May 21, 2013

The Honorable Kenneth P. LaValle
Chair, Senate Higher Education Committee
Legislative Office Building, Room 806
188 State Street
Albany, NY 12247

Dear Senator LaValle,

On behalf of the more than 12,600 U.S. members of the American Academy of Dermatology Association (AADA), I am writing to share with you our strong support for SB 5493. This legislation, which has been agreed upon by the American Medical Association and several national medical specialty organizations, is an important step toward ensuring transparency of health care provider qualifications. America's patients deserve to know what procedures their providers are qualified and licensed to perform.

The AADA believes those who regulate and deliver medical care have an obligation to inform the public of the qualifications and limitations of the persons providing their care prior to treatment. All providers should identify or disclose their degree or field of study, board-certification (if any) and licensure to each patient.

As dermatologists, our utmost concerns are quality patient care and patient safety. Quality patient care includes evaluating a patient's needs and current condition, selecting an appropriate course of treatment, and providing adequate information and follow-up care. It is not only essential to provide the highest quality care, but it is just as important that patients understand and are comfortable with who is providing those services.

A recent survey conducted by the American Medical Association's Scope of Practice Partnership, on which AADA serves as a steering committee member, confirms increasing patient confusion regarding the many types of health care providers - including physicians, nurses, physician assistants, technicians and other varied providers. The survey revealed:

- **54 percent** of patients incorrectly believe an optometrist is a medical doctor;
- **35 percent** of patients believe a nurse with a "doctor of nursing practice" degree is a medical doctor;
- **44 percent** of patients believe it is difficult to identify who is a licensed medical doctor and who is not by reading what services they offer, their title and other licensing credentials in advertising or other marketing materials.
As you know, there is a wide spectrum of training and expertise among caregivers. In a clinical setting, it is often impossible for patients to know whether the person providing their care is a physician, nurse, physician assistant, pharmacist, dentist, or dental hygienist, for example.

This creates a great deal of confusion for individuals receiving health care and our patients have the right to know the credentials and the level of training of that person making the important medical diagnosis, pushing medications into an intravenous line, using a scalpel, or pointing a laser at their face, torso, arms, or legs. Many patients may not feel comfortable asking for a provider’s credentials prior to receiving care. The SOPP survey reinforces that patients want more transparency regarding the credentials and qualifications of their health care providers:

- 93 percent of patients believe only medical doctors should be permitted to use the title “physician;”
- 87 percent of patients support state legislation to require all health care advertising materials to clearly designate the level of education, skills and training of all health care professionals promoting their services.

SB 5493 would require that all advertisements for health care services identify the type of professional license and board certification (if applicable) held by the health care professional. In addition, all health care professionals would be required to wear a name tag that clearly identifies the type of license held during all patient encounters.

The AADA strongly supports the team-based model of health care delivery, led by the physician, and recognizes the vital role all providers play in the health care delivery system. However, ambiguous provider nomenclature, related advertisements and marketing, and the myriad of individuals one encounters in each point of service exacerbate patient uncertainty. Further, patient autonomy and decision-making are jeopardized by uncertainty and misunderstanding in the health care patient-provider relationship.

SB 5493 helps set the record straight and provides patients with the necessary information about who is providing their health care.

We applaud your leadership on this crucial issue, and look forward to working with you to ensure the passage of SB 5493. For further information, please contact Lisa Albany, Assistant Director of State Policy for the AADA, at labany@aad.org or (202) 712-2615.

Sincerely,

Dirk M. Elston, MD, FAAD
President
American Academy of Dermatology Association
May 28, 2013

The Honorable Joseph A. Grillo
Senator, 47th District
New York State Senate
188 State Street Room 612, Legislative Office Building
Albany, NY 12247

RE: SUPPORT S 5493

Dear Senator Grillo:

As President of the American Society for Dermatologic Surgery Association (ASDSA), a surgical specialty organization representing over 5,700 physician members, I am writing to thank you for your leadership and to pledge our support for your S 5493, which will allow patients to make informed and educated decisions when seeking medical treatment.

