

**In the Matter Of:**  
**IN RE BODY ART FACILITIES**

2023-59 HS

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**HEARING**

*October 28, 2024*

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NOTICE OF PUBLIC HEARING

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH ADMINISTRATION

Administrative Rules for Rule Set "Body Art Facilities"

MOAHR Rule Division No. 2023-59 HS

235 South Grand Avenue-Dempsey Room 1st Floor, Lansing,  
Michigan

Monday, October 28, 2024, 9:00 a.m.

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Appearances:

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Regulatory Affairs Officer  
State of Michigan Department of Health  
and Human Services  
235 South Grand Avenue, Floor 2  
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Also Present:

Kathryn Morehouse, Body Art  
Licensing Coordinator  
Steve Schmidt, Macomb County Health  
Department  
Jeff Saunders, Owner, Gamma Piercing  
Tammy Hadley  
Chelsea Orrico  
Cheryl Jones

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1 Via Zoom Video Conference

2 Monday, October 28, 2021 - 9:00 a.m.

3 MS. BRENNAN: On the record, please. Morning.  
4 My name is Mary Brennan. I'm the Regulatory Affairs  
5 Officer for the Department of Health and Human Services.  
6 Today we are on the record for Body Art Facilities  
7 Proposed Rules, MOAHR number 2023-59 HS. I'm going to  
8 introduce our panel for today, starting with my left.  
9 Kathryn, please give your name and your title.

10 MS. MOREHOUSE: I'm Kathryn Morehouse, and I'm  
11 the Body Art Coordinator for MDHHS.

12 MS. BRENNAN: Thank you. Steve?

13 MR. SCHMIDT: Steve Schmidt, Macomb County  
14 Health Department.

15 MS. BRENNAN: And last but not least, Jeff?

16 MR. SAUNDERS: Jeff Saunders. I own Gamma  
17 Piercing in Ann Arbor, and I'm on The Association of  
18 Professional Piercers Membership Committee.

19 MS. BRENNAN: Thank you very much. And for  
20 today, our own Rachelle is our transcriptionist, who  
21 will be taking down all of the testimony today.

22 Okay. These rules have been worked on since  
23 2007. We -- this is our third public hearing. Third  
24 time is the charm and the whole bit. If you were on the  
25 work group, I want to thank you for all your dedication,

1 particularly for the last 14 years, trying to get these  
2 rules promulgated. So let's make today the day.

3 A little housekeeping: First of all, guest  
4 Wi-Fi, if you want to write this down, the user name,  
5 gwireless, all one word and in lower case,  
6 g-w-i-r-e-l-e-s-s. Password is lower case Z, as in  
7 zebra, number eight, I as in igloo, zero, capital C as  
8 in Charlie, seven, exclamation point, lower case D as in  
9 dog, upper case S as in Sam, N as in Nancy; Z, eight, I,  
10 zero, C, seven, exclamation point, D, S, and N.

11 Okay. Restrooms, out the door to your right,  
12 down the hallway. It'll be on your right-hand side.  
13 There's a snack shop towards the doors down here, same  
14 thing, on your right. It is on-your-honor. There is no  
15 one there, so you pick what you want and you will pay at  
16 a machine that will take care of your needs.

17 With regard to today's hearing, if you would  
18 like to make a comment, please come up to the podium,  
19 state your name and please spell it for our  
20 transcriptionist. Please watch the wires. It's a wiry  
21 mess today.

22 If you don't want the formality of making a  
23 public comment, but just want to ask a question, you may  
24 do that, but I will probably remind you, if you want  
25 this for the record to send over the legislature, please

1 have it recorded. Otherwise, ask any question you would  
2 like from your seats.

3 After you give your comment, you have the  
4 option of staying or you may leave. There was the  
5 misconception in the first public hearing that you had  
6 to stay for eight hours. You don't. If you want to  
7 give a comment and you want to get on with your day, you  
8 may leave. Anything that you give will be recorded and  
9 sent to the -- excuse me -- legislature.

10 There will be a 15-minute break at 10:15, lunch  
11 from 12:00 to 1:00. One block up is Washington Street.  
12 There's a slew of restaurants that you can take  
13 advantage of. If you do not wish to make an oral  
14 comment or you wanted to make an additional point, you  
15 forgot about it, you have until Friday at the end of  
16 this week to send to the admin rules email box. That  
17 address is m-d-h-h-s, dash adminrules, all one word,  
18 a-d-m-i-n-r-u-l-e-s@michigan.gov.

19 Okay. Any questions before we begin? Very  
20 good. Anybody would like to make a comment, please come  
21 forward.

22 MS. TAMMY HADLEY: Good morning.

23 MS. BRENNAN: Good morning.

24 MS. TAMMY HADLEY: My name is Tammy Hadley;  
25 T-a-m-m-y, H-a-d-l-e-y. I am the owner of a permanent

1 makeup studio in Springport, Michigan, The Image Barn,  
2 actually. I started my business in honor of my mom and  
3 her battle with cancer, and I provide free permanent  
4 makeup services to cancer patients. I've done this for  
5 eight years.

6 I had no idea that these meetings were  
7 happening and that all these rules were changing. I  
8 actually found out when I received an email two Fridays  
9 ago. Called my local health department inspector to  
10 find out, like, directly how they would affect me.

11 There's two of them that I'm -- two things I'm  
12 concerned about. I'm concerned about the use of not  
13 being able to use topicals. I've done two weeks of  
14 research, haven't slept at night, and I found out what  
15 Michigan says about topicals, what the FDA says about  
16 topicals. And I've actually -- I have a print-off so  
17 it's not just my word.

18 So in March of 2024 the FDA released a customer  
19 release stating that topicals by certain companies were  
20 not safe to use in large areas. They don't specify  
21 necessarily how large the area is, but it's not in  
22 permanent makeup cosmetic areas. It's more in, like,  
23 body tattoo areas.

24 They state that 4 percent by their standard is  
25 safe and -- but there are some regulations about that.

1 They don't want them covered with plastics or any kind  
2 of Saran Wraps. They wanted to be on for a shortened  
3 period of time, and they have advised customers to make  
4 sure that those things happen, because then it's safe.

5 Michigan allows five percent lidocaine by law,  
6 which is one percent more than what the FDA approved.  
7 And I'm just here to ask for some kind of consideration.  
8 Instead of banning topicals at all in the permanent  
9 makeup industry, if we could maybe use four percent  
10 instead of five percent, if that's what the FDA states  
11 is safe.

12 One of the reasons that this is so important  
13 and passionate to me is because I do cancer patients for  
14 free, and these women have literally been through the  
15 most horrific things in their lives. And to have to  
16 come to me and put them through something else, they're  
17 not going to do it. I have talked to a lot of people --  
18 you know, I could go to a med spa in work, but I can't.  
19 I've talked to two or three of them. They won't let me  
20 provide my services for free. I have to charge \$750 for  
21 an areola; one. We have two. That's \$1500. They won't  
22 let me do it for free.

23 I just -- it doesn't make any sense to me why  
24 we can't use topicals as long as there are some kind of  
25 regulations on it. Now, I know that they're not FDA

1 approved, but needle -- neither are needles, neither are  
2 pigments, neither are any tattoo ink. There is nothing  
3 in this industry that's really FDA approved. And as sad  
4 as that is, it's a fact. We have to be educated, and we  
5 have to make sure we're looking into products that come  
6 from reputable companies, and not buying a \$3 pigment on  
7 Amazon, spending \$70 and buying from a company that has  
8 facilities they test in and has strict criteria because  
9 we're trusting -- we're trusting them.

10 So I just -- I want to ask that, number one,  
11 instead of just getting rid of topicals at all, maybe we  
12 take up the FDA standards of four percent lidocaine,  
13 have a sized area that is considered small by FDA, you  
14 know, standards, and maybe take out the ability to cover  
15 them with some kind of wrap or dressing, which I don't  
16 do anyway. I don't know why you would. It increases  
17 heat, which makes it more dangerous.

18 But if we write those into the rules, instead  
19 of just saying we can't use them at all, I know that,  
20 like, for me, it will greatly -- this will impact my  
21 business a lot, and it will impact the wrong kind of  
22 people that I think have already been through enough,  
23 and we don't want to impact them.

24 So the other thing that I wanted to talk about  
25 today is the fact that I didn't know that these meetings

1 were happening. And I'm not putting the blame on  
2 anybody. I always read my emails, and I always go  
3 through everything that I can, but I found out that the  
4 work groups were made up of body art facility owners and  
5 not necessarily represented by a permanent makeup  
6 artist. I don't want to make the rules for what tattoo  
7 shops do, even though we are under the same licensing,  
8 because I don't know. I feel like that would be wrong  
9 for me to make rules that deal with body piercing. I  
10 don't want a body piercer to make a rule for me, because  
11 we don't do the same thing.

12 And it would be premature and very  
13 irresponsible of me to make rules that represent  
14 services that I don't personally know about or provide.  
15 But to get everyone together from all those different  
16 industries, I think gives a better representation of  
17 what we do as a whole.

18 The other thing that's concerning to me is that  
19 if we're listening just to body art facility owners, I  
20 know body art facility owners that do not work in this  
21 industry. They're business owners. They have opened up  
22 a body art facility, gotten the licensing for it, and  
23 then they hire people to work there. They have no idea  
24 what we do on a daily basis. They wouldn't know because  
25 they don't need to. They just pay their fee and renew

1 and make sure their shop fits all these standards that  
2 -- that it is, and they're not in there every day  
3 working with, you know, clients or doing pro bono work  
4 or giving back to the community, or whatever, you know.

5 So, anyway, I just wanted to come here today  
6 and ask if, you know, my voice be heard. And I don't  
7 know if anyone else agrees with this or not, but the FDA  
8 does have regulations for topicals, and if we could  
9 maybe adopt those instead of just banning them all  
10 together.

11 MS. BRENNAN: Thank you very much.

12 MS. TAMMY HADLEY: Thank you.

13 MS. BRENNAN: Any discussion from the panel?

14 MR. SCHMIDT: Can I just ask you one question?

15 MS. TAMMY HADLEY: Absolutely.

16 MR. SCHMIDT: You stated that Michigan allows  
17 five percent lidocaine --

18 MS. TAMMY HADLEY: By law.

19 MR. SCHMIDT: -- for topical anesthetics, but  
20 the FDA is four percent?

21 MS. TAMMY HADLEY: That's correct.

22 MR. SCHMIDT: What law the state of Michigan  
23 are you referencing?

24 MS. TAMMY HADLEY: I went to the  
25 Michiganstate.gov. Do you want me to find it for you?

1 MR. SCHMIDT: If you could, because, I mean,  
2 all drugs and most type of products for the manufacturer  
3 and sale are regulated by FDA. They're not regulated by  
4 the state of Michigan.

5 MS. TAMMY HADLEY: Right.

6 MR. SCHMIDT: So I'm just curious what you were  
7 referencing.

8 MS. TAMMY HADLEY: Yeah, I can find it for you.  
9 I do have the one that talks about in March of 2024,  
10 what the FDA put out overall.

11 MR. SCHMIDT: Yeah, that's the FDA warning  
12 letter and --

13 MS. TAMMY HADLEY: Yes.

14 MR. SCHMIDT: -- public health advisory. Yep,  
15 absolutely. I know about that. I'm just -- I'm just  
16 curious because you said Michigan allowed five percent  
17 lidocaine, what you were --

18 MS. TAMMY HADLEY: Okay.

19 MR. SCHMIDT: -- referencing on that.

20 MS. TAMMY HADLEY: I'll find it for you.

21 MR. SCHMIDT: Okay.

22 MS. TAMMY HADLEY: And I can -- well, I can't  
23 obviously print it here. I can send it to you.

24 MR. SCHMIDT: Yeah, that's not a problem.

25 MS. TAMMY HADLEY: Okay.

1 MR. SCHMIDT: I mean, you can just come up and  
2 tell me whenever you want.

3 MS. TAMMY HADLEY: Okay. Do you have any other  
4 questions for me?

5 MR. SCHMIDT: That was the big one. And, I  
6 mean, the FDA does regulate tattoo inks and pigments,  
7 but they're regulated as cosmetics.

