

Report to the General Assembly

Scope of Practice Review Committee Report on Estheticians February 1, 2025

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Executive Summary

In accordance with Connecticut General Statutes (CGS) Section 19a-16d through 19a-16f, Tiffany Mingachos, Spa Manager of Hand & Stone Massage and Facial Spa (Hand & Stone) in Brookfield, CT, submitted a scope of practice request to the Department of Public Health (DPH) seeking changes to the practice act governing estheticians, specifically to allow dermaplaning.

Estheticians are currently licensed and regulated under Chapter 387 of the CGS. Chapter 387 of the CGS defines the practice of esthetics as *“services related to skin care treatments, (A) including, but not limited to, cleansing, toning, stimulating, exfoliating or performing any similar procedure on the human body while using cosmetic preparations, hands, devices, apparatus or appliances to enhance or improve the appearance of the skin; makeup application; beautifying lashes and brows; or removing unwanted hair using manual and mechanical means, and (B) excluding the use of a prescriptive laser device; the performance of a cosmetic medical procedure, as defined in section [19a-903c](#); any practice, activity or treatment that constitutes the practice of medicine; makeup application at a rented kiosk located in a shopping center or the practice of hairdressing and cosmetology by a hairdresser and cosmetician licensed pursuant to this chapter that is within such licensee's scope of practice;”*

In addition to Chapter 387 of the CGS, CGS 19a-903c concerns medical spas and defines cosmetic medical procedures that can only be performed by a physician, physician assistant, advanced practice registered nurse, or registered nurse. Dermaplaning falls under the definition of a cosmetic medical procedure, preventing the profession from performing dermaplaning services, despite the treatment not going below the Stratum Corneum layer of the skin. The requestors asserted the procedure enhances the appearance of the skin and is in high demand across the state.

The review committee met on one occasion and discussed the training and education estheticians receive as it relates to dermaplaning and whether there are already other, safer ways to improve the appearance of the skin within their current scope of practice, such as microdermabrasion. Members of the committee also raised concerns that a surgical blade is used to perform the service, and estheticians would be able to perform this service independently without the oversight of a medical provider such as an advanced practice registered nurse (APRN), physician assistant (PA), or physician. Members of the committee acknowledged the requestors' business has a robust training and safety protocol in place for

dermaplaning, but pointed out a scope of practice change would apply to the profession as a whole and had concerns about estheticians outside of the Hand & Stone Massage and Facial Spa franchise performing the service safely and competently. The requestors conceded they would need much additional time to gather data and information to address the concerns and questions of committee members and would not be prepared to meet prior to the deadline for submission of this report. As such, no consensus on moving forward was reached due to members of the committee being unable to support the request with the information provided to date.

Background

Connecticut General Statute Section 19a-16d through 19a-16f establishes a process for the submission and review of requests from health care professions seeking to revise or establish a scope of practice prior to consideration by the General Assembly. Under the provisions of these statutes, persons or entities acting on behalf of a health care profession that may be directly impacted by a scope of practice request, may submit a written impact statement to the DPH. The Commissioner of Public Health shall, within available appropriations, establish and appoint members to a scope of practice review committee for each timely scope of practice request received by the DPH. Committees shall consist of the following members:

1. Two members recommended by the requestor to represent the health care profession making the scope of practice request;
2. Two members recommended by each person or entity that has submitted a written impact statement to represent the health care profession(s) directly impacted by the scope of practice request;
3. The Commissioner of Public Health or the commissioner's designee, who shall serve as ex- officio, non-voting member of the committee.

Scope of practice review committees shall review and evaluate the scope of practice request, subsequent written responses to the request, and any other information the committee deems relevant to the scope of practice request. Such review and evaluation shall include, but not be limited to, an assessment of any public health and safety risks that may be associated with the request, whether the request may enhance access to quality and affordable health care and whether the request enhances

the ability of the profession to practice to the full extent of the profession's education and training. Upon concluding its review and evaluation of the scope of practice request, the committee shall provide its findings to the joint standing committee of the General Assembly having cognizance of matters relating to public health. DPH is responsible for receiving requests and for establishing and providing support to the review committees, within available appropriations.

