

## Medical Spas

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### Issue

This report addresses several questions related to the regulation of medical spas or “med spas.”

The Office of Legislative Research is not authorized to provide legal opinions and this report should not be considered one.

### How does Connecticut regulate medical spas?

Connecticut law sets certain requirements for medical spas’ operation, staffing, and advertisements, as explained in the specific answers below.

By law, a “medical spa” is an establishment, other than a hospital or other licensed health care facility, where cosmetic medical procedures are performed. A “cosmetic medical procedure” is a procedure directed at improving a person’s appearance and that does not meaningfully promote proper body function or prevent or treat illness or disease. These procedures may include, among other things, cosmetic surgery, hair transplants, cosmetic injections or soft tissue fillers, dermaplaning, dermastamping, dermarolling, dermabrasion that removes cells beyond the stratum corneum, certain chemical peels, 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 (e.g., Botox), and the use of class II medical devices designed to induce deep skin tissue alteration ([CGS § 19a-903c\(a\)](#)).

There are no Department of Public Health regulations that specifically address medical spas.

## ***Are there specific requirements for physician licensing or oversight of med spas?***

By state law, medical spas must employ or contract with a physician, physician assistant (PA), or advanced practice registered nurse (APRN). This provider must (1) be licensed in Connecticut, (2) be actively practicing in the state, (3) have education or training in performing cosmetic procedures, and (4) have experience performing these procedures.

Under the law, a physician, PA, or APRN must perform an initial in-person assessment of a person before he or she can receive a cosmetic medical procedure at the medical spa. Only these providers or a registered nurse (RN) can administer these procedures at medical spas. Additionally, the law specifies that cosmetic medical procedures at medical spas must be performed in line with the statutes pertaining to public health (Title 19a) and professional and occupational licensing (Title 20) ([CGS § 19a-903c](#)). Among other things, these statutes prohibit anyone from performing procedures outside of his or her scope of practice.

## ***What insurance requirements apply to medical spas?***

State law does not set specific insurance requirements for medical spas. But the individual providers at the facilities are subject to any generally applicable malpractice requirements for their profession. The law generally requires physicians and APRNs who provide direct patient care to carry malpractice insurance of at least \$500,000 per person, per occurrence with an aggregate of at least \$1.5 million ([CGS §§ 20-11b](#) (as amended by [PA 25-96](#), § 14) and [20-94c](#)).

## ***Are there any statutes which allow or prevent a private right of action against a med spa?***

Connecticut does not have a specific statute addressing lawsuits against medical spas. But medical spas, and the providers working at them, are subject to general laws on medical malpractice lawsuits, such as the requirement that the claimant or attorney obtain a written, signed opinion from a similar health care provider that there appears to be evidence of medical negligence (this is generally referred to as a certificate of merit) ([CGS § 52-190a](#)).

For more information of the state's medical malpractice law generally, see this [resource guide](#) from the Judicial Branch Law Libraries.

***Are there advertising and marketing regulations which apply to med spas?***

Connecticut law requires medical spas to post notice in a conspicuous place accessible to customers of the names and any specialty of the professionals performing cosmetic medical procedures at the spa. This same information must be (1) posted on the spa's website, if it has one, and (2) provided in a written notice to people undergoing procedures at the facility, before the procedure. Any spa advertisements must also contain this information or indicate that it is available on the facility's website and list that address ([CGS § 19a-903c\(d\)](#)).

***Does the state law which requires badges of health care workers to clearly state their expertise apply to med spa workers?***

No, this law does not apply to med spa workers.

Connecticut law requires health care providers who provide direct patient care as an employee of or on behalf of certain health care facilities or institutions to wear an employer-issued photo identification badge during working hours. The badge must be worn in plain view and include the (1) facility's or institution's name; (2) provider's name; and (3) provider's license, certificate, or employment title. This law applies to specified types of facilities or institutions (such as hospitals and nursing homes), but med spas are not included ([CGS § 19a-905](#)).