8 MS. TAMMY HADLEY: Right.

9 MR. SCHMIDT: It's completely different than  
10 the drugs --

11 MS. TAMMY HADLEY: But they're not approved.

12 MR. SCHMIDT: -- but they are -- correct.

13 MS. TAMMY HADLEY: Right.

14 MR. SCHMIDT: But they are regulated, so --

15 MS. TAMMY HADLEY: Right. Oh, for sure.

16 MR. SCHMIDT: Okay. Cool. I just wanted to  
17 make sure we were --

18 MS. TAMMY HADLEY: I was just talking about,  
19 like, an FDA-approved product.

20 MR. SCHMIDT: Right. Okay.

21 MS. TAMMY HADLEY: Okay.

22 MR. SCHMIDT: Perfect.

23 MS. TAMMY HADLEY: Thank you.

24 MR. SCHMIDT: Thank you.

25 MS. BRENNAN: Thank you. Next? Hi.

1 MS. CHERYL JONES: How much time do we have to  
2 speak?

3 MS. BRENNAN: Eight hours, if you want. I'm  
4 here -- I'm here for the long run.

5 MS. CHERYL JONES: All right. Is there a way  
6 --

7 MR. SCHMIDT: We're going full filibuster here.

8 MS. CHERYL JONES: -- to get on the internet or  
9 --

10 MS. BRENNAN: Yes. Let me give you the  
11 password.

12 MS. CHERYL JONES: Thank you. Thank you. I'm  
13 sure I've written it down. Oh, wonderful. Thank you.

14 MS. BRENNAN: You're a doll. Thank you. Okay.  
15 Name, please, and spell.

16 MS. CHELSEA ORRICO: Hi. My name is Chelsea,  
17 C-h-e-l-s-e-a, Orrico, O-r-r-i-c-o.

18 MS. BRENNAN: Thank you. Your comment?

19 MS. CHELSEA ORRICO: Yeah. I am not sure what  
20 members of your work group that you have. Can I ask  
21 questions up here?

22 MS. BRENNAN: Absolutely.

23 MS. CHELSEA ORRICO: Okay. Have you worked  
24 with anyone with the Society of Permanent Cosmetics? I  
25 know you work with APP, so just wondering if you've

1 consulted with them at all.

2 MR. SCHMIDT: Previously, yes. Not anyone  
3 that's currently active in the work group.

4 MS. CHELSEA ORRICO: Okay. Do you have -- you  
5 don't have any permanent cosmetic artists on your work  
6 group at all right now?

7 MR. SCHMIDT: The last one dropped out.

8 MS. CHELSEA ORRICO: Okay. How long has it  
9 been since they've been a part of it?

10 MR. SCHMIDT: Honestly, I'm not sure right now.

11 MS. MOREHOUSE: Yeah; yeah.

12 MS. CHELSEA ORRICO: Okay.

13 MR. SCHMIDT: It's been a minute.

14 MS. CHELSEA ORRICO: Are you looking for people  
15 to help with that at all?

16 MS. MOREHOUSE: So the work group is no longer  
17 so -- because we -- the work group was to create the  
18 rules.

19 MS. CHELSEA ORRICO: Gotcha.

20 MS. MOREHOUSE: Or revise the rules.

21 MS. CHELSEA ORRICO: Okay.

22 MS. MOREHOUSE: Because currently we have  
23 requirements, and how we devised this was we started  
24 with the current requirements document and revised it.

25 MS. CHELSEA ORRICO: Gotcha. I worked in the

1 body art industry for 10 years. I do body art and I  
2 also do permanent cosmetics. I do feel like there is a  
3 lot of room for more that could be done with the  
4 permanent cosmetics part of your regulations. I also  
5 kind of want to echo a little bit what she said about  
6 how much that's going to impact that part of the  
7 industry.

8 I would -- I think a safe estimate would be at  
9 least 50 percent of the people that get permanent  
10 cosmetics are not going to get it if they can't use any  
11 kind of numbing agent, or you're going to have people  
12 who are trying to apply it themselves, at home with  
13 hemorrhoid cream, anal numbing agents, Bactine, things  
14 like that. I don't think the Bactine is really going to  
15 do much if they spray it on themselves, but my point is,  
16 is that I think you're going to have clients, both in  
17 body art and permanent cosmetics, that are applying  
18 these things on their own, without any instruction or  
19 guidance, and I'm just a little nervous for how that  
20 might end up impacting us or falling back the service  
21 provider.

22 MR. SCHMIDT: So there are two additions in the  
23 current proposed rule set regarding numbing creams,  
24 topical anesthetics. One, specifically, is stating that  
25 the artist cannot apply; right? You're not allowed to

1 apply it.

2 MS. CHELSEA ORRICO: Right.

3 MR. SCHMIDT: The other rule states that you're  
4 not allowed to work on a client where it's not applied  
5 --

6 MS. CHELSEA ORRICO: How do I know --

7 MR. SCHMIDT: -- talking about the home artist  
8 -- or the person applying it at home before they come  
9 in.

10 MS. CHELSEA ORRICO: But let's say somebody  
11 applies it at home, like the client applies it at home.  
12 Because I know that people are going to do this,  
13 especially for body art. They apply at home and they  
14 come in. Sometimes you can tell the difference in the  
15 skin, but sometimes you can't. So how do I know that  
16 they did it? And then they're also, like -- these are  
17 regulations for licensing. So they're not, like, bound  
18 to that licensing.

19 MR. SCHMIDT: Correct.

20 MS. CHELSEA ORRICO: Right.

21 MR. SCHMIDT: We can't hold the general public  
22 accountable.

23 MS. CHELSEA ORRICO: So we just put it in our  
24 consent form that they agree that they haven't applied  
25 anything, and trust that they're being honest?

1 MR. SAUNDERS: That would be my move, yeah.

2 MS. CHELSEA ORRICO: Okay. I do have another  
3 question. Is titanium, as long as it meets the ASTM  
4 standard, still allowed for piercing?

5 MR. SCHMIDT: Absolutely.

6 MS. CHELSEA ORRICO: Okay.

7 MR. SCHMIDT: Yeah, we -- put a general rule in  
8 there for all of any of the products that are ASTM or  
9 ISO regulated for implant grade, they're all allowed.  
10 We put it as a general statement, so when new standards  
11 come out in the future, you're not hold to just the old  
12 standards; right?

13 MS. CHELSEA ORRICO: Gotcha.

14 MR. SCHMIDT: The only ones we added were gold  
15 niobium, because they don't have current ASTM or ISO  
16 standards.

17 MS. CHELSEA ORRICO: Okay.

18 MR. SCHMIDT: So we specifically listed the  
19 requirements for those because ASTM or ISO don't exist,  
20 but we still want to allow them for initial piercing.

21 MS. CHELSEA ORRICO: Gotcha.

22 MR. SCHMIDT: Anything else, as long as it  
23 meets the ASTM or ISO standard for implant grade, you're  
24 allowed to use.

25 MS. CHELSEA ORRICO: Okay.

1 MR. SAUNDERS: One of the weird things with  
2 metals is that there are so many metals that meet the  
3 ASTM and ISO standards that don't make pretty jewelry.

4 MS. CHELSEA ORRICO: Right.

5 MR. SAUNDERS: So you never know when someone  
6 might introduce a new -- a new version, because they're  
7 like, "Oh, we figured out a way to make jewelry out of  
8 this."

9 MS. CHELSEA ORRICO: Uh-huh; okay. So if you  
10 don't have the work group anymore, what if there are,  
11 like, things that the industry thinks should change  
12 within the regulations? Would we just email someone or  
13 --

14 MS. MOREHOUSE: You can always reach out to  
15 bodyart@michigan.gov.

16 MS. CHELSEA ORRICO: Uh-huh.

17 MS. MOREHOUSE: You can also -- because it's  
18 the law, you can reach out to your local  
19 representatives, state representatives.

20 MS. CHELSEA ORRICO: Uh-huh; okay.

21 MS. MOREHOUSE: Because it takes an act of  
22 legislation to change the law.

23 MS. CHELSEA ORRICO: Got it. Okay. All right.  
24 That's it. Thank you.

25 MS. BRENNAN: Thank you.

1 MR. SCHMIDT: Thank you.

2 MS. TAMMY HADLEY: Can I make a comment on  
3 something without going back up?

4 MS. BRENNAN: If you'd like to. You don't want  
5 it recorded?

6 MS. TAMMY HADLEY: It doesn't matter.

7 MS. BRENNAN: Okay.

8 MS. TAMMY HADLEY: I just want to say that  
9 we're sitting here, listening to this about topicals and  
10 clients applying them at home, and, yes, we're going to  
11 use, you know, maybe more stringent forms to make sure  
12 that we're covered, but it's not really about us; right?  
13 It's not about making sure we're covered. It's about  
14 providing the best quality service to our clients. Just  
15 because we're covered legally, that's not really what  
16 it's about for me. So if my client comes in with  
17 something on, like you said, and we can't -- we -- most  
18 of the time we can know, but there are times you don't  
19 know.

20 If a -- if an adverse reaction happens, I'm  
21 going to be like, "Oh, I'm covered because I got an  
22 attorney and I got this form," but I don't give a crap  
23 if I'm covered. I care about the quality of service and  
24 what happens to this person that trusted me with the  
25 service, and was forced to do something that they

1 shouldn't have had to do, because we can't just regulate  
2 it. That -- that's -- you know, we talk about  
3 protecting ourselves, yeah, I think that's great, but I  
4 don't -- I do this because it's my passion. I have a  
5 really nice daytime job that I left to come to. I do  
6 this is as -- this is what I'm passionate about. I  
7 don't care about how it affects me legally. I care  
8 about how it affects the person sitting across from, you  
9 know, the person who's trusting me, the person who spent  
10 however long, saving up the money to come in to feel  
11 beautiful about because, you know, they lost their  
12 eyebrows during chemo and they never came back, or what-  
13 -- whatever we all feel unbeautiful about.

14           And, you know, I don't know. I just -- yes, it  
15 protects us legally, but it's not really about the legal  
16 aspect of it. To me, it's about the fact that we're  
17 providing a good service, and if we don't know, we can  
18 be protected legally by all the forms and attorneys we  
19 have on board, but it's not really protecting them. And  
20 they're being put in a position to have to do something  
21 and compromise the integrity of a procedure, because we  
22 didn't do our job to make sure they had a safe  
23 alternative to it.

24           And I did look up the five percent. So five  
25 percent is old -- an old information that I had, because

1 when -- in March 2024, the FDA came out with the four  
2 percent, it obviously changed it across the board. So I  
3 apologize for that.

4 MR. SCHMIDT: The FDA has always four percent  
5 for considering it over-the-counter; right?

6 MS. TAMMY HADLEY: Right.

7 MR. SCHMIDT: Because that's what we're really  
8 diving into. Over-the-counter is approved that way by  
9 the FDA. It's still a drug product, but it's intended  
10 for self-diagnosis and use; right?

11 MS. TAMMY HADLEY: Correct.

12 MR. SCHMIDT: Because directions for use can be  
13 made so that any general lay person can understand that.

14 MS. TAMMY HADLEY: Correct.

15 MR. SCHMIDT: None of these products are  
16 approved for tattooing, cosmetic tattooing, painful  
17 procedures, or anything like that, meaning anyone's use  
18 of them, whether it's the client or yourself, is an  
19 off-label use of that product.

20 MS. TAMMY HADLEY: Correct.

21 MR. SCHMIDT: Okay. I'm just making sure we're  
22 on the same page.

23 MS. TAMMY HADLEY: No, I'm -- I understand  
24 that.

25 MR. SCHMIDT: The liability for the artist,

1 talking about that section of the rule, like yourself as  
2 an artist applying it. The problem is, it really falls  
3 under the definition in Michigan Compiled Laws, the  
4 practice of medicine, because what we're doing is either  
5 trying to relieve pain that's already happened or  
6 prevent future pain; correct?

7 MS. TAMMY HADLEY: Correct.

8 MR. SCHMIDT: Absolute intended use of these  
9 products. The practice of medicine means the diagnosis,  
10 treatment, prevention, cure or relieving of a human  
11 disease, ailment, defect, complaint or other physical or  
12 mental condition. Your use of that product falls under  
13 the practice of medicine, which is required that you  
14 have a license, like name M.D. or a D.O.; right? Like,  
15 you guys are putting yourself at risk by applying this  
16 yourself.