Scope of Practice Request

Hand & Stone submitted a request for DPH to convene a scope of practice review committee on behalf of estheticians to consider updating the profession's scope of practice to allow dermaplaning. The practice act for estheticians was originally enacted in 2019, and unlike other professions, did not undergo a scope of practice review prior to becoming a regulated profession. In 2019, the legislature sought to establish licensure for nail technicians, and the final language passed in Public Act 19-117, S. 191 included estheticians and eyelash technicians. As a result, few estheticians had input into the scope of practice established by the legislature. The requestors hope to add dermaplaning to their scope so the profession may provide clients with broader access to professional skincare services.

Impact Statements

Written impact statements in response to the scope of practice request submitted by Hand & Stone were received from the following:

- Connecticut Society of Plastic Surgeons
- Connecticut Dermatology and Dermatologic Surgery Society
- Connecticut Nurses Association
- CT APRN Society

The impact statements expressed a desire to serve on the scope of practice review committee, if convened for this profession, to better understand the impact of the request as it relates to the access and utilization of healthcare in Connecticut.

Scope of Practice Review Committee Membership

In accordance with the provisions of Connecticut General Statute 19a-16e, a scope of practice review

committee was established to review and evaluate the scope of practice request submitted by Hand & Stone. Membership on the scope of practice review committee included representation from:

1. Connecticut Society of Plastic Surgeons
2. Connecticut Dermatology and Dermatologic Surgery Society
3. Connecticut Nurses Association
4. CT APRN Society; and
5. The Commissioner's designee (chairperson and ex-officio, non-voting member).

Scope of Practice Review Committee Evaluation of Request

Health & Safety Benefits

According to the requestors, allowing the profession to perform dermaplaning will provide clients with broader access to professional skincare services. The requestors stated that estheticians are trained in skin anatomy, safety protocols, and sanitation practices to ensure the procedure is performed safely and effectively. The requestors state if estheticians are not allowed to perform the service, clients may seek unlicensed or untrained individuals to provide the service, potentially leading to adverse outcomes.

Access to Healthcare

The requestors stated allowing estheticians to perform the procedure will increase access to professional dermaplaning services, especially in areas where dermatological care may be less accessible or more costly. The requestors felt allowing this change to the scope of practice will support preventive skincare and contribute to overall skin health.

Laws Governing the Profession and the State's Current Regulatory Oversight of the Profession

The profession of esthetics is regulated by DPH under Current Connecticut state law – Chapter 387. Section 19a-903c of Chapter 368 concerns medical spas. This statute defines cosmetic medical procedures, and which licensed professionals may perform these procedures. Dermaplaning falls under the definition of a cosmetic medical procedure. Under current law, only a physician, APRN, physician assistant or registered nurse may perform cosmetic medical procedures.

Current Requirements for Education and Training and Applicable Certification Requirements

To obtain licensure as an esthetician, an esthetician must complete 600 hours of extensive education in

skin care, skin analysis, safety, and sanitation. They are also trained in procedures similar to dermaplaning, such as microdermabrasion and chemical exfoliation. To perform dermaplaning, additional certification or continuing education specific to the procedure can further ensure safety and competence.

Summary of Known Scope of Practice Changes

Scope of practice requests for the profession were submitted for consideration to DPH in 2019, 2021, 2022, and 2024. This is the first time DPH convened a committee to explore the request.

Impact on Existing Relationships within the Health Care Delivery System

The requestors argued allowing estheticians to perform dermaplaning will complement the existing healthcare delivery system by offering clients a non-invasive option for skin care, reducing the demand for more intensive dermatological procedures. They also felt the change will enhance collaboration between dermatologists and estheticians, allowing for a more integrated approach to skin health.

Economic Impact

The inclusion of dermaplaning in the scope of practice would create a positive economic impact by increasing the availability of affordable skincare services and will also support the growth of small business and solo practitioners.

Regional and National Trends

The requestors stated there is a growing trend towards allowing estheticians to perform dermaplaning. According to the request, Utah, New York, California, Texas, and Arizona allow the service to be performed by estheticians. The request noted some of these states require additional training and/or certification before the service can be performed.

Other Health Care Professions that may be impacted by the Scope of Practice Request as Identified by the Requestor

The requestors believed expanding their scope of practice to allow dermaplaning will have a positive impact on other healthcare providers in the aesthetics field. The requestors believed allowing estheticians to perform dermaplaning will reduce the burden on dermatologists and other healthcare providers in the aesthetics field to provide this non-medical skincare service.