Dermatologists in New York and across the country provide treatment to patients suffering from complications they received from visiting cosmetic medical spas, salons, or any other licensed facility that advertises low-cost treatments from physicians with questionable credentialing. In these places, physicians are often not on-site, and most of the procedures are performed by assistants and technicians whose training or credentialing is unknown. These facilities are driven by profits earned through deceptive advertising and promoting lower cost procedures, often with lower quality care.

While the ASDSA has the utmost respect for other health providers practicing within their scope of practice and training, we believe that patients deserve the opportunity to make informed decisions about from who they receive medical treatment. The proposition of asking detailed questions of a provider’s qualifications and credentials just as one is about to put one’s health and well-being in that provider’s hands can be understandably daunting. The use of clear terminology and transparency lessens the likelihood of misunderstandings.

In a 2013 consumer survey conducted by the American Society for Dermatologic Surgery, respondents ranked the specialty in which the physician is board certified as the most important factor they take into consideration in deciding selection of a practitioner to perform a cosmetic procedure. However, in the state of New York, there are currently no laws which ensure physicians advertising board-certification are required to be transparent with regard to in what board they are certified, and that this board is one which requires legitimate training and assessment, rather than an online, fly-by-night operation.

We are concerned with the practice of advertising oneself as board certified in one of the so-called “junk boards,” which have names that deliberately mislead consumers but which have no legitimate testing or training programs—i.e. advertising oneself as board certified by the “American Academy of Cardiology,” when, in fact, the name of the American Board of Medical Specialties-approved board is the American College of Cardiology. Both physicians and patients have been duped by so-called “junk boards,” which offer the ability to claim “board certification” in exchange for a fee, but do not have training which measures up to standards. In the absence of such requirements, there is the potential for abuse for those who would venture
to mislead consumers by claiming board certification by an entity which may sound legitimate, but which may be simply a guise.

We encourage implementing legislation that provides the state with simple mechanisms to improve transparency in services provided by healthcare professionals by prohibiting deceptive and misleading advertising, such as that contained within S 5493. Patients deserve to know more about a healthcare professional – and to be able to trust that the person in the white coat providing medical care is licensed or certified to do so.

For these reasons, we support S 5493. Thank you for your consideration. Should you have any questions or need further information, please feel free to contact Director of Advocacy and Public Policy Lisle Soukup at (847) 956-9126 or lsoukup@asds.net.

Sincerely,

Timothy C. Flynn, MD
ASDSA President

cc: Mitchel P. Goldman, MD, President-Elect, ASDSA
George J. Hruza, MD, Vice President, ASDSA
Thomas E. Rohrer, MD, Secretary, ASDSA
Abel Torres, MD, Treasurer, ASDSA
Susan H. Weinkle, MD, Immediate Past President, ASDSA
Katherine J. Duerdorff, CAE, Executive Director, ASDSA
Lisle Soukup, Director of Advocacy and Public Policy, ASDSA
Liz Dears, Executive Director, New York State Society of Dermatology and Dermatologic Surgery
Roy G. Geronemus, MD, New York State Advocacy Network for Dermatologic Surgery Representative
May 29, 2013

The Honorable Joseph A. Griffo
New York State Senator
188 State Street Room 612, Legislative Office Building
State Capitol
Albany, NY 12247

Dear Senator Griffo:

On behalf of the American Academy of Ophthalmology and its worldwide membership of
31,873 medical eye physicians and surgeons, I am writing to thank you for the introduction
of Senate Bill 5493.

As you know, Senate Bill 5493 would require health care practitioners to wear a photo
identification name tag during patient encounters that includes the type of license held by the
practitioner. Senate Bill 5493 would also require the health care practitioner display a
document in his or her office that clearly identifies the type of license that the practitioner
holds.

The Academy believes that these provisions will help patients better understand the
qualifications and level of expertise of the practitioners who are treating them for their
diseases. We believe that empowering consumers of health care with this basic information
will result in better outcomes for patients in the state of New York. In today’s
interconnected world, reliable and informative internet sites - such as the Academy’s own
website - can provide patients with basic background information about their conditions and
treatments. However, this is only a part of the information that patients need to make wise
health care choices about their providers. You clearly understand that there is another
important part to this equation. Patients must also be provided information on the basic
qualifications of the health care practitioners who offer to treat them. Senate Bill 5493
provides a simple, low-cost and commonsense solution that addresses the needs of today’s
patients for information.

