Trendy industry skirts

‘MEDICAL’ SPAS A SHOT IN THE DARK

By KYRA BRESLIN

On July 20, 27-year-old Elizabeth Baron arrived at the Bereshit Lifestyle Center in The Bronx for an NAD+ IV injection.

The anti-aging molecule has become a highly sought-after treatment. The legal — but not FDA-approved — therapy has been touted by celebrities like Hailey Bieber and Kendall Jenner for its ability to repair DNA, increase energy and boost metabolism.

The Riverdale clinic was run by Luis Rojas Cabrera, a man who held a doctor’s license in the Dominican Republic but not in New York, he allegedly admitted in the aftermath of the tragedy.

While receiving her IV treatment, Baron went into cardiac arrest. She was rushed to the hospital, and was pronounced dead shortly after.

Her death has shone a light on the booming medical spa industry — where clients can book lunchtime body-contouring treatments, discounted injectables with hard-to-pronounce names and beauty-boosting IV drips that promise to burn fat and cure hangovers — and how it has grown increasingly unregulated.

The number of so-called medical spas have increased sixfold nationwide since 2010, and the market is projected to be worth $47 billion over the next five years.

In 2008, med spas occupied 20,641 feet of retail space, according to data obtained by The Post. In 2024, that had jumped to 83,370.

Dr. gray area

Oversight of these businesses is complex, especially in New York, where it’s divided among multiple agencies. And when something goes wrong, it may not be immediately clear who is responsible.

Under state law, any company providing medical services needs to file as a physician-owned LLC or PLLC.

Attorneys say it is not uncommon for businesses to appear compliant on paper by listing doctors or management companies on official documents, while in reality skirting the requirements.

Current loopholes allow the hiring of “medical directors” if the company isn’t owned by a physician, or having the owner file as a business management partner — which can blur the lines of compliance. There also must be direct oversight from the medical supervisor as nurses administer treatments.

It’s much harder for regulators to figure out if those setups actually match what happens in real life. And a recent investigation into several hundred med spas across New York suggested dozens of them were operating outside of these requirements.

Best-case scenario, you might receive watered-down Botox from an “aesthetic artist” with little to no training, injected into your frown lines. Worst case, you could suffer lethal or close-to-lethal consequences.

In July, Felipe Hoyos Foronda, a phony surgeon from Queens, was sentenced to up to 15 years in prison for killing a 31-year-old woman last April, after she went into cardiac arrest from a lidocaine overdose during a body-contouring procedure at a makeshift clinic.

Recently, a Hell’s Kitchen-based med spa was busted after its founder, Joey Grant Luther, was caught allegedly injecting clients with phony Botox from China — leading one woman to experience “double vision” and heart palpitations.

Even celebrity favorite Sonia Dakar, an aesthetician in Los Angeles, had her license revoked in June after a patient sued her for “severe burns and permanent scarring” following a chemical peel.

‘Just made it worse’

There are dozens of Facebook groups and forums, with titles like “Botox Gone Wrong” and “Flawed Fillers & Botched Botox — An Awareness Group,” that share med spa horror stories, which include damage from lasers.

Overwhelmingly female, the members talk about aggressive treatments that have melted facial fat leaving them looking 15 years older with sagging, hallow skin, severe and ongoing facial pain from a compressed nerve following misplaced filler.

A 20-year old shared she’d become suicidal following a facial surgery, after a blood-flow blockage caused the skin on her chin to fall off, leaving her permanently disfigured.

Another group member, 35-year-old New Yorker Tara, who asked to use a pseudonym, told The Post that on more than one occasion her Botox from popular med spa Peachy left her with a severe brow drop and “crazy Carrot Top-Spock eyebrows.”

“It almost actually made me look older because it wasn’t done correctly,” she said.

“They tried correcting it, but instead of correcting it, they just made it worse by making my eyelids look super heavy.”

While she notes her experience was hardly the most traumatic, it was enough for her to reconsider going back for any further aesthetic enhancements.