Description of How the Request Relates to the Professions Ability to Practice to the Full Extent of the Profession's Education and Training

The requestors stated the submitted request aligns with the current education and training provided to estheticians and the profession is willing to incorporate a requirement of additional specialized training specific to dermaplaning to ensure all estheticians are fully prepared to offer the service.

Findings/Conclusions

The scope of practice committee met on November 18, 2024, to discuss and consider the proposed request. The committee's evaluation of the proposal focused on the training and education estheticians receive as it relates to dermaplaning and whether there are already other, safer ways to improve the appearance of the skin within their current scope of practice, such as microdermabrasion. The requestors outlined the training and safety protocol specific to the Hand & Stone franchise, and stated this protocol is consistent across their businesses in states in which dermaplaning is permitted. The requestors offered data that Hand & Stone has done 6,000 dermaplaning services across 20 states with no noted adverse reactions.

Members of the committee raised concerns that a surgical blade is used to perform the service, and estheticians would be able to perform this service independently without the oversight of a medical provider such as an advanced practice registered nurse (APRN), physician assistant (PA), or physician. There were also some concerns that certain serious skin conditions could be overlooked and inappropriately treated with dermaplaning. Members of the committee acknowledged the Hand & Stone franchise has a robust training and safety protocol in place for dermaplaning, but pointed out a scope of practice change would apply to the profession as a whole and had concerns about estheticians outside of the Hand & Stone franchise performing the service safely and competently. There were several questions about how to ensure estheticians outside of the Hand & Stone franchise receive robust training to ensure safe delivery of the service. Members of the committee wanted to know if other spas in Connecticut that may operate in other states that allow dermaplaning put similar safety and training measures to Hand & Stone in place. Members of the committee also wanted to know if other states that allow estheticians to perform dermaplaning require additional trainings and certifications to perform the service.

The requestors conceded they would need much additional time to gather data and information to address the concerns and questions of committee members and would not be prepared to meet prior to the deadline for submission of this report. The committee also discussed the lack of representation of the esthetician community beyond the requestors. While the committee was informed that a potential outcome of this process could be a recommendation to form a workgroup for the profession that encompasses more estheticians from a variety of settings, no votes were taken on the matter, and it was unclear if this is something the committee wanted to officially recommend. Ultimately, no consensus on moving forward was reached due to members of the committee being unable to support the request with the information provided to date.

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Appendix A: Scope of Practice Law

Scope of Practice Law

Sec. 19a-16d. Submission of scope of practice requests and written impact statements to Department of Public Health. Requests for exemption. Notification and publication of requests. (a) Any person or entity, acting on behalf of a health care profession that seeks to establish a new scope of practice or change a profession's scope of practice, shall submit a written scope of practice request to the Department of Public Health not later than August fifteenth of the year preceding the commencement of the next regular session of the General Assembly.

(b) (1) Any written scope of practice request submitted to the Department of Public Health pursuant to subsection (a) of this section shall include the following information:

(A) A plain language description of the request;

(B) Public health and safety benefits that the requestor believes will be achieved should the request be implemented and, if applicable, a description of any harm to public health and safety should the request not be implemented;

(C) The impact that the request will have on public access to health care;

(D) A brief summary of state or federal laws that govern the health care profession making the request;

(E) The state's current regulatory oversight of the health care profession making the request;

(F) All current education, training and examination requirements and any relevant certification requirements applicable to the health care profession making the request;

(G) A summary of known scope of practice changes either requested or enacted concerning the health care profession in the five-year period preceding the date of the request;

(H) The extent to which the request directly impacts existing relationships within the health care delivery system;

(I) The anticipated economic impact of the request on the health care delivery system;

(J) Regional and national trends concerning licensure of the health care profession making the request and a summary of relevant scope of practice provisions enacted in other states;

(K) Identification of any health care professions that can reasonably be anticipated to be directly impacted by the request, the nature of the impact and efforts made by the requestor to discuss the request with such health care professions; and

(L) A description of how the request relates to the health care profession's ability to practice to the full extent of the profession's education and training.

(2) In lieu of submitting a scope of practice request as described in subdivision (1) of this subsection, any person or entity acting on behalf of a health care profession may submit a request for an exemption from the processes described in this section and section 19a-16e. A request for exemption shall include a plain language description of the request and the reasons for the request for exemption, including, but not limited to: (A) Exigent circumstances which necessitate an immediate response to the scope of practice request, (B) the lack of any dispute concerning the scope of practice request, or (C) any outstanding issues among health care professions concerning the scope of practice request can easily be resolved. Such request for exemption shall be submitted to the Department of Public Health not later than August fifteenth of the year preceding the commencement of the next regular session of the General Assembly.