Once again, on behalf of the ophthalmology community and the patients that we serve, we
thank you for your introduction of Senate Bill 5493.

Sincerely,

Daniel Briceland, MD
Secretary for State Affairs
American Academy of Ophthalmology
May 30, 2013

The Honorable Joseph Griffo
New York State Senate
188 State Street Room 612
Legislative Office Building
Albany, NY 12247

Re: American Medical Association Support for New York Senate Bill 5493

Dear Senator Griffo:

On behalf of the American Medical Association (AMA) and our physician and student members, I write in strong support of New York Senate Bill (S.B.) 5493, the “Health Care Professional Transparency Act.” This legislation provides a straightforward solution to help reduce confusion and increase clarity and transparency for New York’s patients when they seek out health care services.

A quick look at the facts shows that patients are confused about who is a medical doctor – and who is not. According to a recent AMA survey, most patients correctly identified physician specialties, such as orthopaedic surgeons, obstetrician-gynecologists and dermatologists as medical doctors. However, many patients incorrectly identified other health care professionals (podiatrists, optometrists and psychologists) as medical doctors. The AMA is concerned that this simple mistake may cause false expectations among patients and impair their ability to make informed health care decisions.

S.B. 5493 will help reduce this confusion by requiring all health care professionals to wear a name tag during direct patient encounters, which clearly identifies the type of license or certification held by the professional. S.B. 5493 also requires all health care professionals to visibly display their education, training and licensure in their offices. Further, S.B. 5493 ensures that any advertisement for health care services or professional website created to promote health care services clearly identify the type of license the practitioner holds and be free of deceptive and misleading information. In addition, S.B. 5493 ensures that physicians who represent themselves as being certified in a medical specialty or by a particular board do so clearly, and that the certification entity or board meet certain minimum qualifications.
Importantly, patients are very much on board with these efforts. According to a recent AMA survey, the vast majority of patients would support legislation in their state to require that health care advertising materials clearly designate the level of education, skills, and training of the health care professional promoting his or her services. Considering the avalanche of information available to patients in today’s health care system, the provision of truthful information is simply a matter of common sense.

Thank you for your support of truth in advertising. Once again, we urge you to support S.B. 5493. Should you have any questions, please contact Kristin Schleiter, JD, LLM, Senior Legislative Attorney, Advocacy Resource Center, at kristin.schleiter@ama-assn.org or (312) 464-4783.

Sincerely,

James L. Madara, MD

Enclosure

cc: Medical Society of the State of New York
Truth in Advertising survey results

Education and training matters when it comes to who provides your health care, but do most patients know the qualifications of their health care provider? A 2008 survey found that while patients strongly support a physician-led health care team, many are confused about the level of education and training of their health care provider.\(^1\) Follow-up surveys conducted in 2010\(^2\) and 2012\(^3\) confirmed that patients want a physician to lead the health care team. The surveys also underscored that patient confusion remains high. Key findings include:

- **Ninety-one percent** of respondents said that a physician's years of medical education and training are vital to optimal patient care, especially in the event of a complication or medical emergency.\(^1\)
- **Eighty-six percent** of respondents said that patients with one or more chronic diseases benefit when a physician leads the primary health care team.\(^2\)
- **Eighty-four percent** of respondents said that they prefer a physician to have primary responsibility for the diagnosis and management of their health care.\(^1\)

Truth in Advertising legislation can help provide the clarity and transparency necessary for patients to have the information they need to make informed decisions about their health care.