17 MS. TAMMY HADLEY: But if it's over-the-counter  
18 -- if I have a client come in --

19 MR. SCHMIDT: It's an off-label use  
20 over-the-counter. Just because you can buy it doesn't  
21 mean you can use it; right? Like I would assume, just  
22 because you can buy it at CVS doesn't mean you can use  
23 it in those procedures. The risk, because --

24 MS. TAMMY HADLEY: What about Green Soap?

25 MR. SCHMIDT: Green Soap is not a drug.

1 MS. TAMMY HADLEY: It's listed --

2 MS. CHERYL JONES: Is there an SDS sheet for  
3 it?

4 MS. TAMMY HADLEY: I don't know.

5 MR. SCHMIDT: Well, there should be an SDS  
6 sheet for everything.

7 MS. TAMMY HADLEY: I mean, I don't have it --

8 MR. SCHMIDT: I mean, Windex --

9 MS. TAMMY HADLEY: I don't have it handy.

10 MR. SCHMIDT: Right.

11 MS. TAMMY HADLEY: But I have a FDA, they  
12 recommend consumers not use -- they -- they are. Hold  
13 on. That was my lidocaine. Yeah, I mean, there's a  
14 sheet on it. It says that the FDA does not approve this  
15 for certain services, including what we all use it for,  
16 because side effects can be trouble breathing, throat  
17 swelling, fever, vomiting and skin blistering, but we  
18 all use it. I mean, I'm just saying that just because  
19 something isn't -- the isopropyl alcohol --

20 MS. CHERYL JONES: And it's approved by the  
21 health department; and it's approved by the health  
22 department.

23 MR. SCHMIDT: What is?

24 MS. CHERYL JONES: Well, Green Soap.

25 MR. SCHMIDT: Well, sure. I mean, Green Soap

1 just Green Soap. It's a skin cleanser. That's  
2 regulated completely different than a drug product  
3 because of the intended use or outcome of the use of  
4 that product.

5 MS. BRENNAN: Can I interrupt right now? This  
6 is being recorded. Can you give your name for the --  
7 Rachelle?

8 MS. CHERYL JONES: My legal name is Cheryl  
9 Jones.

10 THE REPORTER: With an S or a C.

11 MS. CHERYL JONES: C-h.

12 MS. BRENNAN: Thank you. Go on. I'm sorry to  
13 interrupt.

14 MS. TAMMY HADLEY: I don't have anything else  
15 to say. I just wonder if there is any way we can find a  
16 way around it so we're just not compromising the  
17 integrity of the people that come in that will use it  
18 anyway.

19 MR. SAUNDERS: Sure. One comment that -- with  
20 -- with the current state of things, not having on a  
21 release form -- let's say tomorrow we're just like, "You  
22 know what? Take out all the numbing stuff," you still  
23 might want to have that on your release form, because  
24 you don't know if people come in having put it on  
25 beforehand anyway. We're assuming --

1 MS. TAMMY HADLEY: It's already on my release  
2 form.

3 MR. SAUNDERS: Exactly. So it's not really a  
4 big change, but, like, doubling up on something like  
5 that could be dangerous. So it just makes sense, not  
6 just from -- you know, you were making the point that  
7 you want to -- you want to be able to do numbing agents  
8 for the client's purposes, and I understand where you're  
9 coming from. The other -- but protecting yourself is  
10 also protecting the client; right?

11 MS. TAMMY HADLEY: Oh, for sure.

12 MR. SAUNDERS: So, you know, making sure you're  
13 not doubling up on things like that, I think is well  
14 worth your time.

15 MS. TAMMY HADLEY: Yeah, it's already on my  
16 form. My -- my thing was just that it's not -- most of  
17 us don't go about this just looking at -- obviously, we  
18 have to keep the legal aspect in mind and stay up within  
19 the parameters of the law, but it's also about, like,  
20 our clients and, you know, what's best for them and --  
21 and all the way from making sure they're not doubling  
22 up, to make sure they're comfortable during the  
23 procedure if possible.

24 MR. SAUNDERS: Sure.

25 MS. TAMMY HADLEY: I mean, is there any way

1 around -- I don't mean around, like, illegally around,  
2 but is there any consideration that can be given to any  
3 of this?

4 MR. SCHMIDT: I mean, there is a lot of  
5 conversation about this, and the two rules that are in  
6 the current proposed rule set really isn't something  
7 that was made up specific for body art. It's really a  
8 compilation of all the existing legal framework between  
9 the state of Michigan, the FDA and what everything  
10 means. And it's really just the consolidation and the  
11 clarification.

12 All of these existing legal frameworks exist.  
13 They've been around for a long time. There's no  
14 proposed change. Talking with the FDA, they have no  
15 future plans on ever approving these for use of these  
16 procedures because of a whole lot of things as an  
17 over-the-counter product. And once you change something  
18 from the directions for use -- right? -- like, you have  
19 a lot of bad products out there, number one; right?

20 MS. TAMMY HADLEY: Absolutely.

21 MR. SCHMIDT: Obviously, the ones that are too  
22 strong, the ones that specifically say "For tattooing,"  
23 those are in violation of FDA standards.

24 MS. TAMMY HADLEY: Right.

25 MR. SCHMIDT: They're not allowed to put that

1 on there. So what you're using, or what your client is  
2 using, is, yeah, it's an anorectal drug product. It's  
3 some other type of topical anesthetic for pain, bug  
4 bites, whatever it is. None of these are regulated  
5 because they're not considered safe for tattooing;  
6 right? They've never been proven to be safe for  
7 tattooing per the FDA.

8 So all of these are the two new rules. It's  
9 just existing legal framework that, even if we got rid  
10 of it, that legal framework still exists.

11 MS. TAMMY HADLEY: But the FDA, the sheet that  
12 I have, says, "Do not use OTC pain relief products with  
13 more than four percent lidocaine on your skin. Do not  
14 apply OTC pain relief products heavily over large areas  
15 of skin or irritated. Do not wrap a treated area with"  
16 -- I mean, they're pretty specific on what they say they  
17 consider safe because, I mean, it's on their sheet.

18 MR. SCHMIDT: Right.

19 MS. TAMMY HADLEY: So what if we use four  
20 percent or less? What if we don't use it on a large  
21 area of skin? What if we don't wrap it or dress it?  
22 Then we're --

23 MR. SCHMIDT: I'm just letting you know that's  
24 still an off-label use. They're talking about products  
25 because directions for use are approved in a monograph

1 by the FDA with specific statements that you're allowed  
2 to use for directions for use.

3 MS. TAMMY HADLEY: Okay. But what I'm saying  
4 is, if they printed this and said that this is what  
5 they're recommending for consumers, and this is in -- on  
6 a sheet for permanent cosmetics. This is what they're  
7 talking about in this sheet. It's not like any other --  
8 and they've actually listed some companies that have  
9 mislabeling, not use those.

10 MR. SCHMIDT: Yeah, there is a bunch of warning  
11 letters on --

12 MS. TAMMY HADLEY: Yeah. But I'm -- like, this  
13 isn't talking about anything else except permanent  
14 cosmetics. It's saying that these -- these are the  
15 things that they recommend -- recommend when using their  
16 products for permanent cosmetic.

17 MR. SCHMIDT: Yeah, those warning letters, that  
18 was for tattooing, permanent cosmetic, the whole kit and  
19 caboodle. It was not specifically just to cosmetic  
20 tattooing.

21 MS. TAMMY HADLEY: Right. But I'm just saying,  
22 I mean, what if we -- what if we were allowed to do  
23 that, follow what the FDA recommended?

24 MR. SCHMIDT: Are you following the directions  
25 for use that's on a label on a product?

1 MS. TAMMY HADLEY: What do you mean?

2 MR. SCHMIDT: Like, if you're applying a  
3 topical anesthetic, are you following the directions  
4 from use for what it's being used for?

5 MS. TAMMY HADLEY: I mean, the directions that  
6 I read on my packaging, yes. But can I sit here and  
7 tell you that I read the directions that are printed on  
8 the packaging -- like, packaging, just like anything  
9 else? I mean, I don't know who printed those and I  
10 didn't know -- I don't know what research went into  
11 that. I have to trust the company that I'm buying it  
12 from. I have to do my research on reputable companies  
13 and repeatable products.

14 MR. SCHMIDT: I mean, all I can tell you is  
15 that there is no product, over-the-counter, whatever,  
16 that's approved for use in tattooing, painful  
17 procedures, things like that. So if the directions for  
18 use are telling you that, that's a new drug or a  
19 misbranded product, because it says that. Otherwise  
20 you're not following the directions for use on that  
21 product, because it's going to say, "For anorectal  
22 disorders," or "The temporary relief of pain and itching  
23 associated with bug bites," or any of --

24 MS. TAMMY HADLEY: Right.

25 MR. SCHMIDT: -- those other things. Like,

1 that -- that's the legal hiccup we're in.

2 MR. SAUNDERS: And then the other --

3 MS. TAMMY HADLEY: I don't understand, because  
4 this is addressing that very thing. This -- this --  
5 this FDA news release is addressing topical use for  
6 cosmetic procedures. And they -- it's no -- you're  
7 right. It's not just permanent making procedures. It's  
8 microdermabrasion, laser removal, tattooing, piercing.  
9 So it's -- it's talking about all of them, but it's  
10 saying, "Some of these products are labeled to contain  
11 ingredients such as lidocaine." So basically, people  
12 are saying that they have a lower percentage than they  
13 actually have.

14 So they're saying, "These are the parameters  
15 that we say are safe to use." And it -- I mean, it's  
16 very, very clear what it says. It says, "Four percent."  
17 It says, "Not a large area." It says, "Don't wrap or  
18 use a dressing." If I follow these rules, am I breaking  
19 the law?

20 MR. SCHMIDT: That would be, like we talked  
21 about, the definition of practice of medicine, but  
22 especially because, once again, the FDA approves  
23 products; right?

24 MS. TAMMY HADLEY: Correct.

25 MR. SCHMIDT: Off-label use, meaning you're

1 using it for something other than what it's FDA approved  
2 for, is also the practice of medicine, and that falls  
3 under healthcare providers; right? Like they -- doctors  
4 get to do that because they can take a client history.  
5 They know their medical conditions. They can actually  
6 provide a dosage of grams or milliliters per square  
7 meter of skin area on broken or non-intact skin, like,  
8 "Oh, those things need a prescription," because it's an  
9 off-label use.

10 MS. TAMMY HADLEY: Correct. I mean, the bottle  
11 that I have does -- does say -- I mean, it does give me  
12 the instructions for how to use it. I, actually, don't  
13 need to use it for the amount of time that it allows me,  
14 up to five minutes. Usually, after two minutes, I'm  
15 doing great.

16 MR. SCHMIDT: Okay. I'm telling you, if that  
17 product says, on the box, on the label, that -- to use  
18 it before or during the tattoo or cosmetic tattoo  
19 procedure, that product is in violation of FDA standards  
20 and would be considered a new drug because we changed  
21 its directions for use, or, if it's just represented  
22 that way on the website, but the bottle is fine, that  
23 would be a misbranding violation, per the FDA.

24 In all of their monographs regarding all of  
25 these products, tattooing, painful procedures, cosmetic

1 tattooing, microblading, whatever we want for out there,  
2 none of these have been approved as approved uses for  
3 any of these products, per all of the monographs that  
4 are in the Code of Federal Registers for the FDA. So  
5 it's either a bad product or you're using an approved  
6 product in an off-label manner.

7 MS. TAMMY HADLEY: But I'm saying I don't know  
8 that. I don't know that when I read FDA document,  
9 telling me these are the companies not to use. I'm not  
10 using any of those companies. I'm not using any of the  
11 -- the list of companies that they sent out letters to.

12 MR. SCHMIDT: That's not an all-encompassing  
13 list with bad products that are on the market. Those  
14 are just the ones that they went to their manufacturing  
15 facility, found the violations. And then warning  
16 letters are actually the second step of FDA enforcement.

17 MS. TAMMY HADLEY: Right.

18 MR. SCHMIDT: FDA enforcement starts with  
19 potentially, like, just compliance from the company.

20 MS. TAMMY HADLEY: Right.

21 MR. SCHMIDT: So if they don't get that  
22 compliance, then it's a formal warning letter. So all  
23 of the other things that happen behind the scenes, you  
24 don't see on their website. It's not put out --

25 MS. TAMMY HADLEY: Correct.

1 MR. SCHMIDT: -- for all that information.

2 MS. TAMMY HADLEY: But I'm saying, you know,  
3 me, just being Tammy Hadley from Springport, Michigan, I  
4 don't have an attorney on, you know, my payroll that I  
5 can send to go out and do all these things. I count on  
6 things like this -- I mean, I count on things like this  
7 to figure out what the laws and rules are, so that I can  
8 make sure I'm staying within the parameters.

9 MR. SCHMIDT: That is why we put those in the  
10 rules, is to let you guys know, with all the existing  
11 legal framework between the state and the federal  
12 government, those are your two options for using these  
13 products for these procedures without being in violation  
14 of something else.

15 MS. TAMMY HADLEY: So is there any way we can  
16 get around that? Is there any rule --

17 MR. SCHMIDT: I mean, we don't have -- we don't  
18 have the ability to change FDA standards or the state's  
19 medical definition for the practice of medicine. We are  
20 just -- we only have jurisdiction over the body art  
21 rules.

22 MS. TAMMY HADLEY: Then, why are we even here?

23 MR. SCHMIDT: To talk about the body art rules.

24 MS. TAMMY HADLEY: But I'm saying, if we're --  
25 if these are the rules and these are the laws, like, how

1 is it that we're even meeting about this, if it is,  
2 like, a solid stop?