“I think the biggest problem with a lot of these med spas is they don’t actually care if you return because that’s not their business model,” she said.

What is the business model?

Low outlay costs (rent, basic equipment and staffing), a high volume of patients and “affordable” premium fees that drive profits.

Experts described it to The Post as the Wild West.

New York City-based board-certified dermatologist Dr. Chang Son told The Post he frequently sees “aesthetic consultants” or medical assistants open spas by hiring nurses and low-cost medical directors, who hold the right qualifications but often are retired or located out of state, and take on the role as passive income.

This is the loophole that allows customers to think they’re under direct medical supervision and to help pass a sniff test with overburdened regulators.

“They’ll hire nurses and a low-cost medical director just to sign charts, then quickly build a viable business,” Son said.

Registered nurses often perform injectables with little supervision, and charge less than board-certified physicians, he said.

One New York City aesthetician, who requested anonymity because she still works in the industry, said she was permitted to do laser hair removal on clients for several months after her professional license had expired.

“I know there are people doing injections who shouldn’t be,” she said. “Technically I can do microneedling under my license, but I don’t know if a doctor has to be present. There were no doctors present at any place I worked.”

Such practices are far more common than expected, especially in the city.

When things go wrong

When Cleavage Clinic opened in Manhattan in 2023, it attracted attention for offering a “non-surgical natural boob job” using injectable fillers instead of implants and radiofrequency microneedling to tighten skin — both procedures that New York considers medical treatments.

Women looking for breast enhancement can book online for a complimentary consultation with co-founder Brianna Tomaselli, who is described as a breast aesthetic specialist with no medical affiliation.

Treatment packages can be purchased at the chic Midtown office, adorned with white-tiled flooring and modern wood wall paneling, for up to $6,800.

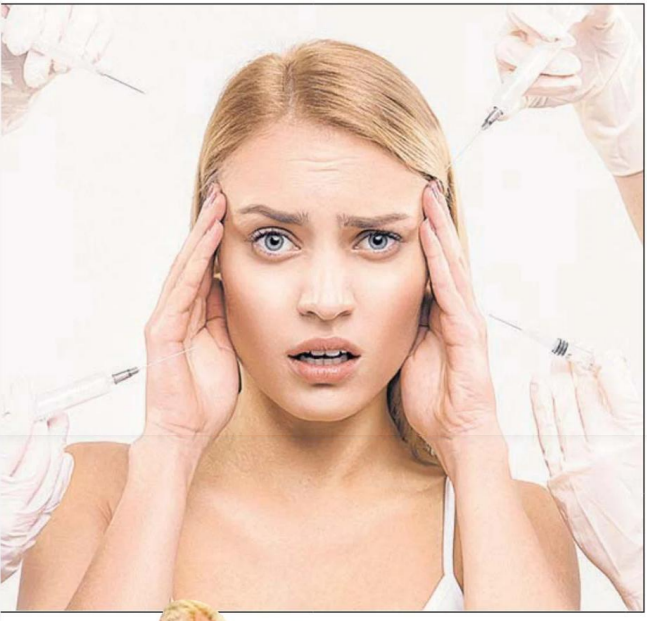
The Cleavage Clinic is part of a new generation of aesthetic businesses that follow a cookie-cutter model — slick branding, a massive social media presence, a novel procedure and founders who don’t fit consumers’ expectations of a traditional medical practice.

In their case, Cleavage Clinic boasts a staff of registered nurses, performing services only meant for medical providers.

In New York, RNs cannot independently evaluate patients or create treatment plans. But lawyers and doctors explained to The Post that nurses are permitted to perform some cosmetic procedures under a doctor or highly trained provider’s supervision, who must be on site to give specific instructions for each patient.

The Cleavage Clinic lists Dr. Eeman Tariq, a “board-certified physician and artist” based in Florida, who works with clinics in several states and offers peptide and IV treatments, as its medical director.