(c) In any year in which a scope of practice request is received pursuant to this section, not later than September first of the year preceding the commencement of the next regular session of the General Assembly, the Department of Public Health, within available appropriations, shall: (1) Provide written notification to the joint standing committee of the General Assembly having cognizance of matters relating to public health of any health care profession that has submitted a scope of practice request, including any request for exemption, to the department pursuant to this section; and (2) post any such request, including any request for exemption, and the name and address of the requestor on the department's Internet web site.

(d) Any person or entity, acting on behalf of a health care profession that may be directly impacted by a scope of practice request submitted pursuant to this section, may submit to the department a written statement identifying the nature of the impact not later than September fifteenth of the year preceding the next regular session of the General Assembly. Any such person or entity directly impacted by a scope of practice request shall indicate the nature of the impact taking into consideration the criteria set forth in subsection (b) of this section and shall provide a copy of the written impact statement to the requestor. Not later than October first of such year, the requestor shall submit a written response to the department and any person or entity that has provided a written impact statement. The requestor's written response shall include, but not be limited to, a description of areas of agreement and disagreement between the respective health care professions.

(P.A. 11-209, S. 1; P.A. 22-58, S. 16, 55.)

History: P.A. 11-209 effective July 1, 2011; P.A. 22-58 amended Subsec. (a) by replacing “may” with “shall”, amended Subsec. (c) by replacing “September fifteenth” with “September first” and making a technical change and amended Subsec. (d) by replacing “October first” with “September fifteenth” and “October fifteenth” with “October first”, effective May 23, 2022.

Sec. 19a-16e. Scope of practice review committees. Membership. Duties. (a) On or before October fifteenth of the year preceding the commencement of the next regular session of the General Assembly, the Commissioner of Public Health shall select from the timely scope of practice requests submitted to the department pursuant to section 19a-16d the requests on which the department will act and, within available appropriations allocated to the department, establish and appoint members to a scope of practice review committee for each such request. Committees established pursuant to this section shall consist of the following members: (1) Two members recommended by the requestor to represent the health care profession making the scope of practice request; (2) two members recommended by each person or entity that has submitted a written impact statement pursuant to subsection (d) of section 19a-

16d to represent the health care professions directly impacted by the scope of practice request; and (3) the Commissioner of Public Health or the commissioner's designee, who shall serve as an ex-officio, nonvoting member of the committee. The Commissioner of Public Health or the commissioner's designee shall serve as the chairperson of any such committee. The Commissioner of Public Health may appoint additional members to any committee established pursuant to this section to include representatives from health care professions having a proximate relationship to the underlying request if the commissioner or the commissioner's designee determines that such expansion would be beneficial to a resolution of the issues presented. Any member of such committee shall serve without compensation.

(b) Any committee established pursuant to this section shall review and evaluate the scope of practice request, subsequent written responses to the request and any other information the committee deems relevant to the scope of practice request. Such review and evaluation shall include, but not be limited to, an assessment of any public health and safety risks that may be associated with the request, whether the request may enhance access to quality and affordable health care and whether the request enhances the ability of the profession to practice to the full extent of the profession's education and training. The committee, when carrying out the duties prescribed in this section, may seek input on the scope of practice request from the Department of Public Health and such other entities as the committee determines necessary in order to provide its written findings as described in subsection (c) of this section.

(c) The committee, upon concluding its review and evaluation of the scope of practice request, shall provide its findings to the joint standing committee of the General Assembly having cognizance of matters relating to public health. The committee shall provide the written findings to said joint standing committee not later than the February first following the date of the committee's establishment. The committee shall include with its written findings all materials that were presented to the committee for review and consideration during the review process. The committee shall terminate on the date that it submits its written findings to said joint standing committee.

(P.A. 11-209, S. 2; P.A. 22-58, S. 17.)

History: P.A. 11-209 effective July 1, 2011; P.A. 22-58 amended Subsec. (a) by replacing “November first” with “October fifteenth”, adding provision re selection of timely scope of practice requests and made technical and conforming changes, effective May 23, 2022.