***Are med spas or weight loss clinics required to state where they purchased their injectables?***

State law does not set a requirement that med spas or weight loss clinics disclose to customers where they purchased their injectables. We also contacted the Department of Public Health and Department of Consumer Protection, and representatives from both confirmed that these agencies do not impose this requirement. (These facilities could be required to disclose this information to regulators as part of an investigation.)

***Do other states address these issues or have other medical spa safety, marketing, and licensure requirements that go beyond Connecticut's requirements?***

Relatively few states have specific statutory references to medical spas or med spas. Some states also set specific requirements for facilities that perform cosmetic medical procedures which would apply to what are commonly referred to as medical spas.

We found some examples of states with requirements that go beyond current Connecticut law, such as the following:

1. **Licensing or State Registration.** Rhode Island requires medical spas to be licensed, as does Massachusetts in some circumstances. Tennessee requires medical spas to register with the state.
2. **Supervision Requirements.** Some states set more specific requirements than Connecticut as to the supervision of cosmetic medical procedures. For example, Utah sets different supervision and related requirements based on the type of procedure.
3. **Training.** Some states set more specific training-related requirements, such as Rhode Island (which prohibits a manufacturer's or vendor's training program from being the only education that certain providers receive related to a cosmetic medical service) and Utah (which sets specific requirements for the number of required training hours).

Following is an overview of the regulation of medical spas in a selection of states. Please note that this information may not be exhaustive for a particular state.

## ***California***

According to the California Medical Board's website (an [FAQ page](#) on cosmetic procedures), to offer or provide laser and other cosmetic medical services, a business must be a physician-owned medical practice or professional medical corporation with a physician being the majority shareholder (citing Calif. Bus. and Prof. Code [§§ 2052, 2264, 2286, and 2400](#)). Under specified conditions, California law provides criminal penalties if a business organization offers or provides outpatient elective cosmetic medical procedures or treatments and is in violation of the ownership or operation requirements (id. [§ 2417.5](#)). The [FAQ page](#) has additional information on which providers are authorized to provide certain cosmetic services (not necessarily at a medical spa).

California law also sets other specific requirements for cosmetic procedures (not restricted to procedures at medical spas) (see Calif. Bus. and Prof. Code [§ 2259](#) et seq.). For example, within 30 days before an elective cosmetic surgery procedure, the patient must have received an appropriate physical examination (including the taking of an appropriate medical history) and written clearance from a physician, nurse practitioner, or PA. "Elective cosmetic surgery" is a surgery done to alter or reshape normal body structures to improve the patient's appearance, such as liposuction or elective facial cosmetic surgery (id. [§ 2259.8](#)).

California law also requires a physician and surgeon, before performing surgery involving collagen injections (whether for cosmetic, plastic, reconstructive, or similar surgery), to give the patient a standardized written summary developed by the State Department of Health Services, informing

the patient of risks and possible side effects, or similar manufacturer-prepared information authorized by the federal Food and Drug Administration. Failure to provide the information is unprofessional conduct. The facility where the surgery is performed is not responsible for enforcing or verifying compliance with the requirement (id. [§ 2259.5](#)) (a separate law sets similar requirements for cosmetic surgery involving silicone implants; see id. [§ 2259](#)).

Additionally, California law requires the state Medical Board to adopt extraction and postoperative care [standards](#) for body liposuction procedures performed by a physician and surgeon outside of a general acute care hospital. A violation of the standards is unprofessional conduct (id. [§ 2259.7](#)).

The law also requires the state Medical Board, in conjunction with the Board of Registered Nursing and in consultation with the PA Board and professionals in the field, to review issues and problems surrounding the use of laser or intense light pulse devices for elective cosmetic procedures by physicians and surgeons, nurses, and PAs. The review must include (1) the appropriate level of physician supervision needed; (2) the appropriate level of training to ensure competency; and (3) guidelines for standardized procedures and protocols that address various matters (e.g., patient selection and procedures governing emergency and urgent care situations) (id. [§ 2023.5](#)).

