Kristin Hellquist, ASDSA Director of Advocacy and Practice Affairs, at khellquist@asds.net or (847) 956-9144.

Sincerely,

American Academy of Dermatology Association
American Academy of Facial Plastic and Reconstructive Surgery
American Society for Aesthetic Plastic Surgery
American Society for Dermatologic Surgery Association
American Society for Laser Medicine and Surgery
American Society of Ophthalmic Plastic and Reconstructive Surgery