Sec. 19a-16f. Report to General Assembly on scope of practice review processes. On or before January 1, 2013, the Commissioner of Public Health shall evaluate the processes implemented pursuant to sections 19a-16d and 19a-16e and report to the joint standing committee of the General Assembly having cognizance of matters relating to public health, in accordance with the provisions of section 11-4a, on the effectiveness of such processes in addressing scope of practice requests. Such report may also include recommendations from the committee concerning measures that could be implemented to improve the scope of practice review process.

(P.A. 11-209, S. 3.)

History: P.A. 11-209 effective July 1, 2011.

Appendix B: Initial Scope of Practice Request

From: mgr.brookfield
To: [Montauti, Sara](#)
Subject: Scope of Practice update request for esthetics
Date: Thursday, August 15, 2024 5:08:56 PM
Attachments: [Outlook-glyvaiaar.png](#)
[Scope of Practice request.pdf](#)

You don't often get email from mgr.brookfield@handandstone.com. [Learn why this is important](#)

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Ms. Montauti,

I am writing to you to request an update for the esthetic community to allow dermaplaning in their scope of practice. While researching dermaplaning, I found that it falls into the same category as other exfoliations such as microdermabrasion or allowed chemical peels. Dermaplaning does not go below the stratum corneum layer of skin, which is the qualifying factor to cosmetic medical status.

I truly hope that this will be considered to allow the esthetic community to grow!

Kind regards,

Tiffany Mingachos



Spa Manager
203-775-2244
143 Federal Road
Brookfield, CT 06804

Scope of Practice Request: Permit Licensed Estheticians to Perform Dermaplaning in Connecticut

Tiffany Mingachos, Spa Manager
Hand & Stone Massage and Facial Spa
143 Federal Rd.
Brookfield, CT 06804

1. This request seeks authorization for licensed estheticians in Connecticut to perform dermaplaning as part of their scope of practice. Dermaplaning involves using a specialized blade to exfoliate the skin's surface, removing dead skin cells and fine hair. This treatment does NOT go below the Stratum Corneum layer of the skin, which falls within the customary practice for esthetics without falling into the medical scope that treats skin below the stratum corneum layer. The procedure is recognized for enhancing skin appearance and product absorption and is in high demand across the state.
2. Allowing estheticians to perform dermaplaning will provide clients with broader access to professional skincare services, contributing to improved skin health and appearance. Licensed estheticians are trained in skin anatomy, safety protocols, and sanitation practices, ensuring that dermaplaning is performed safely and effectively. If this request is not implemented, clients may seek unlicensed or untrained individuals to perform the procedure, potentially leading to adverse outcomes and compromising public health and safety.
3. Permitting licensed estheticians to perform dermaplaning will increase access to this beneficial service across Connecticut. By expanding the scope of practice, more individuals will have access to professional dermaplaning services, especially in areas where dermatological care may be less accessible or more costly. This change will support preventive skincare and contribute to overall skin health.
4. In Connecticut, "Esthetics means services related to skin care treatments, (A) including, but not limited to, cleansing, toning, stimulating, exfoliating or performing any similar procedure on the human body while using cosmetic preparations, hands, devices, apparatus or appliances to enhance or improve the appearance of skin; makeup application; beautifying lashes and brows; or removing unwanted hair using manual and mechanical means, and (B) excluding the use of a prescriptive laser device; the performance of a cosmetic medical procedure, as defined in section 19a-903c of the general statutes; any practice, activity or treatment that constitutes the practice of medicine.

*19a-903c states: "Cosmetic medical procedure" means any procedure performed on a person that is directed at improving the person's appearance and that does not meaningfully promote the proper function of the body or prevent or treat illness or

disease and may include, but is not limited to, cosmetic surgery, hair transplants, cosmetic injections, cosmetic soft tissue fillers, dermaplaning, dermastamping, dermarolling, dermabrasion that removes cells **beyond** the stratum corneum, chemical peels using modification solutions that exceed thirty per cent concentration with a pH value of lower than 3.0, laser hair removal, laser skin resurfacing, laser treatment of leg veins, sclerotherapy and other laser procedures, intense pulsed light, injection of cosmetic filling agents and neurotoxins and the use of class II medical devices designed to induce deep skin tissue alteration.

5. In Connecticut, the Department of Public Health oversees the licensing and regulation of estheticians. Estheticians must complete comprehensive training programs that include skin analysis, safety, and sanitation, preparing them for performing procedures like dermaplaning. Additional certification or continuing education specific to dermaplaning can be implemented to further ensure safety and competence.