3 MS. CHERYL JONES: They haven't been finalized  
4 yet.

5 MR. SCHMIDT: Correct.

6 MS. CHERYL JONES: This is the draft.

7 MR. SCHMIDT: Yep, they're still proposed.

8 MS. TAMMY HADLEY: But you're saying that the  
9 FDA makes those. We don't even have the right to have  
10 any say in any of them? Then why are we having a  
11 meeting?

12 MR. SCHMIDT: Well, there's --

13 MS. TAMMY HADLEY: Do you understand what I'm  
14 saying? I'm not trying to be, like --

15 MR. SAUNDERS: This is one specific rule that  
16 you're talking about that we put on there for  
17 clarification purposes. Because I think most tattooers,  
18 most permanent cosmetic artists, don't understand that  
19 they'd be in violation of the instructions for use.  
20 They don't quite get that part of not just their  
21 industry, but, like, just the way the FDA and federal  
22 government work.

23 Let's say, for example, this group said, "No,  
24 it's totally fine to use that." We would be factually  
25 wrong, because we don't actually have any control over

1 it. The reason it's in our rules is because we want  
2 people to know, so that they know what the rules are.  
3 We -- anything that we write on these -- in these  
4 documents, wouldn't change the framework that actually  
5 exists already, that we have no control over. That's  
6 specifically for this product. So there's others things  
7 in these rules that we do have control over, but this is  
8 just a clarification.

9 MS. TAMMY HADLEY: And I understand that. But  
10 what I'm saying is, if we don't have any control over  
11 it, and I'm -- and you're telling me that the FDA is the  
12 one that makes the rule, and I have this right here  
13 telling me what I can and cannot use -- I understand  
14 what you're saying, just because the bottle says that  
15 doesn't mean that's really what it is. But, like, that  
16 could be that way with any product. Just because the  
17 labeling says that, it doesn't -- it doesn't mean what  
18 it really is; correct?

19 MR. SAUNDERS: Correct.

20 MS. TAMMY HADLEY: But I'm saying, if I follow  
21 what this F- -- this is off the FDA website. If I  
22 follow what it says, how am I doing anything -- because  
23 that would have to supersede this meeting; correct? I'm  
24 not -- am I --

25 MR. SCHMIDT: I'm not sure.

1 MS. TAMMY HADLEY: Pardon?

2 MR. SCHMIDT: I'm not sure what you were  
3 asking.

4 MS. TAMMY HADLEY: I'm asking if I -- if we  
5 meet here today, and you're telling -- you're telling us  
6 that we cannot change the rule or the law about it,  
7 because it's an FDA -- you know, it's -- the FDA  
8 controls it, basically, and I follow what the FDA says,  
9 how am I -- how am I breaking the rules?

10 And if I understand correctly, I'm breaking the  
11 rules because, just because the label says it, doesn't  
12 mean it's true. But I don't -- I don't know that. I  
13 mean, I wouldn't -- if a label says something and I buy  
14 it from a reputable company, I want to believe it. Just  
15 like any other product, I go to the store,. I read the  
16 label. I buy it. I don't think about it. I don't --

17 MR. SAUNDERS: If the label were to say that it  
18 was okay for tattooing --

19 MS. TAMMY HADLEY: Okay.

20 MR. SAUNDERS: -- it would not be a reputable  
21 product. It can't say that because you would need a  
22 brand new 510(k) number that doesn't exist. So --

23 MS. TAMMY HADLEY: But the FDA is saying I can  
24 use four percent --

25 MR. SAUNDERS: If you're a doctor.

1 MS. TAMMY HADLEY: It doesn't say a doctor.  
2 This -- this does not say anything about me being a  
3 doctor.

4 MR. SAUNDERS: Again, this is the way FDA meets  
5 Michigan law -- right? -- the way Michigan law defines  
6 practicing medicine. Again, we don't have any control  
7 over that.

8 MS. TAMMY HADLEY: So this document off the FDA  
9 website is nothing? It never says any -- it doesn't  
10 anything about me being a physician, a doctor, an  
11 anybody.

12 MR. SCHMIDT: Because that's talking about  
13 over-the-counter --

14 MS. TAMMY HADLEY: It's a --

15 MR. SCHMIDT: -- meaning for self-diagnosis and  
16 use. That -- anything with regards to the FDA standard  
17 is going to really be your clients using that product,  
18 the consumer.

19 MS. TAMMY HADLEY: Okay.

20 MR. SCHMIDT: Over-the-counter is for  
21 self-diagnosis use. Specific to the artist or the  
22 technician, whatever, using it on a client, that's where  
23 it falls under the practice of medicine; right? That  
24 almost has nothing to do with FDA standards at that  
25 point in time. That's talking about the practice of

1 medicine. Where we really start diving down the rabbit  
2 hole with the FDA requirements and standards is when  
3 we're talking about the products that your clients might  
4 misuse on before getting the procedure.

5 And we know that no product is approved, no  
6 numbing -- if it creates a numbing sensation, it is not  
7 approved in the United States for use before or during a  
8 tattoo, painful procedure, cosmetic tattoo, any of those  
9 things that you see out there with bad products that put  
10 that on their label, specifically.

11 MS. TAMMY HADLEY: So I have a question for  
12 you: It can't be like a lidocaine, and it can't be like  
13 a tetracaine or a benzocaine or anything like that,  
14 because they're considered over-the-counter, what about  
15 an all natural product that is not FDA regulated or  
16 isn't -- doesn't -- I mean, what about something like  
17 that? I mean, I don't have anything, but, I mean --

18 MS. CHELSEA ORRICO: Like Biotat?

19 MS. TAMMY HADLEY: Pardon?

20 MS. CHELSEA ORRICO: Biotat?

21 MS. TAMMY HADLEY: Right. What -- what about  
22 something that isn't regulated like that? Because then  
23 it's not considered an OTC, then it's not in violation.

24 MR. SCHMIDT: I mean, in the United States, the  
25 FDA basically regulates everything to some degree or

1 another. What was the name of the --

2 MS. CHELSEA ORRICO: Biotat.

3 MS. MOREHOUSE: While we're looking that up,  
4 there is a way around it, and that is getting a  
5 prescription. So your -- especially in your case, your  
6 patients or clients --

7 MS. TAMMY HADLEY: Right.

8 MS. MOREHOUSE: -- can get a prescription.

9 MS. CHELSEA ORRICO: So if they get a  
10 prescription, they have to apply it? Because wouldn't  
11 we still be practicing medicine if we apply it and they  
12 --

13 MS. TAMMY HADLEY: Yes, we would be.

14 MR. SCHMIDT: There is two rules that are in  
15 the proposed set. One is with regards to the client  
16 application, in which case they would need to get a  
17 prescription. They would follow the directions for use  
18 that a doctor gave them.

19 MS. CHELSEA ORRICO: We don't put it on?

20 MR. SCHMIDT: You don't put it on them at all.  
21 The other rule is with regards to if the artist were to  
22 apply it, and that's where it falls -- there's another  
23 set of rules in the state of Michigan for delegation of  
24 duties by a physician to another healthcare  
25 professional. So that's going to be more along the

1 lines of, you're working at a med spa with a doctor on  
2 staff -- med spas are kind of gray to begin with -- and  
3 they would still write a prescription, but they would  
4 delegate their duty as a doctor, where they're allowed  
5 to apply to yourself or another healthcare professional.

6 And there's a whole other set of rules in the  
7 state of Michigan for delegation of duties by a  
8 physician, so you would have to be in compliance with  
9 those.

10 MS. CHELSEA ORRICO: (Inaudible) --

11 THE REPORTER: Ms. Orrico?

12 MS. CHELSEA ORRICO: Are doctors actually going  
13 to write presents for people to write tattoos?

14 MS. BRENNAN: Just a minute.

15 THE REPORTER: I apologize. If you're going to  
16 speak, can you possibly maybe move this way, just so the  
17 microphone picks you up?

18 MS. CHELSEA ORRICO: Yeah.

19 THE REPORTER: I just want to make sure I have  
20 everything on the record. Thank you. Sorry.

21 MS. CHELSEA ORRICO: No, you're fine. Do we  
22 think that doctors are actually going to write  
23 prescriptions for numbing agents for people to get  
24 tattoos? Do they have the knowledge of, like --

25 MS. TAMMY HADLEY: No, they don't.

1 MS. MOREHOUSE: This is off the cuff, but my  
2 guess would be that if it was something that was  
3 necessary and --

4 MS. TAMMY HADLEY: Areola tattoos, cancer  
5 related.

6 MS. MOREHOUSE: -- they felt that the numbing  
7 cream was going to be safe in the procedure --

8 MS. BRENNAN: One at a time, please.

9 MS. MOREHOUSE: -- that they would then --

10 MS. CHERYL JONES: Most doctors will do  
11 anything --

12 MS. MOREHOUSE: -- do it.

13 MS. CHERYL JONES: -- for money. It doesn't  
14 even matter. They'll do anything for money. That's  
15 kind of -- or what this whole thing is about.

16 MS. CHELSEA ORRICO: I just don't -- I don't  
17 know if they would think, like, a tattoo is necessary.  
18 I don't know. I just -- I feel like part we're just not  
19 going to be able to use it at all.

20 MS. TAMMY HADLEY: So I would like to say  
21 something real quick. I just -- this is just a little  
22 story of something that happened to me last year. So I  
23 had -- I don't -- I do not do permanent makeup  
24 procedures on women that are actively receiving chemo.  
25 I will not do it. I don't think it's safe. I can have

1 16,000 doctors' notes. I'm not going to do it. I'm  
2 either going to do it before they start or 30 to 60 days  
3 after they are deemed cancer free. That's just my  
4 personal -- how I feel it's safe.

5 So I had a lady that really wanted her eyebrows  
6 done, and she called and called, and begged and begged  
7 and begged, and she was in the middle of chemo, and she  
8 brought in a doctor's note. And I told her I -- and the  
9 doctor's note said that I was allowed to do it. I do  
10 not, in any way, shape or form, think I'm more educated  
11 than a physician when it comes to many things, but I  
12 think the physician has no idea what I do.

13 So I said to her, "I'll make you a deal. I'm  
14 going to call this physician" -- it was her neighbor, by  
15 the way -- "I'm going to call -- I'm going to ask him a  
16 couple questions, and if he can answer my questions I  
17 will do this for you." She said, "Okay." So we called  
18 Mark up. We had a nice conversation with him. He said,  
19 "Well, I thought she was just getting makeup. I didn't  
20 really understand why she had to have prescription for  
21 it, but she just said it was just a little makeup. It  
22 was just going to last a little bit longer than just,  
23 like, putting blush on." So had I -- had I have done it  
24 based on -- he doesn't care. And I don't mean he  
25 doesn't care about her as a person or me as a body art

1 facility owner or permanent makeup artist, but he  
2 doesn't know. He's saving people's lives. He doesn't  
3 really care about a little makeup. It's just little  
4 makeup. He just had no idea.

5 And I would have -- after I explained it to  
6 him, he's like, "Absolutely not. No, she cannot have  
7 this done." But I had a prescription in my hand, so I  
8 was legally covered. But, I mean, I would never have  
9 done that. I just -- I think there -- I understand --  
10 and I -- and I'll be the first to say we, as tattoo  
11 artists and permanent makeup artists, need to be far  
12 more regulated. Our facilities are very regulated, but  
13 I fix horrific things every single day on all kinds of  
14 people.

15 However, I don't think that targeting -- just  
16 saying, "Okay. No topicals at all because this is the  
17 rule." I think there should be -- I don't want to say a  
18 gray area, but there should be something that we can do  
19 to keep people safe, or things like that are going to  
20 happen.

21 You're right, a doctor will pretty much write a  
22 prescription for anything, depending on, "Is he your  
23 neighbor?", "Do you know him?" It -- I mean, there's a  
24 -- you know, people self-prescribe things to their  
25 doctors and tell them these are their symptoms that

1 aren't, and do a visit over the Zoom and get a  
2 prescription for whatever, but that's not the point to  
3 me. The point to me is that they don't even -- a  
4 physician doesn't necessarily know what I do, and it's  
5 not really his job to know, just like it's not my job to  
6 know what he does.

7 I have to be the professional in my industry.  
8 I have to put my research in. I have to take that time  
9 off work, you know, to come to meetings like this and  
10 have my voice be heard. It's my job to know my  
11 profession, not his, and his to know mine. And he 100  
12 percent -- I had a prescription in my hand as he's  
13 telling me, "Well, it's just makeup. I thought it was  
14 kind of silly anyway, but that's exactly what my  
15 prescription pad says." I am a hundred percent allowed  
16 to do it. He didn't even know what I was doing.