## ***Massachusetts***

Massachusetts law does not directly reference “medical spas” or “med spas.” But according to an advisory from the Massachusetts [Department of Public Health](#), a medical spa generally must be licensed as a clinic by the department and meet various related regulatory requirements that apply to clinics generally, on issues such as inspections, staffing, and the clinic’s physical plant (see [Mass. Gen. Laws ch. 111 §§ 51 & 52](#) and the regulatory requirements in [105 Code Mass. Regs. 140.000](#)). The licensure and related requirements do not apply if the medical spa is wholly owned and controlled by one or more of its practitioners (but the practice is still subject to oversight by the applicable practitioners’ licensing board).

The board notes that various procedures (e.g., chemical peels, soft tissue fillers, Botox) may only be performed by, or in some cases under the supervision of, a licensed practitioner.

## ***New Mexico***

While New Mexico law does not directly reference “medical spas” or “med spas,” the New Mexico Medical Board has issued [guidance](#) (revised in 2024) on medical spa practice in the state. The guidance notes that the board’s regulations “do not specifically delineate the operation of medical spas per se but they do define the practice of medicine regarding cosmetic procedures, as well as the use of medical assistants” (citing to [New Mex. Admin Code § 16.10.13](#)).

Among other things, the guidance document provides that:

1. if licensed cosmetologists and aestheticians wish to perform certain medical procedures not described in their regulations, “they are then acting as (unlicensed) medical assistants (MAs) and fall under the medical board’s purview and regulations”;
2. MAs may only perform non-incisive and non-ablative procedures and to do so, they must be trained in the procedure and under the supervision of a physician or an independently licensed nurse practitioner;
3. the supervising physician has “responsibilities for providing care that are the same as in any medical setting” (e.g., performing a patient history, reviewing adverse outcomes, and providing written protocols for medical assistants to follow), and must ensure that MAs, RNs, and licensed practical nurses are properly trained for the procedure they are performing; and
4. PAs must have a supervising physician who is trained and experienced in the procedures being performed, and supervised PAs can serve as a medical spa’s medical director under that supervision (the physician need not be on site).

## ***Rhode Island***

In July 2024, Rhode Island’s Department of Health (RIDOH) issued a detailed [guidance document](#) on the operation of medical spas (and intravenous therapy businesses), addressing various issues such as licensure, standard of care, and scope of practice. In 2025, the state legislature enacted legislation with specific requirements for medical spas, in part codifying various elements from the guidance document ([Chapters 308](#) and [309](#), 2025 laws).

The new law:

1. specifically classifies medical spas as health care facilities that are subject to licensure requirements, but exempts them from determination of need requirements;
2. adopts the Medical Spas Safety Act, with various requirements for medical spa operations on matters such as medical director responsibilities (see below); and
3. requires RIDOH, by July 1, 2026, to adopt rules and regulations to implement the Medical Spas Safety Act, including for medical spa licensure.

Under this law, a “medical spa” is a licensed establishment in which cosmetic medical procedures are performed. A “cosmetic medical procedure” is one that does not require sedation, is directed at improving a person’s appearance, and does not meaningfully promote the proper function of the body or prevent or treat illness or disease. The law lists several examples (similar to the examples in Connecticut law) (R.I. Gen. Laws § 23-105-1(4)).

***Medical Director Responsibilities.*** The new law requires each medical spa to have a physician or certified nurse practitioner (CNP) as its medical director. The medical director must be trained in the indications for, and performance of, cosmetic medical procedures. The medical director is responsible for:

1. implementing policies and procedures to ensure quality patient care;
2. delegating and supervising cosmetic procedures and developing written office protocols for these procedures (which protocols are subject to RIDOH inspection);
3. the oversight of all cosmetic medical procedures performed by various providers; and
4. ensuring that all supervising providers, as well as anyone performing cosmetic medical procedures, are properly trained in the safe and effective performance of the procedures that they perform.

The law specifies that a manufacturer's or vendor's training program cannot be the only education that a medical director, supervising physician, PA, or CNP receives for a cosmetic medical service or a device's operation (R.I. Gen. Laws §§ 23-105-1(7) and 23-105-2(a)).