6. Licensed estheticians in Connecticut complete 600 hours of extensive education in skin care, including training in procedures similar to dermaplaning, such as microdermabrasion and chemical exfoliation. To perform dermaplaning, estheticians could undergo additional training programs, such as those offered in other states, which cover the specific techniques and safety protocols associated with the procedure.

7. Many states have expanded the scope of practice for estheticians to include dermaplaning, recognizing the benefits and low risk of the procedure when performed by trained professionals. For example:

Utah: Recently allowed dermaplaning on May 1, 2024 for licensed estheticians.

New York: Allows Licensed Estheticians to perform dermaplaning.

California: Estheticians are allowed to perform dermaplaning following specific training and certification.

Texas: The Texas Department of Licensing and Regulation permits licensed estheticians to perform dermaplaning with additional certification.

Arizona: Estheticians can provide dermaplaning services as part of their licensed practice, with guidelines on the appropriate training required.

8. Allowing estheticians to perform dermaplaning will complement the existing healthcare delivery system by offering clients a non-invasive option for skin care, reducing the demand for more intensive dermatological procedures. This change will enhance collaboration between dermatologists and estheticians, allowing for a more integrated approach to skin health.

9. The inclusion of dermaplaning in the esthetician's scope of practice is expected to have a positive economic impact by increasing the availability of affordable skincare services. It will also support the growth of small businesses and solo practitioners in the skincare industry, contributing to job creation and economic development.

10. Across the United States, there is a growing trend toward allowing estheticians to perform dermaplaning. This movement reflects the recognition that trained estheticians are capable of providing this service safely and effectively, and that such a service is in high demand by clients seeking professional skincare.

11. Expanding estheticians' scope of practice to include dermaplaning will positively impact the skincare industry. It will allow estheticians to meet the growing demand for advanced skincare treatments, reduce the burden on dermatologists for non-medical skincare services, and ensure that clients receive high-quality care from licensed professionals.

12. The request aligns with the current education and training provided to estheticians in Connecticut. Estheticians receive extensive training in skin care, safety, and client care, which provides a solid foundation for performing dermaplaning. Additional specialized training can be incorporated to ensure all estheticians are fully prepared to offer this service

Appendix C: Impact Statements



August 28, 2024

Sara Montauti, MPH
Healthcare Quality Safety Branch
Practitioner Licensing and Investigations Section
Department of Public Health
410 Capitol Avenue, MS#12HSR
P.O. Box 340308
Hartford, CT 06134

e-mail: sara.montauti@ct.gov

Dear Ms. Montauti:

On behalf of the members of the Connecticut Society of Plastic Surgeons and the Connecticut Dermatology & Dermatologic Surgery Society, we are submitting this impact statement in connection with the proposed scope of practice review for Estheticians.

Use of a scalpel on patients under the proposed revised scope of practice, will inevitably result in inadvertent penetration into the dermis with risk of laceration, infection and potential for permanent scarring. Estheticians are in no way qualified to manage this unavoidable consequence of so called “dermablading.” In the interest of the health and wellbeing of Connecticut residents we oppose this proposed practice expansion.

Should this scope of practice be accepted, we would request that a representative of each of our organizations be included in further discussions.

Thank you for your kind consideration in this matter.

Very truly yours,

Joseph B. O'Connell, M.D.

Joseph B. O'Connell, MD
President, CSPS

Philip Kerr, MD

Philip Kerr, MD
President, CDDSS

Good afternoon Ms. Montauti,

I am writing to you as Chair of Health Policy for the CT APRN Society, regarding the scope of practice request for the following profession: Estheticians.

As one of the largest healthcare professions in the state of Connecticut, we would like to be involved in this scope of practice review if the Department of Public Health decides to review it.

Thank you for your consideration,
Laura Prior
Chair of Health Policy - CT APRN Society



Dear Ms. Montauti,

The Connecticut Nurses' Association submits this impact statement in response to the Scope of Practice Request from Licensed Estheticians.

After conversing with you nurses that work in the esthetics area, within medical spas, and out patient settings we offer the following concerns. Dermaplaning is a procedure done to remove vellus hair (peach fuzz) and dead skin cells using a scalpel/razor blade. Although it is minimal risk, if done by an untrained individual, this could pose some risks that are not covered in Bloodborne Pathogen Certification. Our specific concerns are:

1. Type of blade to be used, surgical grade or general public for home use?
2. Who will evaluate patient and determine they are a candidate for the intervention? How will Estheticians receive this information and training?
3. Plan for injuries/complications? Will there be licensed medical professional (MD/DO/APRN/PA/RN) on site?
4. Malpractice/insurance requirements to protect patients if they are scarred or disfigured?
5. How will informed consent be handled?

