

state legislators from across the country receive skin cancer screenings

The American Society for Dermatologic Surgery Association (ASDSA) and the American Academy of Dermatology Association (AADA) partnered to provide 141 skin cancer screenings to state legislators, legislative staff, and other attendees at the National Conference for State Legislators (NCSL) Annual Summit in Louisville, Ky. July 26-28, 2010.

Each year, thousands of state legislators, their families, legislative staff, union members, and others interested in policymaking gather together at the NCSL Annual Summit to address common issues facing the states. As a part of this summit, nearly 250 special interest groups exhibit in the hopes of sharing information and developing relationships with policymakers.

However, catching the attention of policymakers among so many competing groups can be difficult—groups typically need an outstanding give-away or an interactive event. In addition to the inherent value of the screenings, they provided the opportunity for the AADA

and the ASDSA to raise awareness of skin cancer prevention, including the health risks associated with indoor tanning. The contacts that ASDSA members and staff made with state legislators, legislative staff, spouses, and other attendees may prove invaluable as ASDSA discusses public policy priorities with these individuals in the future.

It is so important to develop and maintain relationships with policymakers, especially when we can begin our conversations by providing value and raising awareness.

The volunteerism of Kentucky dermatologists Jeffrey Callen, MD, William Patrick Davey, Joseph Fowler Jr., MD, Laura Klein, MD, Denise Puthuff, MD, MD, MBA, and Mark J. Zalla, MD, who provided screenings, were critically important in accomplishing these goals. ■



From left to right: Mark J. Zalla, MD; Laura R. Klein, MD; AADA Assistant Director of State Policy Kathryn Guccione Chandra; ASDSA Director of Advocacy and Public Policy Lisle Soukup, AAD Communications Program Coordinator Yvonne Urbikas

ASDS membership plaques

Proudly display your ASDS membership with an elegant, yet understated membership plaque. This 12 x 9 plaque will show your patients, staff and colleagues that you have met all the strict requirements of membership in the association that represents the best of the specialty of dermatologic surgery.

Available to members only, these plaques come in two varieties of wood: black finish with a silver plaque or cherry wood with a gold plaque. A black acrylic and clear acrylic with a silver plaque are also available.

To order, go to www.asds.net or call ASDS at 847-956-0900 to have an order form faxed to you. ■



advocate profile: Lawrence J. Green, MD, Rockville, Md.

lessons from successful advocacy efforts by fellow ASDSA members

ASDSA Scope of Practice Chair, Lawrence J. Green, MD, played a key role in the adoption of new patient safety regulations in Maryland. We sat down with him to find out what he learned from the experience.

First of all, what do the new regulations do?

Previously, the status of cosmetic medical procedures as the practice of medicine was unclear in Maryland regulations. As such, patients weren't guaranteed the same safeguards in terms of requisite training and physician oversight as are in place for other medical procedures. The new regulations protect Maryland residents undergoing minimally invasive cosmetic medical procedures by:

- Spelling out requisite training and oversight for minimally invasive procedures such as injectable fillers and neurotoxins, laser hair removal, and deep chemical peels
- Defining cosmetic medical procedures as the practice of medicine
- Requiring physicians performing or supervising cosmetic medical procedures to have completed CME training courses or an ACGME-accredited residency that includes cosmetic medical procedure training
- Mandating that qualified physicians perform procedures themselves or remain onsite when delegating procedures to appropriately trained health professionals
- Holding physicians who delegate cosmetic medical procedures responsible for ensuring that the health professionals to whom they delegate are trained to identify situations for which treatment might not be advisable
- Necessitating a physician-patient relationship which includes an examination prior to the first procedure or course of treatment and detailed medical records
- Adding the necessary penalties to ensure compliance and enforcement of the regulations.

What would you say is the most important factor in successfully advocating for good regulations?

First, I would say that it's important to be proactive and get in early in the process. Don't wait until regulations are proposed and then respond to them—by that time, much of the work has already been done. Instead, look for areas where regulations don't exist or need improvements, and begin the conversation with your local and state medical societies about the need to address the issue. With the ASDSA's help, I was able to position myself as a resource and leader in the state medical society on legislative issues that affect dermatologists.

Secondly, be inclusive. It's not enough that dermatologic surgeons feel these regulations are important. Other specialties need to be on board or they won't go anywhere. This isn't as hard as it sounds. We were able to work cooperatively with plastic surgeons and facial plastic surgeons on areas where we had common ground. Mainly, this was in the area of requiring appropriate training and the establishment of a physician-patient relationship. In the end, this allowed me the opportunity to actually help me give significant input in the regulations that were adopted.

How long did it take you to get these regulations adopted?

This was definitely a marathon, not a sprint. This effort began in the fall of 2006. At that time, I wasn't sure whether we'd end up crafting a legislative bill to be addressed by the state legislature or ask for new regulations through the Board of Physicians (BOP). It first took awhile to position myself as an authority on the need for changes in cosmetic medical procedures. Then, after consulting with the lobbyists at the state medical society, it was recommended I would have a much higher likelihood of success with the BOP. With the help of the state medical society,

I managed to get on the BOP agenda in January 2008 to present on the need for new regulations. The BOP agreed to take action. An initial draft of the regulations was submitted in fall of 2008

and was redrafted several times before being published in the state register for public comment in August 2009. Just think, we had been working on these behind the scenes for two full years before they were published for public comment. That's why I say it's so important to get in early in the process and write your own proposals rather than waiting to respond to someone else's. Secretary Colmers signed the regulations in late July. They just went into effect on August 23. It takes a lot of patience and tenacity to get these things done. It can be a frustrating process, but it's always worth trying and persevering.

What other roles did the ASDSA play in the development and enactment of these regulations?

Early on in the process, as far back as 2007, the ASDSA provided language for use in defining cosmetic medical procedures, physician oversight, and training requirements. The ASDSA worked with us as we continued to redraft the proposed regulations to get the buy-in from the various specialty groups. Much of that language was utilized in the final draft of the new regulations. Additionally, the ASDSA provided public comment in favor of the regulations, and urged grassroots advocates to let their voices be heard through e-advocacy alerts. Once the regulations passed, the ASDSA's public relations firm helped to get media coverage of the new regulations.



Lawrence J. Green, MD