The medical director must be on site or off site and able to directly observe the treatment being performed, though not necessarily in the same room (R.I. Gen. Laws § 23-105-2(a)(7)).

***Training and Delegation to Certain Providers.*** Under the law, a physician, PA, or APRN who performs cosmetic medical procedures, or supervises these procedures delegated to and performed by a non-physician, non-PA, or non-APRN, must be trained in these procedures (R.I. Gen. Laws § 23-105-2(b)).

Non-physicians, non-PAs, and non-APRNs may only perform cosmetic medical procedures (1) for which they have been trained and (2) that were delegated to them by a supervising physician, supervising PA in collaboration with a physician, or supervising APRN (R.I. Gen. Laws § 23-105-2(d)).

Only physicians, PAs, or CNPs may perform medical procedures using ablative lasers or ablative energy devices (collectively, these are lasers intended to excise or vaporize the skin's outer layer) (R.I. Gen. Laws §§ 23-105-1(1) and § 23-105-2(f)).

***Patient Assessment, Consent, and Related Requirements.*** Under the law, the supervising physician, supervising APRN, or supervising PA in collaboration with a physician must:

1. perform an initial assessment of the patient.
2. prepare a written treatment plan for each patient, which must include, as applicable, diagnoses, course of treatment, and specifications for any device being used;
3. obtain patient consent and document it in the patient's medical record; and
4. create and keep medical records in a manner consistent with applicable laws and regulations and accepted medical practice (R.I. Gen. Laws § 23-105-2(c)).

Additionally, when performing their duties relating to cosmetic procedures, all providers must:

1. review and follow written protocols for each delegated cosmetic medical procedure;
2. verify that the supervising physician, supervising PA in collaboration with a physician, or supervising APRN has assessed the patient and given written treatment instructions for each procedure performed;
3. review the cosmetic medical procedure with each patient;
4. notify the medical director and the supervising provider, before the patient leaves or as they become aware, of any adverse events or complications, and follow up with the patient after the procedure, as appropriate;
5. document all relevant details of the procedure in the patient's medical record; and
6. satisfy any applicable requirements imposed upon them by their licensing boards (R.I. Gen. Laws § 23-105-2(e)).

## ***Tennessee***

Tennessee law requires medical spas to register with the state. Specifically, a medical spa's medical director or supervising physician must annually register the spa with the state Board of Medical Examiners. The online registry must at least include (1) the spa's name and address and (2) specified information about the spa's medical director or supervising physician ([Tenn. Code § 63-6-105](#)).

The registration fee is \$185 (as set by the board). If a medical spa business has multiple locations, each address must be registered separately. A board "[Frequently Asked Questions](#)" document about medical spas specifies that operation without current registration constitutes unprofessional conduct and is grounds for disciplinary action against the medical director or supervising physician. More information on the registry is available on the board's [website](#).



Tennessee law also sets (1) certain qualifications for medical spa medical directors or supervising physicians and (2) related disclosure requirements. The medical director or supervising physician must be licensed in the state (as a medical doctor or osteopathic physician), have an active practice in the state, and be responsible for providing or supervising the provision of cosmetic medical services. Any entity doing business as, or advertised as, a medical spa must display the name of the medical director or supervising physician and must indicate by signage at its practice site and in its media and advertising whether this individual is certified (or in some cases, eligible for certification) by one of certain organizations, or if the individual is not certified ([Tenn. Code § 63-1-153](#)).

Under Tennessee law, a medical spa is generally any entity (other than an individual physician's office or practice owned by a physician), however named or organized, that offers or performs cosmetic medical services ([Tenn. Code § 63-1-153](#)). The registration requirement also applies to physician-owned practices that (1) advertise or hold themselves out as medical spas or (2) primarily engage in elective cosmetic medical services ([Tenn. Code § 63-6-105](#)).

A “cosmetic medical service” is one that uses a biologic or synthetic material, a chemical application, a mechanical device, or a displaced energy form of any kind that alters or damages, or is capable of altering or damaging, living tissue to improve the patient's appearance or achieve an enhanced aesthetic result ([Tenn. Code § 63-1-153](#)).