NY laws for physicians



CLINICAL TRIAL: Luis Rojas Cabrera (above) was arrested after an NAD+ IV injection that he administered to Elizabeth Baron (right) at his Bronx clinic led to her death after she went into cardiac arrest. He claims to have a doctor's license in the Dominican Republic but not in New York.

Instagram / Joey Grant Luther

BO-'TOXIC': Joey Grant Luther is accused of injecting his clients in Hell's Kitchen with bogus Botox, leaving one woman with double vision and heart palpitations.

Several attorneys told The Post many med spas may advertise a medical director, but don't necessarily comply with state law.

"There are a few that I know of that have a medical director who isn't even board-certified plastic or derm," New York board-certified plastic surgeon Dr. Darren Smith told The Post.

Smith said the common play is that a medical director is just an MD, but not affiliated with internal medicine, which is why a dentist can technically offer Botox.

"Ninety-five percent of the time that is fine, but when there is a problem, it's not fine," the surgeon said. "Filler is really dangerous; you can have tissue necrosis, which with rapid intervention can be reversed, but that is something you need advanced training to mediate."

As medical spas have proliferated, so too have questions over who is responsible for policing them. The law hasn't evolved as quickly as the business has.

Consumers often assume a medical spa is another type of doctor's office. But "medical spa" isn't a legal business category at all — it's a marketing term used to describe businesses offering a mix of medical and non-medical aesthetic services.

Public records show Cleavage Clinic is set up as a standard limited liability company rather than a physician-owned professional corporation or professional limited liability company.

Under New York's Corporate Practice of Medicine doctrine, businesses providing medical services generally must do so through physician-owned professional entities — not ordinary LLCs, attorneys told The Post.

Operating like a standard LLC doesn't automatically mean a spa is breaking the law — some work with doctor-owned companies that manage the medical side.

However, under New York's Corporate Practice of Medicine doctrine, simply employing or contracting with a physician is not enough for a business performing medical procedures.

The Post reached out to the Cleavage Clinic to identify the professional entity responsible for medical services, describe its physician supervision model and explain its corporate structure and how it complies with the state's Corporate Practice of Medicine doctrine.

They have yet to respond.

Burden falls to clients

Attorneys and physicians interviewed by The Post said these business models make it increasingly difficult for consumers — and regulators — to distinguish compliant businesses from those operating in legal gray areas.

Board-certified dermatologist Dr. Anetta Reszko remembers one of the worst complications she has treated from a med spa: a woman whose nose tissue began dying after filler blocked its blood supply and failed to recognize it as a medical emergency, requiring immediate treatment.

The patient ultimately required two reconstructive surgeries.

Even the term "board certified" can be used loosely. Plastic surgery and dermatology are certified through ABMS-recognized specialty boards — while other organizations offer certifications that aren't equivalent to true specialty credentials.

"I've seen nurses call themselves doctors because they have a doctorate, which misleads patients," Son added. "Patients assume a provider has an MD just because of a certificate."

To make things more complicated, not all non-ABMS-certified providers are unqualified — some nurses are highly experienced and even train others.

"It is often a misconception that a doctor is going to be better than a nurse," board-certified facial plastic surgeon Dr. Sean Alemi told The Post. "Because if a plastic surgeon doesn't spend a lot of time doing injectables, then I think they're less qualified than a nurse who's doing that stuff all the time."

The burden of distinguishing qualified providers from polished marketing increasingly falls on consumers — a responsibility Dr. Reszko believes shouldn't rest with patients alone.

"It's actually difficult," she said. "The office is pretty. The girls at the front desk are very cute, and they said they had the treatment done. So you tend to trust that."

But as aesthetic medicine grows, she said, regulators will eventually have to answer a broader question: "Who should be administering them?"

Until then, she said, patients should ask to see a provider's own before-and-after photos, ask how often they perform a procedure and research who will actually be treating them.

"It's your body," she said. "You do have to do that research."