17 Once I it explained to him, "Oh, no; no; no."  
18 He's like, "It's a hard stop." But he didn't know. He  
19 just didn't know. He's saving people's lives,  
20 administering chemo medication, like, you know, working  
21 20 hours a day. He didn't know. She just, you know --  
22 that she lost both of her breasts, and she wanted areola  
23 tattoos and eyebrow tattoos. And if that was what was  
24 going to make her happy, he was going to write it down  
25 on a prescription pad and send her over to me.

1 MS. MOREHOUSE: But he's not writing a  
2 prescription for the procedure. He's writing a  
3 prescription for the lidocaine, if he feels it's safe.

4 MS. CHELSEA ORRICO: Her point is, is that they  
5 don't have a good understanding of what we even do and  
6 --

7 MS. TAMMY HADLEY: Correct.

8 MS. CHELSEA ORRICO: -- how invasive it is. I  
9 mean, half the people that --

10 MS. TAMMY HADLEY: What layer of skin --

11 MS. CHELSEA ORRICO: -- (inaudible) don't --  
12 they do not understand what it is.

13 MS. TAMMY HADLEY: Correct.

14 MS. CHELSEA ORRICO: So it's just kind of -- it  
15 makes you a little nervous to trust the doctor has the  
16 knowledge to make an informed decision on their  
17 prescription, and that it's going to be done in a way  
18 that's safe to use in those areas.

19 MS. TAMMY HADLEY: And that the client is going  
20 to give the correct information to the doctor to be able  
21 to make the informed decision. Then the doctor writes  
22 the prescription for my client, and my client comes in  
23 and it says, "Apply the size of the nickel and let it  
24 sit for 15 minutes," but she's really scared of this  
25 procedure, so she's been applying it for the last -- I

1 don't know -- nine hours, and now she's over-medicated  
2 herself that I have no knowledge of, but I got this  
3 piece of paper keeping me safe. But she's not safe.  
4 She's not safe, but I can't put it on, which I would  
5 know the right amount, and I would know why. You know,  
6 you know how many people think if you use more, it's  
7 better; more -- more numbing, it's better.

8           It's not better. I mean, it has a chemical  
9 reaction on the skin, like anything does that you put  
10 on. Baby lotion has a reaction with the skin. It's  
11 just -- but clients don't know that, because they're not  
12 educated to know it. So now they're armed with a  
13 prescription that they think is safe because they're a  
14 physician it with them, and they're administering high  
15 doses for extended periods of time, and we're right back  
16 to where we were before. The answer, I don't think, is  
17 with the physician. I think it's with informed, caring  
18 people that are professionals in their industry, making  
19 decisions that we know are not safe. I don't care I had  
20 a doctor's note or not. I sent her away, crying her  
21 eyes out because she couldn't get my service done, but I  
22 knew it was for her benefit.

23           And I know that because I'm a professional, and  
24 I know that because I've studied it. It was not good  
25 for her, but he wrote her a prescription to do it. And

1 you're right, not for the -- the anesthetic itself, for  
2 me to be able to do it, which is kind of even a bigger  
3 deal. Because a lot of people would have just said,  
4 "Well, I'm going to do it." You know, I would have --  
5 by the time she was done with eyebrows and areolas, I  
6 would have walked out \$2,000 in my pocket, had I been  
7 somebody that charges, which I don't for cancer  
8 patients, ever. But it just -- the whole -- the whole  
9 point of it is that we're putting something in  
10 somebody's hands that don't have the knowledge of what  
11 we do, and how can we get past that? You know, that we  
12 had a work group for years that didn't even consist of a  
13 permanent makeup artist. We're having people make rules  
14 about things that affect us that don't even do it every  
15 day.

16 MS. MOREHOUSE: How do you know they're not  
17 putting it on now and then you're double -- doubling it  
18 up?

19 MS. TAMMY HADLEY: I 100 percent do not. I ask  
20 questions, a lot of questions. I have a light and a  
21 magnifier that I use to look down into the skin. I test  
22 the skin to see if there's any kind of reactivity. If  
23 the product that they're using contains any kind of  
24 epinephrine, the skin would look white because blood  
25 flow is constricted.

1 I mean, there are things that I can do to  
2 really put it educated attempt to make sure that they're  
3 not using something on their skin, and a hundred percent  
4 I do. I examine all skin before I ever touch it. I see  
5 what elasticity is in it. You know, I don't just start.  
6 But -- and I have a conversation with them. I also let  
7 people know, "If you have used something on the skin  
8 prior to be starting this service, you have to tell me  
9 or it's going to have an adverse effect. Don't just  
10 look at it on a piece of paper when you hear my waiting  
11 room, filling it out. I'm looking through the eye. I'm  
12 going to ask you, because I need to know." And if I  
13 think that it has, I reschedule them. "Something's  
14 going on with your skin right now. I'm not sure what it  
15 was. I don't know if you've consumed some alcohol, used  
16 to be product on your skin."

17 Obviously, I blame them for it, but I just tell  
18 them, "This doesn't look like I want it to look before I  
19 work on this. Let's schedule you out in two weeks, you  
20 know, be really hyper-aware of what you're putting it on  
21 your skin at this time, and when you come back in two  
22 weeks, take a look at it." It always looks good,  
23 because they were lying. But it's not their job to get  
24 past me. It's my job as a professional to know what to  
25 look for. Because I've thousands clients, I know what

1 to look for, and I'm not going to put anybody in an  
2 unsafe situation. That's why, after eight years, I'm  
3 still in business, because I actually care.

4 MS. BRENNAN: Any further comments?

5 MS. CHERYL JONES: I have some questions. May  
6 I?

7 MS. BRENNAN: Absolutely.

8 MS. CHERYL JONES: I'm sorry, but what --  
9 (Off the record interruption)

10 MS. BRENNAN: Please spell your name.

11 MS. CHERYL JONES: My name is Cheryl,  
12 C-h-e-r-y-l, last name is Jones. I'm tattoo artist of  
13 27 years. I'm the person who purled the letter to  
14 everybody in Michigan back in 2005, prompting the body  
15 art rules and regulations of 2010, and attended meetings  
16 at Wayne County for about a year, and was part of  
17 recommending Chris Lachance to the board for, you know  
18 -- anyways, to make sure that the body art ordinance got  
19 passed.

20 So I'm very, very familiar with everything, you  
21 know. I wish I had my notes with me. Okay. So, for  
22 starters, I can't point out exactly where all of these  
23 parts are in, but I'm sure you have the numbers right in  
24 front you.

25 My first question is, what prompted this, the

1 rule changes all of a sudden? What prompted it?

2 MS. BRENNAN: On a legal basis, there never  
3 were any rules, never.

4 MS. CHERYL JONES: Sure.

5 MS. BRENNAN: This is the first time. And what  
6 prompted it? Which ones are you talking about?

7 MS. CHERYL JONES: Well --

8 MS. BRENNAN: We had a 2010, 2019.

9 MS. CHERYL JONES: Sure; sure. Okay.

10 MS. BRENNAN: Yeah.

11 MS. CHERYL JONES: I'm -- I'm talking about the  
12 recent draft. I'm really interested in what -- what  
13 prompted the draft for the regulation of the type of  
14 tattoo machines that we currently use? Who -- whose  
15 idea --

16 MR. SCHMIDT: I'm going to let -- I saw bunch  
17 of that online, like, last week. We are -- that rule  
18 does not limit you to rotary pens only. That's  
19 referring to the cartridge needing a backflow prevention  
20 requirement.

21 MS. TAMMY HADLEY: It says, "Rotary pens only."

22 MS. CHERYL JONES: It does say, "Rotary pens  
23 only."

24 MR. SCHMIDT: No, it says, "Only rotary pens  
25 with appropriate backflow prevention can be used."

1 That's only talking about the requirement for rotary  
2 pens, that does not disallow coils or other frame rotary  
3 pens. That does not disallow --

4 MS. TAMMY HADLEY: Coil.

5 MR. SCHMIDT: -- coils or other framed rotary  
6 that's used, like a traditional grip, tube and tip,  
7 needle with needle bar. That does not limit that  
8 whatsoever.

9 MS. CHERYL JONES: Okay. With backflow  
10 prevention?

11 MR. SCHMIDT: Correct.

12 MS. CHERYL JONES: And, again, what -- what  
13 prompted this? I mean, I'm sure you guys aren't real --

14 MR. SCHMIDT: So if you go back to the  
15 original, the current requirements, it actually says in  
16 there that rotary pens can only be used for cosmetic  
17 tattooing procedures, that traditional -- in the current  
18 rules, traditional tattooing with a rotary pen and  
19 cartridge is actually not allowed. So we obviously  
20 needed to get rid of that; right? That's the most  
21 common tattoo machine used today. But we did need to  
22 include the requirements, because most of those aren't  
23 made in a way that can be broken down and sterilized,  
24 reprocessed, like your other equipment.

25 MS. CHERYL JONES: Correct.

1 MR. SCHMIDT: So we have to have that internal  
2 membrane for backflow prevention, so that the machine  
3 then just needs to be cleaned and disinfected and  
4 covered during use. Without that requirement, you would  
5 have to reprocess and sterilize, because backflow would  
6 get into the machine. You can't then reuse that on  
7 another client, unless it's been reprocessed.

8 MS. CHERYL JONES: Absolutely. But it much  
9 more is a cartridge issue, and making sure that you have  
10 that membrane in the cartridge, other than like the,  
11 like -- the rules were stating that you wanted a  
12 certificate for proof that the rotary machine doesn't --

13 MR. SCHMIDT: So there two things. There's  
14 either manufacturing proof that backflow prevention  
15 exists and that it's been tested to prevent backflow, or  
16 we added a guide for field testing where you, as the  
17 artist, can test it out, or the health department, if  
18 they wanted to take a cartridge and just test it very  
19 quickly to make sure that it provides backflow, because  
20 there are a lot of bad products on there, whether they  
21 have a membrane, but it's not constructed in a way that  
22 accurate -- like it actually prevents backflow, or  
23 there's ones that just have springs and rubber bands on  
24 inside, that that's going to then contaminate your  
25 machine, which would then have to be fully reprocessed

1 and sterilized, which it can't be because it's  
2 electrical.

3 MS. CHERYL JONES: Right. Which -- which I  
4 fully understand in regards to the cartridges. But as  
5 far as, like, having a machine that -- that where -- I  
6 mean, you know, field testing is fine. That makes more  
7 sense. But when you're talking about rotary machines  
8 and about, like, backflow certificates and getting that  
9 from some of these manufacturers, like, you'll be able  
10 to get that from the very, very, very expensive, high  
11 end manufacturers, but, you know, to buy an affordable  
12 machine that, you know -- so everyone has access to be  
13 able to do this. I mean, some of these companies don't  
14 have these, you know, manufacturing backflow. They  
15 don't -- they don't come with the machines. I mean, we  
16 can't. You know, a lot of these machines are made in  
17 China, you know. I mean, even the machines here are  
18 made in China. They just, like -- it's just the company  
19 owners.

20 I mean, it doesn't -- one of my concerns is,  
21 for some reason, in the rules and regulations you have  
22 listed the American -- the medical devices -- the  
23 American Medical Device Institute, is listed on there.  
24 I -- unfortunately, don't have my notes, but --

25 MR. SCHMIDT: Yeah, there's a standard in here

1 which is ANSI and --

2 MS. CHERYL JONES: Okay.

3 MR. SCHMIDT: -- AAMI.

4 MS. CHERYL JONES: Correct.

5 MR. SCHMIDT: -- for ST79.

6 MS. BRENNAN: Do you want to look at the rules?

7 MS. CHERYL JONES: Right. Thank you so much.

8 MS. BRENNAN: Sure.

9 MS. CHERYL JONES: Yes. Okay. So here's the  
10 issue: There's a couple of things. This is a slippery  
11 slope. The -- I don't understand what this American --  
12 wait, where is it? I'm looking at the definitions here.  
13 Okay. The American Society for Testing Materials  
14 International, nope, that's not the one. It's the other  
15 one.

16 MS. CHELSEA ORRICO: Association for the  
17 Advancement of Medical Instrumentation.

18 MS. CHERYL JONES: Thank you. Association for  
19 the Advancement of Medical Instrumentation. I would  
20 like to say, first of all, 90 percent of all the medical  
21 instrumentation that is used in hospitals and surgery,  
22 90 percent of it isn't even approved by the FDA. It's  
23 not even looked at. It's really terrible. The  
24 situation is awful in the medical field.

25 I don't believe that the Medical-industrial

1 Complex should have anything to do with our job  
2 whatsoever. Our job is -- is -- we don't -- this isn't  
3 like a -- a medical procedure that's taking place. We  
4 are penetrating the skin at a 2.5 to maybe 3.8 at best.  
5 Like, an allergy -- a shot, like, a basic subcutaneous  
6 injection goes way deeper into your skin than -- than a  
7 tattoo needle. I mean, we're grazing the skin.

