



AMERICAN SOCIETY OF
PLASTIC SURGEONS®



THE PLASTIC SURGERY
FOUNDATION®

Executive Office

444 East Algonquin Road • Arlington Heights, IL 60005-4664

847-228-9900 • Fax: 847-228-9131 • www.plasticsurgery.org

March 3, 2017

The Commonwealth of Massachusetts
Board of Registration in Medicine
Candace Lapidus Sloane, MD, Chair
George Zachos, Esq., Executive Director
200 Harvard Mill Square, Suite 330
Wakefield, MA 01880

RE: Amend 243 CMR 3.10 Patient Care Assessment Program – Informed Consent and Patient Rights

Dear Honorable Members of the Massachusetts Board of Registration in Medicine:

On behalf of the American Society of Plastic Surgeons (ASPS), I am writing to request that you amend 243 CMR 3.10. ASPS represents more than 7,000 board-certified plastic surgeons. Because ASPS's mission prioritizes the patient experience, we have serious concerns about this legislative measure.

ASPS believes, if implemented as currently drafted, the requirement in 243 CMR 3.10 to have detailed written policies and procedures to address the written informed consent process is redundant and will place an unnecessary burden on small and solo practice physicians. The informed consent process is already very well documented and the regulations ultimately hold the physician responsible for obtaining informed consent. Therefore, this additional level of paperwork represents a duplicative administrative burden. The cost of health care compliance is skyrocketing, and it is driving small and solo practice physicians into early retirement or to consolidate with larger health care systems. This reduces patient choice and increases the cost of healthcare sharply.

Additionally, Informed consent should not be required in cases where non-invasive diagnostic or therapeutic procedures are being performed. While patients should certainly be notified of the risks related to any diagnostic or therapeutic medical procedures, requiring informed consent in these cases again presents an undue administrative burden in cases where the risks are often very low. When you think through a typical patient encounter, if any drugs are administered to the patient or additional non-invasive tests are ordered, the patient will have to sign an informed consent for each medication and each additional non-invasive test. This would overwhelm the patient with paperwork that they are unlikely to read and physician practices with a tremendous amount of paperwork that serves only the purpose of duplicative compliance.

The requirement that the physician sign the informed consent in addition to the patient also adds to the already very large amount of administrative work that physicians need to complete. More time spent on compliance takes valuable time away from patient care, and while it is very important that patients receive all of the relevant information that will help them make informed choices about their healthcare, informed

consent regulations should be carefully crafted so as not to value form over function. For the reasons stated above, please consider amending 243 CMR 3.10.

Please do not hesitate to contact Patrick Hermes, ASPS's Senior Manager of Advocacy and Government Affairs, with any questions at Phermes@plasticsurgery.org or (847) 228-3331.

Regards,

A handwritten signature in black ink that reads "Debra Johnson MD". The signature is written in a cursive style with a long horizontal line extending from the end of the name.

Debra Johnson, MD
President, American Society of Plastic Surgeons