### Patients are not sure who is—and who is not—a physician\(^4\)

<table>
<thead>
<tr>
<th>Is this person a medical doctor or doctor of osteopathic medicine?</th>
<th>2008 Yes (%)</th>
<th>2008 No (%)</th>
<th>2008 Not sure (%)</th>
<th>2010 Yes (%)</th>
<th>2010 No (%)</th>
<th>2010 Not sure (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthopaedic surgeon/Orthopaedist</td>
<td>94</td>
<td>84</td>
<td>3</td>
<td>12</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Obstetrician/Gynecologist</td>
<td>92</td>
<td>93</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Primary care physician(^1)</td>
<td>n/a</td>
<td>91</td>
<td>n/a</td>
<td>7</td>
<td>n/a</td>
<td>2</td>
</tr>
<tr>
<td>General or family practitioner</td>
<td>88</td>
<td>88</td>
<td>8</td>
<td>9</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Dermatologist(^2)</td>
<td>n/a</td>
<td>84</td>
<td>n/a</td>
<td>12</td>
<td>n/a</td>
<td>4</td>
</tr>
<tr>
<td>Dentist</td>
<td>77</td>
<td>69</td>
<td>20</td>
<td>29</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Anesthesiologist</td>
<td>76</td>
<td>78</td>
<td>16</td>
<td>19</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>74</td>
<td>75</td>
<td>20</td>
<td>21</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Ophthalmologist</td>
<td>69</td>
<td>71</td>
<td>14</td>
<td>16</td>
<td>17</td>
<td>13</td>
</tr>
<tr>
<td>Podiatrist</td>
<td>67</td>
<td>68</td>
<td>22</td>
<td>21</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Optometrist</td>
<td>54</td>
<td>54</td>
<td>36</td>
<td>38</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Psychologist</td>
<td>49</td>
<td>41</td>
<td>44</td>
<td>53</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Chiropractor</td>
<td>38</td>
<td>31</td>
<td>53</td>
<td>64</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Doctor of nursing practice</td>
<td>38</td>
<td>35</td>
<td>37</td>
<td>46</td>
<td>25</td>
<td>19</td>
</tr>
<tr>
<td>Audiologist</td>
<td>33</td>
<td>30</td>
<td>40</td>
<td>47</td>
<td>27</td>
<td>23</td>
</tr>
<tr>
<td>Otolaryngologist/ENT(^3)</td>
<td>32</td>
<td>43</td>
<td>13</td>
<td>33</td>
<td>55</td>
<td>24</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>29</td>
<td>26</td>
<td>63</td>
<td>69</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Physical Therapist</td>
<td>26</td>
<td>19</td>
<td>68</td>
<td>78</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Midwife</td>
<td>11</td>
<td>7</td>
<td>82</td>
<td>86</td>
<td>7</td>
<td>7</td>
</tr>
</tbody>
</table>

\(^1\) Adjusted to report results on the 2010 survey.

\(^2\) Adjusted to report results on the 2012 survey.

\(^3\) Adjusted to report results on the 2013 survey.

\(^4\) Adjusted to report results on the 2014 survey.
### Additional findings from the “Truth in Advertising” surveys

**Patients strongly prefer physicians to lead the health care team**

<table>
<thead>
<tr>
<th>Should only a medical doctor or doctor of osteopathic medicine be allowed to perform the following procedures or should other health care professionals be allowed to perform this specific activity?</th>
<th>Only a medical MD or DO (%)</th>
<th>Other health care professional (%)</th>
<th>Both equally/ either one (%)</th>
<th>Don't know (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amputations of the foot?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnose and treat heart conditions?</td>
<td>n/a</td>
<td>n/a</td>
<td>90</td>
<td>n/a</td>
</tr>
<tr>
<td>Surgical procedures on the eye that require the use of a scalpel?</td>
<td>92</td>
<td>94</td>
<td>90</td>
<td>6</td>
</tr>
<tr>
<td>Treat emergency or trauma medical conditions, which may be life threatening?</td>
<td>n/a</td>
<td>n/a</td>
<td>85</td>
<td>n/a</td>
</tr>
<tr>
<td>Facial surgery such as nose shaping and face lifts?</td>
<td>90</td>
<td>89</td>
<td>83</td>
<td>8</td>
</tr>
<tr>
<td>Write prescriptions for complex drugs, including those that carry a risk of abuse or dependence</td>
<td>82</td>
<td>75</td>
<td>83</td>
<td>16</td>
</tr>
<tr>
<td>Diagnose and treat chronic diseases like diabetes?</td>
<td>n/a</td>
<td>n/a</td>
<td>74</td>
<td>n/a</td>
</tr>
<tr>
<td>Write prescriptions for medication to treat mental health conditions such as schizophrenia and bi-polar disorder?</td>
<td>80</td>
<td>75</td>
<td>76</td>
<td>17</td>
</tr>
<tr>
<td>Administer and monitor anesthesia levels and patient condition before and during surgery?</td>
<td>71</td>
<td>70</td>
<td>73</td>
<td>27</td>
</tr>
<tr>
<td>Write prescriptions for common conditions like sinus infections?</td>
<td>n/a</td>
<td>n/a</td>
<td>34</td>
<td>n/a</td>
</tr>
</tbody>
</table>