8 The problem is, when you have groups like this  
9 medical apparatus, which they're doing a terrible job  
10 regulating their own industry -- the problem that you  
11 have is, once you allow the Medical-industrial Complex  
12 to infiltrate your -- your job, they don't go away.  
13 It's -- it's a very slippery slope. Like -- like, they  
14 -- they shouldn't be able to have dominion over what we  
15 do. We're not doing a medical procedure, so I don't  
16 understand why they're even listed here at all. Because  
17 the problem is, if this group is allowed to -- to make  
18 regulations for the machines that we use, it's a very  
19 slippery slope.

20 Then -- then at what point are they going to  
21 say, "Well, you have to have a medical license to use  
22 these medical devices." You know, they're not medical  
23 devices. These people shouldn't have their hands on it  
24 at all. They shouldn't be involved in it. Their names  
25 shouldn't be on here. Why -- why are they? I'm really

1 confused.

2 MR. SCHMIDT: So we have to put in the  
3 definitions basically anything we use in the body of the  
4 rules; right? That's why it's in the definition. The  
5 only reference to ANSI and AAMI in the actual rules in  
6 the body is just with regards to sterilization  
7 procedures.

8 MS. CHERYL JONES: Okay. So it's --

9 MR. SCHMIDT: It's nothing --

10 MS. CHERYL JONES: It has nothing to do --

11 MR. SCHMIDT: There's nothing to do with  
12 performing body art. It is just with regards to  
13 autoclave sterilization and spore testing.

14 MS. CHERYL JONES: Okay.

15 MR. SCHMIDT: That's it.

16 MS. CHERYL JONES: All right.

17 MR. SCHMIDT: That is the only reference --

18 MS. CHERYL JONES: My concern is that they were  
19 kind of -- were considering our tattoo machines --

20 MR. SCHMIDT: Nope; nope.

21 MS. CHERYL JONES: -- as medical devices, the  
22 --

23 MR. SCHMIDT: No, it has nothing to do with the  
24 tattoo machine whatsoever.

25 MS. CHERYL JONES: The language wasn't very --

1 MR. SCHMIDT: So we have to put -- like I said,  
2 we have to put in the definitions, especially, like --

3 MS. CHERYL JONES: Yeah.

4 MR. SCHMIDT: -- trade names that in the body,  
5 we put ANSI slash AAMI. We have to define what those  
6 are; right?

7 MS. CHERYL JONES: Sure.

8 MR. SCHMIDT: That's just a legal requirement.

9 MS. CHERYL JONES: Sure.

10 MR. SCHMIDT: In the body, the only reference  
11 is with regards to the sterilization, like, at the  
12 facility. And that's just going to be with regards to  
13 your autoclaves, sterilization procedures and spore  
14 testing. That's it. Has nothing to do with performing  
15 any tattoo, body piercing, cosmetic tattoo.

16 MS. CHERYL JONES: Well, I was --

17 MR. SCHMIDT: Has nothing to do --

18 MS. CHERYL JONES: I was speaking mostly of our  
19 machines as the --

20 MR. SCHMIDT: Yeah, it has nothing to do with  
21 --

22 MS. CHERYL JONES: With the machines?

23 MR. SCHMIDT: -- the machines themselves. It  
24 has to do with any equipment that you're going to  
25 reprocess.

1 MS. CHERYL JONES: Okay.

2 MR. SCHMIDT: And they're not considered by the  
3 FDA medical devices, nor --

4 MS. CHERYL JONES: Okay.

5 MR. SCHMIDT: -- do I have any inkling --

6 MS. CHERYL JONES: I didn't think that they  
7 were.

8 MR. SCHMIDT: -- that they will, no.

9 MS. CHERYL JONES: Okay. And then, also there  
10 -- there is another rule in here, where it states that  
11 if a physician is performing any of these procedures  
12 that we perform procedures, licensed body -- body art  
13 facility --

14 MR. SCHMIDT: So that's with regards to being  
15 exempt; correct?

16 MS. CHERYL JONES: Yeah, physician exemption.

17 MR. SCHMIDT: So that's rule 13103, if you're  
18 looking it up.

19 MS. CHERYL JONES: Yeah; uh-huh. "Do not apply  
20 procedure that utilizes -- yeah -- patient's treatment  
21 performed under the controlled direction, on-site  
22 supervisor who's licensed in the state." Why -- why are  
23 physicians getting an exemption? Because, I mean --

24 MR. SCHMIDT: That's just an exemption from  
25 needing a license. That's not an exemption from being

1 in compliance with everything. They just don't need  
2 that extra license in the state of Michigan.

3 MS. CHERYL JONES: Why?

4 MR. SCHMIDT: Because they already have the  
5 medical license, their license to practice medicine.

6 MS. MOREHOUSE: Also, it says it has to be part  
7 of patient treatment. So they're not going to get a  
8 horse tattoo on their arm from a physician. That's not  
9 allowed. It's got to be part of patient treatment. So,  
10 like, what you're doing, that -- a physician could be  
11 doing that.

12 MR. SAUNDERS: In addition, for certain -- for  
13 certain cancer treatments and, like, radiation  
14 treatments, they'll have to actually do a little tattoo,  
15 so they hit the same spot over and over again. So we  
16 didn't want to make them have to get the body art  
17 license when they're already doctors; right?

18 MS. CHERYL JONES: I just -- the cross  
19 contamination I've seen from the medical industry is  
20 horrific.

21 MR. SCHMIDT: Okay. And just so you know, that  
22 is not a change. There is some wording clarification in  
23 there that actually --

24 MS. CHERYL JONES: Sure.

25 MR. SCHMIDT: -- makes it more strict now, but

1 that is an existing rule set. So that was not a change,  
2 other than we actually clarified it for --

3 MS. CHERYL JONES: Yeah -- yeah, I --

4 MR. SCHMIDT: -- both departments.

5 MS. CHERYL JONES: I know. I -- I just -- it  
6 doesn't make sense to me. I just feel like, you know,  
7 if they -- if they had a better idea, you know -- and  
8 then regarding the -- okay. So back to the lidoca- --  
9 lidocaine with physicians and licensing and loopholes  
10 and -- the FDA -- like, tattooing is considered -- is --  
11 is regulated under cosmetics; correct?

12 MR. SCHMIDT: Tattoo inks are regulated as  
13 cosmetics by the FDA, if that's what you're referring --

14 MS. CHERYL JONES: And tattooing with the FDA  
15 is considered what?

16 MR. SCHMIDT: Nothing. The FDA doesn't  
17 regulate occupations. They regulate products.

18 MS. CHERYL JONES: They regulate products --

19 MR. SCHMIDT: Yeah.

20 MS. CHERYL JONES: -- not occupations.

21 MR. SCHMIDT: Yeah.

22 MS. CHERYL JONES: Okay. So then I -- if we  
23 are using our -- the product in -- by -- by the  
24 standards that the FDA sets, I don't -- I don't see what  
25 the problem is.

1 MR. SAUNDERS: It's because we're not  
2 consumers.

3 MS. CHERYL JONES: Because we're not consumers?

4 MR. SAUNDERS: Yeah. If --

5 MS. CHERYL JONES: I know you've framed this a  
6 million times. Like, first of all, the reality is we're  
7 going to use it anyways. It doesn't matter. You guys  
8 can make whatever laws you want. We're going to do it  
9 anyways. Bactine and BAND-AID wash have been around  
10 since time infinite. Lidocaine has a wonderful,  
11 beautiful safety profile. The OTC being between two to  
12 four percent is -- it's just -- it's so watered down,  
13 it's -- it's relatively harmless. It's just -- the  
14 thing is, it's -- it seems like this -- like, the  
15 medical community shouldn't be involved in any way,  
16 shape or form.

17 So, now, if we have to -- if a client -- or if  
18 we have to go to a physician to get a prescription,  
19 you're involving the medical field, and they really  
20 shouldn't be involved at all. I mean, not at all. This  
21 is an art. This isn't -- this isn't some kind of crazy  
22 medical procedure. This is an art. Like, it's crazy,  
23 because the FDA approves children to eat -- to eat red  
24 number 40. I mean, there's 13,000 chemicals in our food  
25 that they don't have in the EU right now, and the FDA

1 approves them all. You know, the FDA recently approved  
2 a very dangerous injection, where people are dying.

3 I mean, what -- you know, this is -- this is  
4 ridiculous, and I don't understand why Michigan, of all  
5 places -- because I've looked it up. There isn't a  
6 single state in the Union that's doing this, except for  
7 Michigan. So why? Why is this happening? Why is this  
8 happening now, and what can we do to circumvent this?  
9 Because we're going to do it anyways, so we might as  
10 well find a way to make an agreement in the language,  
11 you know, instead of just banning it outright.

12 And, I mean, this is just a huge disservice to  
13 all the clients, all the -- all of the tattooers, all of  
14 the people that do permanent cosmetic. This is -- this  
15 is insane. Like, I don't understand where this came  
16 from. I don't -- like, usually things like this don't  
17 pop up for no reason. I mean, were there a slew of  
18 complaints to the health department?

19 Because I tried to look that up, and I didn't  
20 see any. I mean, I'm really confused. Like, why is  
21 this happening just in Michigan and in no other state,  
22 right now? I just am real curious.

23 MR. SCHMIDT: I mean, I don't think any of the  
24 four of us can speak on behalf of any other state and  
25 what they are or are not doing. We can just say what's

1 happening in Michigan.

2 MS. CHERYL JONES: Okay. But why? I mean,  
3 what -- what was the -- was there -- was there a safety,  
4 like -- what -- what happened that this suddenly has to  
5 be done now? I mean, I've been using, you know,  
6 Bactine, which benzalkonium is a natural -- it's an  
7 antiseptic, and it has lidocaine in it, and always has.  
8 It -- I mean, the basic -- like, Bactine and BAND-AID  
9 wash have two point five percent lidocaine in them, and  
10 have since time infinite. And I've been using these  
11 products since 2008 without incident. So I mean it --  
12 I'm -- I'm -- even within the language of the rules,  
13 it's -- it says it's okay to use an antiseptic on the  
14 skin, which, I mean, as far as I'm concerned, Bactine is  
15 an antiseptic, and so is BAND-AID wash. I mean, that's  
16 correct? We are allowed to use antiseptics on skin;  
17 right?

18 MR. SCHMIDT: In certain cases you're required  
19 to, but with --

20 MS. CHERYL JONES: Sure.

21 MR. SCHMIDT: -- Bactine, you can use their  
22 wound wash, which does not contain lidocaine, and it  
23 still is an antiseptic agent. You could use that.

24 MS. CHERYL JONES: Bactine's wound wash has  
25 always contained lidocaine --

1 MR. SCHMIDT: Nope.

2 MS. CHERYL JONES: -- at two percent.

3 MR. SCHMIDT: That's Bactine's pain relieving  
4 spray. Their wound wash contains no numbing agent.

5 MS. CHERYL JONES: I don't think I've ever seen  
6 just plain old Bactine wound wash without lidocaine,  
7 ever. So how can we work this out so that we can still  
8 do our jobs? Because it is impossible, like, that  
9 you're going to carve on a woman's face, on her eyes, on  
10 her eyeballs, on her lips, you know, "You don't get any  
11 numbing agent." I don't -- I mean, all these women are  
12 going to be running into Ohio. I mean, so nobody in  
13 Michigan can -- can get anything done ever now?

14 I mean, I -- like, this is really -- like,  
15 understand what's happening here, is that you're going  
16 to devastate the permanent cosmetic industry by not  
17 allowing this. I mean, actually, you won't devastate  
18 them, because they'll still use it anyways. But, I  
19 mean, you know, to some degree -- I mean, like, there  
20 has to be a way to figure this out.

21 MS. TAMMY HADLEY: Or it's going to --

22 MS. CHELSEA ORRICO: Can I say something on  
23 that note? I do think that by not offering -- and I  
24 know that it's the FDA and not you guys, but, like, not  
25 offering, like, some kind of guidance on, like, safe

1 brands or, like, something to use is just -- like she  
2 said, people are still going to use it, whether it's  
3 client or whether it's the service provider. Like,  
4 they're still going to use it, and they're just going to  
5 use whatever they can get their hands on. So I think  
6 that having some kind of, like -- I don't know.

7 MS. CHERYL JONES: Yeah, regulations.

8 MR. SCHMIDT: The state --

9 MS. CHELSEA ORRICO: (Inaudible).

10 MR. SCHMIDT: -- can't tell you how to violate  
11 state law, because it would still be in violation of the  
12 definition of practice of medicine. We can't then say,  
13 "Oh, well, it's a practice of medicine" -- which I  
14 believe is a felony. We can't then say, "But you can  
15 use this and still be in violation"; right?