If the Department appoints a scope of Practice Review Committee to review the request from Licensed Estheticians, the CT Nurses' Association respectfully requests an appointment to the Committee.

The Connecticut Nurses' Association is a nurse membership organization. For over a hundred years, we have monitored legislation that not only impacts nursing, and the nursing profession, but we also bring our education, training, and daily experience across diverse health care settings, to advocate for the health of the public. We offer our expertise across multiple specialty areas and practice settings to inform decision making, promote understanding, and share evidence based research.

Thank you for your attention to this matter.

Sincerely,

Cassandra Esposito, MSN, APRN, FNP-C
President, Connecticut Nurses Association
Cc: mgr.brookfield@handandstone.com

Appendix D: Responses to Impact Statements



September 18, 2024

To the Connecticut Society of Plastic Surgeons and the Connecticut Dermatology & Dermatologic Surgery Society,

I am writing in response to your impact statement regarding dermaplaning. I would like to clarify that dermaplaning does not penetrate below the stratum corneum and, therefore, does not fall into the category of medical procedures. This distinction is crucial in differentiating between licensed esthetics and cosmetic medical procedures.

Dermaplaning, despite the use of a blade, is a safe procedure. The 10R blade, specifically designed for dermaplaning, is less sharp, more flexible, and has a rounded end to prevent skin penetration. With proper certification, licensed estheticians should be able to perform dermaplaning on residents of Connecticut. It's important to note that Connecticut is the only state in the surrounding area that restricts licensed estheticians from performing dermaplaning, while New York, New Jersey, and Rhode Island permit this practice.

As with any esthetic service, such as chemical peels, microdermabrasion, and waxing, there are inherent risks. However, with appropriate education and training, these services can be safely provided to our residents, and dermaplaning should be no exception.

Sincerely,

Tiffany Mingachos
Spa Manager



September 19, 2024

Dear Ms. Esposito,

I would like to answer your questions in response to the Scope of Practice Request asking to allow dermaplaning by licensed estheticians in Connecticut. With the proper education and certification, I am confident that licensed estheticians can safely perform dermaplaning.

To answer to your specific concerns:

1. We are asking to use the 10R blade, which has a rounded end, is not as sharp, and is more flexible than a 10 blade used for surgery.
2. The licensed esthetician will perform a thorough consultation, just as they would for a chemical peel or other exfoliation service, to ensure the client's suitability for dermaplaning. This is a testament to our commitment to client safety. Any esthetician must be certified and take additional training to perform dermaplaning, further reinforcing our dedication to professional standards.
3. The dermaplaning programs will teach the estheticians how to handle any complications that may arise. There will not be a medical professional on-site. A majority of the states in the US allow estheticians to perform this service after proper certification.
4. Estheticians should always carry insurance to protect themselves and their clients. This should be a requirement for dermaplaning.
5. As part of their dermaplaning certification, estheticians are trained to handle informed consent.

Allowing licensed estheticians to perform dermaplaning with proper certification is not just beneficial; it's a vital step. It will make this service more accessible to clients, increase their earning potential, and keep our Connecticut Estheticians competitive with those in neighboring states that allow this service to be performed. This will significantly boost our state's esthetic industry.

Sincerely,

Tiffany Mingachos
Spa Manager

Good afternoon, Ms. Prior,

Thank you for expressing interest in being involved if there is a review of the scope of practice.

Kind regards,

Tiffany Mingachos



Spa Manager

203-775-2244

143 Federal Road

Brookfield, CT 06804

Appendix E: Committee Membership

Hand & Stone Massage and Facial Spa (Hand & Stone)

Taylor Knox, Licensed Esthetician

Lisa Rossman, Licensed Esthetician

CT Dermatology and Dermatologic Society

Debbie Osborn

CT Society of Plastic Surgeons

Patrick Felice, MD

CT APRN Society

Laura Prior, APRN

CT Nurses Association

Katie Veas, RN

Cassandra Esposito, APRN

DPH Commissioner's Designee

Chris Andresen, MPH