### Patients want their health care professional to clearly designate their education and training

<table>
<thead>
<tr>
<th>Do you agree or disagree with the following?</th>
<th>Agree (%)</th>
<th>Disagree (%)</th>
<th>Don't know (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only licensed medical doctors or doctors of osteopathic medicine should be able to use the title of &quot;physician.&quot;</td>
<td>91</td>
<td>93</td>
<td>92</td>
</tr>
<tr>
<td>It is easy to identify who is a licensed MD or DO and who is not by reading what services they offer, their title and other licensing credentials in advertising or other marketing materials?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Would you support or oppose legislation in your state to require all health care advertising materials to clearly designate the level of education, skills and training of all health care professionals promoting their services?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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1. Global Strategy Group conducted a telephone survey on behalf of the AMA Scope of Practice Partnership between August 13-18, 2008. Global Strategy Group surveyed 850 adults nationwide. The overall margin of error is ±3.4 percent at the 95 percent confidence level.

2. Baseline & Associates conducted a telephone survey on behalf of the AMA Scope of Practice Partnership between November 4-8, 2010. Baseline & Associates surveyed 850 adults nationwide. The overall margin of error is ±3.4 percent at the 95 percent confidence level.

3. Baseline & Associates conducted a telephone survey on behalf of the AMA Scope of Practice Partnership between March 8-12, 2012. Baseline & Associates surveyed 801 adults nationwide. The overall margin of error is ±3.5 percent at the 95 percent confidence level.

4. A physician is an individual who has received a "Doctor of Medicine" or a "Doctor of Osteopathic Medicine" degree or an equivalent degree following successful completion of a prescribed course of study from a school of medicine or osteopathic medicine. AMA Policy H-405.969

5. The physician professions’ "primary care physician" and "dermatologist" were not referenced in the 2008 survey.

6. The abbreviation for ear, nose and throat — "ENT" — was not referenced in the 2008 survey.
May 30, 2013

Honorable Joseph Grillo
Legislative Office Building
Room 612
Albany, New York 12247

RE: S. 5493, AN ACT, to amend the education law, in relation to enacting the health care professional transparency act.

Dear Senator Grillo,

On behalf of the NYS Society of Dermatology and Dermatologic Surgery, I want to thank you for introducing and sponsoring the Health Care Professional Transparency Act. As you know, this bill would amend the Education Law to assure appropriate identification of all licensed health care professionals in their one on one interaction with patients and in their advertisements to the public. The NYSSDDS strongly supports this measure and urges its passage by the NYS Senate.

Importantly, this bill will require that advertisements for services to be provided by health care practitioners identify the type of professional license and board certification (if applicable) held by the health care professional. In addition, this measure would require all advertisements to be free from any and all deceptive or misleading information. Ambiguous provider nomenclature, related advertisements and marketing, and the myriad of individuals one encounters in each point of service exacerbate patient uncertainty.

Additionally, this measure would require health care practitioners to wear an identification name tag during patient encounters that includes the type of license held by the practitioner. The bill would also require the health care practitioner to display a document in his or her office that clearly identifies the type of license that the practitioner holds.

A recent survey conducted by the American Medical Association's Scope of Practice Partnership (SOPP), on which the AADA serves as a steering committee member, confirms increasing patient confusion regarding the many types of health care providers - including physicians, nurses, physician assistants, technicians and other varied providers. The survey revealed:

- **54 percent** of patients incorrectly believe an optometrist is a medical doctor;
- **35 percent** of patients believe a nurse with a “doctor of nursing practice” degree is a medical doctor;
TO: New York Senate
   Committee on Higher Education

FROM: American Society of Plastic Surgeons

DATE: 5/27/13

RE: MEMORANDUM IN SUPPORT for S. 5493

The American Society of Plastic Surgeons (ASPS) is writing to register its formal support for S. 5493, which would implement important criteria for the health care provider advertising. The ASPS was founded in 1931, and represents over 6,700 physicians nationally who are certified by the American Board of Plastic Surgery or the Royal College of Physicians and Surgeons of Canada.

