



Policy Approaches to Improve Truth-in-Advertising & Scope of Practice Laws



TRUTH IN ADVERTISING

States should protect patients against fraudulent, deceptive or misleading advertising by requiring transparency and the disclosure of one's degree, field of study, board certification and state licensure. Since many patients receive care across state lines, Congress should work with the Federal Trade Commission to prohibit false or misleading medical advertising.

Strategies

- ✓ Enact the American Medical Association's (AMA) Health Care Professional Transparency Act, which requires all health care professionals to wear a nametag during all patient encounters clearly identifying the type of license they hold. Health care professionals must display their education, training and licensure in their office.
- ✓ Add guardrails around the term "board-certified" by passing legislation requiring providers to meet certain criteria in order to hold themselves out to the public as being "board-certified."
- ✓ Pursue language that limits who can identify oneself as a "board-certified **dermatologist**." Florida law defines an advertisement as false, deceptive, or misleading if a physician "holds himself or herself out as a board-certified specialist in **dermatology** unless the recognizing agency, whether authorized in statute or by rule, is triennially reviewed and reauthorized by the Board of Medicine."
- ✓ The AADA supports H.R. 3928, the Truth in Healthcare Marketing Act of 2017. This bipartisan consumer protection bill will help ensure patients have reliable information regarding the delivery of their medical care, empowering them to make medical decisions that are best for themselves and their families. Ask your U.S. Representative to co-sponsor H.R. 3928, to set the record straight for all patients entering the doctor's office and provide patients with the necessary information concerning who is providing their health care.



SCOPE OF PRACTICE

The optimum degree of dermatologic care is delivered when a board-certified dermatologist provides direct, on-site supervision to all non- dermatologist personnel.

Strategies

- ✓ Ensure that physician assistants and nurse practitioners work collaboratively with physicians by enacting the AMA's model legislation on physician-led team-based care, which defines a "patient care team" as a multidisciplinary team of health care providers actively functioning as a unit with the management and leadership of a physician.
- ✓ Ensure that supervision laws require the supervising physician to have training and experience in the delegated duties. For example, Florida law requires the delegated procedures to be within the supervising physician's scope of practice, which is defined as "those tasks and procedures which the supervising physician is qualified by training or experience to perform."
- ✓ Pass a resolution directing your state medical society to advocate for legislation requiring supervising physicians to have training and experience in the duties they are delegating to their non-physician team members.



MEDICAL SPAS

The optimal quality of medical aesthetic care is delivered when a qualified and licensed physician provides direct, on-site supervision to all qualified and licensed non-physician personnel.

Strategies

- ✓ Enact AADA's model law establishing standards of practice for the performance, delegation, assignment, and supervision of medical and surgical procedures performed by a physician or non-physician under a physician's direction at a medical spa facility.
- ✓ Pass a resolution directing your state medical society to advocate for state regulation of medical spa facilities.
- ✓ Laws should recognize medical aesthetic services as the practice of medicine and stipulate who may perform procedures; set requirements for the training and education of supervising physicians and non-physician personnel; and provide for appropriate requirements for facility licensure, inspection and appropriate state enforcement.