## ***Utah***

Utah law prohibits a facility that performs cosmetic medical procedures from advertising or holding itself out to the public as a “medical spa,” “medical facility,” or “medical clinic” unless the facility, while these procedures are performed, has someone on the premises who is licensed as a physician or APRN ([Utah Code § 58-1-507](#)). Generally, cosmetic medical procedures are defined as the (1) use of cosmetic medical devices to perform ablative or non-ablative procedures or (2) injection of a medication or substance, including a neurotoxin or a filler, for cosmetic purposes. “Cosmetic medical devices” are energy based devices (e.g., certain lasers) with the potential for altering living tissue and that are used to perform ablative or non-ablative procedures ([Utah Code § 58-67-102](#)).

The law also sets requirements for cosmetic medical procedures generally. These procedures may only be performed in a physician's office or facility with a physician or APRN serving as a supervisor. Collectively, these offices or facilities are “cosmetic medical facilities.” Anyone authorized to perform cosmetic medical procedures must be supervised when doing so by such a supervisor. One

supervisor can delegate the supervisory role to another qualified supervisor ([Utah Code § 58-1-505](#)).

The law also has specific requirements depending on the type of procedure, as summarized below. Generally, the requirements are more stringent for ablative procedures than for non-ablative procedures. (Ablative procedures are more invasive and remove the top layer of the skin.)

***Non-Ablative Procedures.*** The law sets somewhat different requirements for (1) hair removal, (2) tattoo removal, or (3) other non-ablative cosmetic procedures. For example, for the latter category, a physician, nurse practitioner, or PA must (1) develop a treatment plan and (2) before starting treatment, conduct an evaluation of the patient either in-person or by telehealth. The supervisor (physician or APRN) must personally perform the procedure or supervise it, with the level of supervision depending on the credential of the person performing it (e.g., direct supervision is required if the person is an esthetician, but not if the person is a master esthetician or registered nurse). The supervisor must also ensure that the delegate (1) is trained in the procedure; (2) has an unrestricted license and is acting within his or her scope of practice; and (3) has completed at least 80 total hours of education or experience on several specified matters, such as the appropriate standard of care for these procedures, the physiology of the skin, and infection control.

For any of these procedures (hair removal, tattoo removal, or other non-ablative procedures), the supervisor must ensure that:

1. his or her name is prominently posted at the cosmetic medical facility identifying the supervisor,
2. a copy of the supervisor's license is displayed at the facility,
3. the patient receives written information with the name and licensing information of the supervisor and the person who is performing the procedure,
4. the patient is given a telephone number that is answered within 24 hours for follow-up communication, and
5. the facility's contract with a master esthetician who performs non-ablative cosmetic medical procedures at the facility is kept on the premises ([Utah Code § 58-1-506](#)).

***Ablative Procedures.*** The law allows physicians to delegate the performance of ablative cosmetic medical procedures only to other physicians or, under certain conditions, APRNs. Delegation to APRNs is allowed for certain resurfacing procedures if the physician (1) prescribes the specific procedure for the patient, (2) ensures that the APRN performs it under the physician's indirect supervision, and (3) verifies that the APRN is qualified to perform it by having received at

least 50 hours of training specific to the procedure to be performed and the laser to be used ([Utah Code §§ 58-67-805](#) and [58-68-805](#)).

## ***Vermont***

In 2024, the state Office of Professional Regulation and the Boards of Medical Practice, Nursing, Osteopathic Medicine, and Pharmacy issued a “[Joint Statement Regarding IV Therapy Clinics and Medical Spas](#).” The statement noted that while the state does not have specific laws governing IV therapy clinics and medical spas, “these businesses are subject to the same laws and regulations that govern all spas and medical practices.”

Among other things, the statement advised that:

1. only allopathic or osteopathic physicians, PAs, APRNs, and naturopathic physicians with a prescribing endorsement may prescribe saline IV products;
2. only these providers, registered nurses, or certain licensed practical nurses may administer saline IV products; and
3. a patient may not self-prescribe IV products by choosing an IV “cocktail” from a menu.

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