This legislation would help to provide clarity and transparency for patients when they seek health care services from any type of health care professional. It would require all health care practitioners to disclose their license type, and additionally places requirements on physicians' use of the term “board certified” in advertising efforts.

These commonsense measures are aimed to help to alleviate the “white coat” confusion that may exist in the health care setting today. Currently, we know that patients often mistake medical doctors with non-physician providers, and that they may not know that certain medical specialists are physicians. A recent American Medical Association telephone survey of 852 adults nationwide yielded that 67 per cent of respondents believed that podiatrists are medical doctors – they are not. The same survey revealed that only 32 per cent of respondents believed that otolaryngologists are physicians – they are.1

Along those same lines, we support the provision in S. 5493 which establishes clear parameters for physicians using the term “board certified” in advertising activity. We know this term is one which the public considers to have significant meaning and importance, but which may be widely and inconsistently used. Simply stating one is “board certified” alone is not specific enough for a patient to understand the type of training his or her physician has. If a board certified plastic surgeon decided to open a LASIK clinic in downtown Albany today, s/he could advertise as being a “Board Certified” surgeon without ever making the qualification that the certificate is not, in fact, in ophthalmology. Requiring physicians to disclose the full name of the board from which they receive their certificate simply provides additional transparency, enabling prospective patients to discern the credentials and training of the physicians from whom they will receive care.

Patients deserve to know precisely what type of health care professional is treating them – whether it is a physician, nurse, assistant or technician. Uninformed choices could unfortunately lead to unintended consequences that could be avoided. That is what makes passage of this legislation so important.

Thank you for your consideration. We urge you to support passage of S. 5493.

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1 Global Strategy Group survey on behalf of the American Medical Association (AMA) Scope of Practice Partnership, conducted August 13-18, 2008. The survey was conducted among 852 adults nationwide. The overall margin of error is +/-3.4 per cent at the 95 per cent confidence level. (AMA Advocacy Resource Center)
MEMORANDUM IN SUPPORT

Bill S.5493/A.________ (Grillo/________)
Provides for the Identification of Health Professionals

The New York State Society of Anesthesiologists, Inc. ("NYSSA") is a medical society consisting of approximately 3,550 physicians specializing in the field of anesthesiology. NYSSA is an organization of physicians and scientists dedicated to advancing the specialty of anesthesiology and providing the safest and highest quality patient care to the citizens of New York State. NYSSA strongly supports S.5493 (Grillo/A.________) which ensures appropriate identification of all health professionals in their one-on-one interaction with patients and in their advertisements to the public.

Specifically, the legislation amends state’s education law to require that an advertisement for health care services that names a health care practitioner must identify the type of license by that health care professional and requires that advertisements shall be free from any and all deceptive or misleading information. NYSSA believes that, as contemplated in this legislation, a prohibition on physicians from holding oneself out to the public in any manner as being certified by a public or private board including, but not limited to, a multidisciplinary board or “board certified” unless all of the advertisement states the full name of the certifying board and the board either: is a member board of the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) or requires successful completion of a postgraduate training program approved by the Accreditation Commission for Graduate Medical Education (ACGME) or the AOA that provides complete training in the specialty or subspecialty certified, followed by prerequisite certification by the ABMS or AOA board for that training field and further successful completion of examination in the specialty or subspecialty certified – is critically needed for consumers of medical services.

The membership of NYSSA strongly believes that transparency is critical to educating medical consumers and supports provisions in this bill which would require a health care practitioner providing health care services in this state to conspicuously post and affirmatively communicate the practitioner’s specific licensure as defined under this section and specifies that this shall consist of the following: (1) the health care practitioner shall wear a photo identification name tag during all patient encounters that shall include (i) the employee’s name; (ii) large bold lettering which specifies the type of license held by the practitioner; and (iii) the expiration date of the license (the name tag shall be of sufficient size and be worn in a conspicuous manner so as to be visible and apparent); and (2) the health care practitioner shall display in his or her office a writing that clearly identified the type of license held by the health care practitioner (the writing shall be of sufficient size so as to be visible and apparent to all current and prospective patients).

