

Steven Sepe

From: Jana Magarian <radiantesthetics401@gmail.com>
Sent: Sunday, June 2, 2024 1:29 PM
To: Stacy Custer; House Health and Human Services Committee
Subject: Proposed Bill H8296

Dear Rhode Island Representatives,

Response to proposed Bill: H8296

Numerous studies have demonstrated the high-quality care delivered by Nurse Practitioners (NP) when compared to Physicians. NPs undergo rigorous education and training to obtain their advanced practice nursing degrees. They must complete a masters level or doctoral degree program and have advanced clinical training beyond their initial nursing education and licensing as a registered nurse. Many NPs specialize in particular areas of medicine, including medical aesthetics. With the rising demand for aesthetic treatments over the past several years, NP run clinics are ubiquitous in the United States. Due to our education and clinical preparation (mine personally includes 20 years in critical care in the hospital setting and 10 years in the primary care setting where I was empaneled with 1500 patients), NPs are well suited to oversee and carry out myomodulation, facial volumization procedures, laser treatments, microneedling, and medical grade chemical peels. I have personally amassed hundreds of CME credits, hundreds of thousands of dollars in education, thousands of hours of study, and seven plus years of full time clinical practice in the aesthetic field. We continue to purchase and train with the most cutting edge safety devices such as ultrasound to map facial anatomy. NPs are well versed in facial anatomy, skin physiology, and the safe administration of medical aesthetic treatments.

I personally train the practitioners I employ and help finance their continuing education as well as hold numerous in-house trainings at our facility, often attended by MDs interested in branching out into medical aesthetics. There is a preponderance of expert trainers in the field of aesthetics that are registered nurses or NPs. There is nothing more important to my staff and me personally than patient safety. In fact, many patients present to my clinic expressly with the desire to be treated by a Nurse Practitioner. Patients often prefer NPs because they feel that we are attentive, have strong communication skills, spend more time per consultation, allowing for more thorough discussions and addressing a broader range of issues. Many patients prefer more conservative and nonsurgical options to address changes that occur to the skin and supportive tissues, and NPs are well suited to deliver these less invasive treatments with a high standard of safety.

There is no evidence that NPs provide substandard or unsafe medical aesthetics care compared to physicians. On the contrary, many studies have shown that NP delivered care is equal to that of physicians in terms of quality outcomes, safety, and patient satisfaction across many disciplines. NPs are held to the same standards of training, licensing, and certification as physicians who perform these treatments. We attend the same trainings and conferences. Any concerns about competency should be addressed through proper credentialing rather than blanket restrictions and the incomprehensible notion that there should be oversight by physicians on NP practice to improve safety. To suggest that physician oversight of NP practice is necessary for patient safety is an attempt to put NP run clinics out of business and monopolize the aesthetic market. It is a draconian attempt to quash women run and women owned practices in order to subjugate the nursing profession which is predominantly female in demographic.

NPs are exceptionally qualified to practice independently and do not need oversight by a physician. Proposing to reduce scope of practice in RI is a dangerous and slippery slope. NPs carry out a host of procedures in primary care such as implanting birth control devices, incision and drainage of cysts and abscesses, suturing

wounds, trephination, biopsy retrieval, and more. Dr. Tokarz's assertion that aesthetics procedures are under the umbrella of surgical procedures is a territorial attempt to confuse and manipulate lawmakers in order to push highly trained and qualified practitioners out of aesthetics specialty practice. Tokarz attempts to devalue the high quality care that NPs provide when she refers to NP owned Medical spas as extensions of nail and hair salons. I would invite any of the reviewers of this letter to visit my practice to observe the professionalism and expertise which is embedded in our care of patients.

Rhode Island needs NPs more than ever. Reducing scope of practice would be an unnecessary measure that limits patient choice, restricts access to care, stifles competition, and increases costs with no evidence that it enhances patient safety or quality of care. I appreciate your attention to the close examination of the potential harm this bill would cause from both a professional and business standpoint.

Sincerely,

Jana Magarian, APRN,NCMP