16 MS. CHELSEA ORRICO: I understand.

17 MR. SCHMIDT: Like --

18 MS. CHELSEA ORRICO: I understand.

19 MS. CHERYL JONES: So, basically, the problem  
20 is that we need to go to the state and have them change  
21 their definition of what is considered medical practice?  
22 Is that what we need to do? Because they -- they --  
23 like -- like, this doesn't make sense. Like, our  
24 business has -- like, this isn't -- is that what we need  
25 to -- we need to ask for them to change the language

1 that defines what a medical procedure is. Is this our  
2 only recourse?

3 MR. SCHMIDT: I guess you could do that.

4 MS. CHERYL JONES: Because, like, this is --  
5 this is really, like, you know, government overreach.

6 MS. CHELSEA ORRICO: I --

7 MS. CHERYL JONES: This is ridiculous.

8 MS. CHELSEA ORRICO: -- talked to someone from  
9 the Society of Permanent Cosmetics, and they said that  
10 most likely we're going to basically, like, lobby  
11 against the state.

12 THE REPORTER: Could you speak up a little,  
13 please?

14 MS. CHELSEA ORRICO: I'm sorry.

15 THE REPORTER: It's okay. You're soft-spoken.

16 MS. CHELSEA ORRICO: Do you want me to repeat  
17 it?

18 THE REPORTER: I think I got that, but just for  
19 the future, yeah. Thank you.

20 MS. CHERYL JONES: So when is this rule -- when  
21 -- when is this not made as a draft and when is this  
22 supposed to go into effect? This is -- this is in draft  
23 form right now?

24 MS. BRENNAN: Correct. After the public  
25 hearing is over, the DHHS meets with the -- with Steve

1 and Jeff. We go over all the public comments. We make  
2 decisions. These are DHHS rules. And then the final  
3 rules are sent over to the legislature. It's called  
4 JCAR, the Joint Committee on Administrative Rules.

5 Because of the election year and that  
6 legislature has failed to meet at all for the end --  
7 'til the end of the year, the rules will be sent in --  
8 the final rules will be sent in January 2nd.

9 MS. CHERYL JONES: January 2nd.

10 MS. BRENNAN: They have to sit there for 15  
11 session days, which is a misnomer. It's misleading. 15  
12 session days means 15 days when the full legislature  
13 meets. So when they finally become the law could be 15  
14 days. It could be three months. Who knows?

15 MS. CHERYL JONES: And so I would assume that  
16 all of these people that are going to make the final  
17 decision on this, they're -- they're all politicians and  
18 people from the Department of Health and Human Services.  
19 There won't be any tattooers or -- involved? There  
20 won't be any permanent --

21 MS. BRENNAN: You have a tattooer right here,  
22 Jeff.

23 MR. SAUNDERS: Well, I'm not a --

24 MS. MOREHOUSE: Jeff is a piercer.

25 MS. BRENNAN: Or a piercer.

1 MR. SAUNDERS: We -- that's --

2 MS. BRENNAN: I'm sorry.

3 MR. SAUNDERS: That's what the work group was  
4 for.

5 MS. BRENNAN: Yes.

6 MR. SAUNDERS: There was --

7 MS. CHERYL JONES: I'm sorry.

8 MR. SAUNDERS: -- a lot of tattooers on there.

9 MS. CHERYL JONES: A piercer, oh, that's cute.  
10 Well, piercers are like the --

11 MS. BRENNAN: But we had plenty --

12 MS. CHERYL JONES: -- (inaudible) of the tattoo  
13 industry.

14 MS. BRENNAN: -- of tattoo artists on the work  
15 group.

16 MR. SAUNDERS: Okay.

17 MS. BRENNAN: And we have a health inspector  
18 here, and we do have DHHS here and the whole bit. It  
19 depends on when I -- when this is all discussed. Many  
20 times we've changed the rules based upon public comment;  
21 many times. Many times we have had reasons, and we have  
22 to state the reasons, why we aren't going to change the  
23 rules. So that will all be provided in the final rule  
24 package that goes over to legislature, and all of that  
25 will be online for everybody to look at.

1 MS. CHERYL JONES: Well, the thing is that  
2 tattooing has been going on for thousands of years  
3 without incident and without the health department. You  
4 know, we -- we've been just fine. So, I mean,  
5 regardless of whatever the state rules are or aren't  
6 going to be, we're still going to go our own route and  
7 do what's best for our clients. But there really should  
8 be a way to negotiate this.

9 Like, letting people know which products are  
10 good to use and which products aren't good to use,  
11 letting people know, like, a standard kind of protocol,  
12 would be helpful. Again, we -- we can't take liability  
13 for what people do on their own time when they come in  
14 here. I mean, it's not -- you know, it's a state law  
15 that we can't tattoo anybody under the influence. You  
16 know, sometimes people look fine when they're in your  
17 chair, and then you start tattooing them about 45  
18 minutes, they did it all kind of squirrely and weird,  
19 and you realize, "Okay. Maybe this person took  
20 something in the bathroom." I mean, that's not -- it's  
21 not our -- I mean, like, we don't -- you know, we can't  
22 control what people do on their own time.

23 So, like, what do we need to do to get the FDA  
24 to stay out of this? What do we have to do?

25 MS. TAMMY HADLEY: I have a question. I don't

1 mean to interrupt --

2 MS. CHERYL JONES: No.

3 MS. TAMMY HADLEY: -- but this is exactly along  
4 the lines of that. So I came here with just a big  
5 presentation about topicals. I use the BAND-AID wash,  
6 too.

7 MS. CHERYL JONES: Yeah.

8 MS. TAMMY HADLEY: I use the antiseptic wash  
9 all the time.

10 MS. CHERYL JONES: Yeah.

11 MS. TAMMY HADLEY: Because --

12 MS. CHERYL JONES: There's 2.5 percent.

13 MS. TAMMY HADLEY: Yeah, it -- there is, and I  
14 never even thought about it until you said that.

15 MS. CHERYL JONES: And it's always been  
16 approved by the Health Department.

17 MS. TAMMY HADLEY: So my question is, if we  
18 can't use products we've always used to keep clients  
19 safe, I -- my infection rate is zero. I don't have  
20 reports of infection. I don't have -- I --

21 MS. CHERYL JONES: Right.

22 MS. TAMMY HADLEY: I don't -- I'm not  
23 understanding, if that all these things are going to be  
24 taken away from us and we're practicing safe practice  
25 right now -- we all care enough to come here and -- and

1 speak our minds and try to advocate for, you know, what  
2 we feel is right. I don't understand, like, where is  
3 the -- where is the limit to that? Like, if we can't  
4 use lidocaine because it's an over-the-counter, what  
5 about BAND-AID? That's an over-the-counter. Green  
6 Soap? I mean, I know that they're in different, but  
7 they're still all things you can walk into a store and  
8 purchase.

9 And I will also just say this: I've owned a  
10 medical billing company for 30 years. I have 17 doctors  
11 right now that will prescribe this for me. But it's not  
12 right, because when I ask them, "What would you -- what  
13 would you prescribe?" "Well, I don't know. Whatever  
14 you tell me." "Wait, what? Whatever I tell you?  
15 You're listening to me anyway."

16 MS. CHERYL JONES: Actually, she does bring up  
17 a good point.

18 MS. TAMMY HADLEY: They don't know.

19 MS. CHERYL JONES: It really is dangerous to  
20 have a doctor write a prescription for anybody getting  
21 tattooed. I mean, are -- are doctors aware that once  
22 you go up at around eight percent it causes tissue  
23 necrosis? Do they know that? I mean, like, you know,  
24 are -- is there going to be some doctor out there that's  
25 just going to prescribe somebody a eight -- eight or 10

1 percent, like, just because --

2 MS. TAMMY HADLEY: Yes, there is.

3 MS. CHERYL JONES: -- they don't know any  
4 better? You know, I mean, these doctors don't -- you  
5 know, doctors think that stronger is better, you know.

6 They might inadvertently write a prescription for  
7 somebody where the lidocaine content is so high that  
8 there's a -- that there's a problem, you know. I mean,  
9 some of the topical creams that I've seen --

10 (Off the record interruption)

11 MS. BRENNAN: That was our break time  
12 announcement. I apologize.

13 MS. CHERYL JONES: Some of the topicals that  
14 I've seen for people, like -- like, post-surgical and  
15 stuff are -- I mean, are -- they're -- they're --  
16 they're pretty high percentages. I've seen creams up to  
17 eight percent. I've had clients actually say, "Hey, my  
18 grandma had this. Can I use this ahead of time?" "No,  
19 you can't. It's really bad. Like, that's way too  
20 high."

21 How does a doctor know. How do we know that --  
22 I mean, like, this is the problem: If we need a  
23 prescription from a doctor for our client or for us to  
24 use this product, then we're putting our trust in the  
25 doctors that they're doing the right thing. And, first

1 of all, they shouldn't have anything to do with our  
2 industry. But, secondly, you know, look this up, the  
3 highest rate of death in our country is because of  
4 medical malpractice in doctors. I mean, they kill more  
5 than -- kill more people than anybody. Go look it up.

6 We're going to trust the doctor to write us a  
7 prescription. We can't trust the doctor. That doesn't  
8 make any sense.

9 MS. TAMMY HADLEY: Well, for a procedure they  
10 don't know. I mean, I was going to have a heart  
11 palpitations. I didn't get sent to a gynecologist. I  
12 got sent to a cardiologist, because that's what they  
13 know. Now, do they have some knowledge of it for med  
14 school? Yes. But my mom was prescribed a topical --  
15 and this is why I'm so passionate about topicals. She  
16 was prescribed topical to put on her port so when they  
17 accessed it, you know, it helped reduce the pain. It  
18 was a prescription by her oncologist.

19 The skin was so broke down, they had to do a  
20 surgical procedure to remove her port from that topical.  
21 It was way too strong for her skin. So she --

22 MS. CHERYL JONES: (Inaudible) using it?

23 MS. TAMMY HADLEY: -- actually started using  
24 mine, and she had no problem. But --

25 MS. CHELSEA ORRICO: On a similar note, I was

1 looking at articles about deaths that occurred from  
2 applying numbing cream over large areas. This one says  
3 the FDA reported the deaths of two women, ages 22 and  
4 25, who used topical anesthetics following laser hair  
5 removal treatments. The FDA noted that the creams were  
6 formulated by pharmacies and contained high  
7 concentrations of the drugs lidocaine and tetracaine.

8 So I do think that if doctors are going to be  
9 writing these prescriptions that -- and they don't have  
10 the knowledge that the tattoo industry has and the  
11 amount of space that it's going to be used and  
12 everything, that I just think it's going to be  
13 dangerous. And I know that you guys are basically  
14 creating a law in a manner that's compliant with the  
15 FDA, but I don't think that it's going to be in our best  
16 interest for clients.

17 MS. TAMMY HADLEY: I agree.

18 MS. CHERYL JONES: I think it's abundantly  
19 clear that the FDA does not have our -- our -- the best  
20 interest of its citizens in mind. That is so obvious.

21 MS. TAMMY HADLEY: I think the FDA has to make  
22 rules, big blanket rules, because there's so many down  
23 -- like, the minuscule amounts of rules, and then give  
24 the power to people like us to take that rule and say,  
25 "Okay. This is -- this is what this means." I mean,

1 there's so much in interpretation.

2 MS. CHERYL JONES: They don't. They're being  
3 paid by the corporations. They don't care what we have  
4 to say.

5 MS. TAMMY HADLEY: Well, I want to believe that  
6 that's not always true and I want to believe that our  
7 voices are heard. That's why we, you know, are here and  
8 that's why you're here. I -- I think -- I don't want to  
9 ever believe that we live in a society that, you know,  
10 everything we do is just without purpose; I don't. I  
11 don't want to believe that. I want to believe that  
12 there is a greater good and what do matters.

13 And I'm not going to -- I don't -- I a hundred  
14 percent cannot sit here and say anything negative while  
15 physicians, because they've been my business until last  
16 December for 30 years. But I think -- and they're very  
17 educated in their own specialty, but I cannot go to my  
18 gynecologist and talk to him about my tachycardia and  
19 have him say, "Well, this is what we're going to do."  
20 Now he's going to send me over to a cardiologist because  
21 that's what they specialize in. This is what we  
22 specialize in.

23 MS. CHERYL JONES: Right. And the -- and the  
24 language is very -- like, it's -- I mean, any physician?  
25 Doesn't matter -- doesn't matter what their specialty

1 is? Any physician, we can just pick any one we want? I  
2 mean, because I got three or four of them on lock. I  
3 can get prescriptions all day. You see, that -- that's  
4 the thing, that this isn't -- this isn't even really  
5 about our client's safety or about -- about protecting  
6 us under the law, or like -- this is just -- it -- it's  
7 -- it's just about money.