For the aforementioned reasons, NYSSA urges the New York State Legislature to pass this legislation.
MEMORANDUM IN SUPPORT

S.5493 (Griffo)

AN ACT to amend the education law, in relation to enacting the health care professional transparency act

The NY Coalition of Specialty Care Physicians, nine state surgical and medical organizations, strongly supports S.5493 which would require appropriate identification of all health professionals in their one on one interaction with patients and in their advertisements to the public.

Failure to identify the title, type of license and certification held by health care professionals in their advertisements would be deemed professional misconduct. Health care professionals representing themselves as board-certified would need to disclose the full name of the certifying board. Ambiguous nomenclature, related advertisements and marketing, and the myriad of individuals one encounters at each point of service all contribute to patient confusion. Patient autonomy and decision-making are jeopardized by uncertainty and misunderstanding in the health care patient-provider relationship.

Importantly, this bill will require advertisements for health care services identify the type of professional license and board certification (if applicable) held by the health care professional. In addition this measure would require all advertisements to be free from any and all deceptive or misleading information.

Studies conducted by the AMA Scope of Practice Partnership confirm increasing patient confusion regarding the many types of health care providers. found that patients are undeniably confused about the training and credentials of various health care practitioners (eg, 54% believed that an optometrist was a medical doctor; 35% of respondents believe that a nurse with a “doctor of nursing practice” degree is a physician; and 44% believe it is difficult to identify who is a physician who is not be reading what services they offer, their title and other licensing credentials in advertising or other marketing materials). AMA surveys have also found that 87% of those asked would support state legislation requiring all health care advertising materials to clearly designate the level of education, skills and training of all health care professionals promoting their services. Clarity in advertising will create a more informed and knowledgeable health care public.

For all of these reasons, the NY Coalition of Specialty Care Physicians strongly supports S.5493, The Health Care Professional Transparency Act, and urges its passage.
IN SENATE HIGHER EDUCATION COMMITTEE

S. 5493 (GRIFFO)

AN ACT to amend the education law, in relation to enacting the health care professional transparency act

This bill would amend the Education Law to ensure appropriate identification of all health care professionals in their one on one interactions with patients and in their advertisements to the public. The Medical Society of the State of New York supports this measure.

Importantly, this bill will require that advertisements for services to be provided by health care practitioners identify the type of professional license and board certification (if applicable) held by the health care professional. In addition, this measure would require all advertisements to be free from any and all deceptive or misleading information. Ambiguous provider nomenclature, related advertisements and marketing, and the myriad of individuals one encounters in each point of service exacerbate patient uncertainty. Further, patient autonomy and decision-making are jeopardized by uncertainty and misunderstanding in the health care patient-provider relationship.

Additionally, this measure would require health care practitioners to wear an identification name tag during patient encounters that includes the type of license held by the practitioner. The bill would also require the health care practitioner to display a document in his or her office that clearly identifies the type of license that the practitioner holds.

A recent survey conducted by the American Medical Association’s Scope of Practice Partnership (SOPP), on which the AADA serves as a steering committee member, confirms increasing patient confusion regarding the many types of health care providers - including physicians, nurses, physician assistants, technicians and other varied providers. The survey revealed:

- **54 percent** of patients incorrectly believe an optometrist is a medical doctor;
- **35 percent** of patients believe a nurse with a “doctor of nursing practice” degree is a medical doctor;
- **44 percent** of patients believe it is difficult to identify who is a licensed medical doctor and who is not by reading what services they offer, their title and other licensing credentials in advertising or other marketing materials.

As you know, there is a wide spectrum of training and expertise among caregivers. In a clinical setting, it is often impossible for patients to know whether the person providing their care is a physician, nurse, physician assistant, pharmacist, dentist, or dental hygienist, for example. Greater transparency concerning the credentials of health care
professionals in their advertisements will assist the public in making informed decisions concerning the providers from whom they seek treatment.

For all the above-stated reasons, the Medical Society of the State of New York supports this bill and urges its enactment.

Respectfully submitted,

ELIZABETH DEARS, ESQ