8 We have to go -- like, we can still have it,  
9 but we have to go to a physician for it. Doesn't matter  
10 what physician, just any physician. We can go to  
11 podiatrist, you know, and get -- podiatrists use  
12 lidocaine. We can get a podiatrist to write it for us.  
13 Speaking of OB, I've got a friend. I could get her to  
14 write me a script in a second.

15 MS. TAMMY HADLEY: Absolutely.

16 MS. CHERYL JONES: I mean, does -- does the --  
17 does the -- the matter of study of what the physician  
18 does even matter? I mean, that's -- that's -- it's  
19 ridiculous. It's like saying any physician -- any  
20 physician, can write this for lidocaine, because they  
21 know so much more than all of you. It doesn't make any  
22 sense.

23 How does this make sense? Like, this is body  
24 art. This is an art that we do. This is not medical,  
25 and they need to stay out of it. And I get you're

1 saying the FDA framework to protect us from liability.  
2 Protect us from liability how? Like, as in our clients  
3 are going to sue us? Doubt it, doubt it. And, again,  
4 safety profile lidocaine, how many people are dropping  
5 for misuse of lidocaine? And then off-label use, to  
6 tell you the truth, lidocaine is an off-label use  
7 altogether when it's used in topical anesthetic, because  
8 I was reading that it was originally started for -- it  
9 helps with arrhythmias, heart arrhythmias.

10 It's huge. That was its original intent. So I  
11 mean, all uses are pretty much off-label use for  
12 lidocaine, anyways. I guess that's about all I got.  
13 But I mean, like, will we have another opportunity to  
14 voice our concerns here about this?

15 Because you realize this decision, this rule,  
16 will devastate the industry here in Michigan; right? It  
17 will devastate everything if we won't be allowed to use  
18 these products. And then how does that work with  
19 Amazon? Do you call up Amazon and have them put a block  
20 on Michigan, so anybody who wants to order any kind of  
21 lidocaine in Michigan can't have it? Because then what  
22 do people do post-surgical and people with hemorrhoids  
23 and -- you know, what -- what do we do with that?

24 I mean, like, where does it stop? I mean,  
25 we're -- I just -- I just have these questions. I need

1 answers. Like, I mean, will we have another opportunity  
2 to talk about this?

3 MS. MOREHOUSE: Your other opportunity is to  
4 reach out to your state representatives and tell them  
5 your feelings, because they're the ones that's going to  
6 approve it.

7 MS. BRENNAN: Could I just comment on that?  
8 That's going to be premature. Up until the point of  
9 that the rules are fully promulgated, there could be a  
10 hearing over at the Joint Committee on Administrative  
11 Rules.

12 But other than that, then once the rules are  
13 fully promulgated and there are still issues, Kathryn is  
14 correct, you would seek political assistance on that  
15 one.

16 MS. TAMMY HADLEY: I -- I feel like -- first  
17 and foremost, like, really late to the game. This has  
18 been happening for years, and I didn't know. And I  
19 would like to say it's just because I didn't really care  
20 before because it didn't affect me, but I do care and I  
21 really didn't know.

22 As soon as I found out, I was on the phone with  
23 my health department. I was on the phone, like, trying  
24 to figure it out, trying to do something about. It's  
25 not like I was, you know, negligent and just not doing

1 anything until it's almost too late. I just didn't -- I  
2 honestly and truly didn't know. If there was a  
3 committee, I can guarantee you I would have been on the  
4 committee. If you would have had -- I guarantee that I  
5 would have shown up and spoke --

6 MS. CHERYL JONES: I don't remember receiving a  
7 letter about any of that.

8 MS. TAMMY HADLEY: -- and spoke to whoever  
9 wanted to hear me, and, you know, collaborated with  
10 other permanent makeup artists to have somebody be  
11 (inaudible). But finding out at the last minute, and  
12 then having us try to do something about it -- I'm sure  
13 it wasn't intended to be sneaky so that we couldn't do  
14 anything about it, but it feels that way, that we were  
15 very much not represented.

16 It feels very much that didn't have a say, and  
17 I didn't get an email saying, you know, there's an  
18 opening on our work group that they're looking for a  
19 permanent makeup artist. I never got that. I never got  
20 anything. I just didn't know.

21 MS. CHERYL JONES: Was there an original  
22 meeting that -- that we were supposed to be at that --

23 MR. SAUNDERS: I believe it's 2019.

24 MS. TAMMY HADLEY: During COVID?

25 MR. SAUNDERS: 2019.

1 MR. SCHMIDT: Just before COVID.

2 MS. TAMMY HADLEY: Was there an email that went  
3 out about that?

4 MR. SAUNDERS: That's when I -- when I found  
5 out about it, it was then and there was, like -- it was  
6 the initial --

7 MS. TAMMY HADLEY: How did you find out,  
8 though?

9 MR. SAUNDERS: -- email.

10 MS. TAMMY HADLEY: So you did get an email?

11 MR. SAUNDERS: Yeah.

12 MR. SCHMIDT: Yeah.

13 MS. MOREHOUSE: So the email was about the  
14 public hearing.

15 MR. SAUNDERS: Yeah, it was --

16 MS. TAMMY HADLEY: I haven't had an email  
17 change in probably 17 years. It's always been the same  
18 email.

19 MR. SAUNDERS: Yeah, I --

20 MS. CHERYL JONES: The last one that I got was  
21 how you guys deregulated everything on ears.

22 MR. SCHMIDT: I'm sorry. What was that?

23 MS. CHERYL JONES: Everything that was  
24 deregulated regarding ears.

25 MR. SCHMIDT: Ear piercing?

1 MS. CHERYL JONES: Yeah.

2 MS. MOREHOUSE: Ear piercing was never in the  
3 body art law.

4 MS. CHERYL JONES: You, well, there was some  
5 kind of -- regarding ears. If it had anything to do  
6 with ears, it was not under the -- you know, it wasn't  
7 part of the -- that was the last one I got. It was --  
8 there was something about ears. The way -- it was --  
9 ears were, like, deregulated, not considered part of a  
10 body art modification, kind of like, do whatever you  
11 want with ears is what I got.

12 MS. MOREHOUSE: It was never deregulated. It  
13 was never part of --

14 MS. CHERYL JONES: It was never part --

15 MS. MOREHOUSE: -- the law.

16 MS. CHERYL JONES: Yeah. There was something  
17 about ears. That's the last -- last thing I received.  
18 It was like, "It's got nothing to do with it. You can  
19 do whatever you want."

20 MS. MOREHOUSE: In 2019 there was a hearing, a  
21 public hearing, when, basically, they were trying to  
22 pass the NEHA Model Code as the rules. That had a very  
23 large turnout. I wasn't the one that sent those emails.  
24 I don't know -- I'm assuming it went to the owners, like  
25 it did this time. And we had a very large turnout, and

1 from there, artists, owners asked to be on the  
2 committee, because it was decided then, that day at the  
3 public hearing, there was going to be a work group put  
4 together.

5 I know that -- I'm pretty sure that inspectors  
6 maybe recommended if we asked for members, new members,  
7 and then local health departments also volunteered to be  
8 on the group.

9 MS. BRENNAN: Let me follow up on what she had  
10 said. There was no way we were going to get every body  
11 art, health inspector and the whole thing. So it was  
12 cross represented. There were not one, there were two  
13 already public hearings. We're working on our 14th year  
14 of trying to get these rules promulgated. So we --  
15 there was a cross selection of artists, health  
16 inspectors and DHHS that were on the work group.

17 Now, for -- again, for transparency, a work  
18 group is not needed. DHHS could have sat down and just  
19 did their rules based on whatever they wanted, and we  
20 have a public hearing, but I always recommend the work  
21 group to get to the best interest of the stakeholders  
22 and everybody else. So who was on that 2000- --

23 MS. CHERYL JONES: -19.

24 MS. BRENNAN: That was the second one. There  
25 was a -- one 2016 --

1 MR. SCHMIDT: '16.

2 MS. BRENNAN: Was it '16?

3 MR. SCHMIDT: So the original email was sent  
4 out to all facilities and health departments on June  
5 28th of 2016, regarding the first public hearing.

6 MS. BRENNAN: Okay.

7 MR. SCHMIDT: And then October 21st of 2-- --  
8 I'm sorry -- October 18th of 2019 --

9 MS. BRENNAN: Okay.

10 MR. SCHMIDT: -- regarding the previous public  
11 hearing.

12 MS. BRENNAN: Okay. So this is the third. And  
13 I believe the originals on both work groups -- I know  
14 Jeff was part of both work groups -- I mean, not Jeff.  
15 I'm sorry. Steve. Jeff, were you part of the --

16 MR. SAUNDERS: No, I didn't live here before  
17 that.

18 MS. BRENNAN: Okay.

19 MS. MOREHOUSE: I don't think there was a work  
20 group for the last one, was there? There was a --

21 MS. BRENNAN: There was a work group on that  
22 one as well.

23 MR. SCHMIDT: There were a couple --

24 MS. BRENNAN: Yeah.

25 MR. SCHMIDT: There were a couple updates to

1 the current requirements that are still highlighted.  
2 It's from 2018. So that was the work group that existed  
3 from 2016 to (inaudible).

4 MS. BRENNAN: And that was it, the 2016 work  
5 group to the 2019 at work group, who's interested from  
6 that group. They were still interested. It was not an  
7 intentional, "We're going to not go to this geographical  
8 area," or, "Oh, my God. What a pain in the butt she  
9 is." You know, we didn't do any of that. It was the  
10 cross reference of --

11 MS. TAMMY HADLEY: Right.

12 MS. BRENNAN: -- all of the people who were on  
13 the previous ones. And your best interests -- and don't  
14 hit me, but that's how the work group came around. Was  
15 a work group necessary or legal, or were we supposed to  
16 have one? No. Did we have one? Yes. But there was no  
17 intentional leaving out anyone.

18 MS. TAMMY HADLEY: I just know that I wouldn't  
19 want to be making rules about piercers, because I have  
20 no desire to do that, nor do I know the rules and  
21 regulations for a piercer, because I don't have to,  
22 because it's not my specialty.

23 MR. SAUNDERS: Well, we did have tattoo artists  
24 and permanent makeup artists on the committee; right?

25 MS. CHELSEA ORRICO: There's not one permanent

1 makeup artist.

2 MS. TAMMY HADLEY: That stopped coming over a  
3 year ago.

4 MR. SAUNDERS: Right, but --

5 MS. CHELSEA ORRICO: So they even (inaudible).

6 MR. SAUNDERS: -- this is five years of that.

7 MS. MOREHOUSE: Okay. I will say that even  
8 though they weren't attending the meetings, every  
9 meeting they got the updates. They know everything that  
10 changed every time they were highlighted. So while they  
11 weren't attending meetings, had they saw something they  
12 disagreed with, they could have still reached out.

13 MS. TAMMY HADLEY: But maybe they just didn't  
14 reach out because they were just done with the whole  
15 thing.

16 MS. MOREHOUSE: That's a possibility.

17 MR. SAUNDERS: It's possible, yeah.

18 MS. MOREHOUSE: We also can't just put out a  
19 thing to every artist who wants to go, because how do we  
20 decide who's on the workgroup?

21 MS. TAMMY HADLEY: Right. That's what if --

22 MS. BRENNAN: That's even worse.

23 MS. TAMMY HADLEY: -- 300 people show up?

24 MS. BRENNAN: Yeah.

25 MS. MOREHOUSE: Right.

1 MS. TAMMY HADLEY: I understand.

2 MS. TAMMY HADLEY: Well, I would like the  
3 record to note that if there is ever another work group,  
4 or anything dealing with anything like this at all, big  
5 or small, I would like to be a part of that.

6 MS. BRENNAN: We have your name, yeah.

7 MS. CHERYL JONES: So, yeah, for the record,  
8 I'd just like to say that what we are doing is not a  
9 medical procedure, and we want doctors completely out of  
10 it; completely out of it. It really -- I mean, I don't  
11 know what to tell you guys. I think that in the -- in  
12 the Michigan -- in the code, something needs to be  
13 written as to, like, the requirements, safety  
14 requirements, for these numbing agents, rather than none  
15 at all without a physician's, you know -- maybe the --  
16 the nomenclature could be as -- in accordance with FDA  
17 regulations. Because if you read the FDA regulations,  
18 it, like, doesn't seem to have a problem with us using  
19 it.

20 MS. MOREHOUSE: On yourself. That is not to --

21 MS. CHERYL JONES: That's fine; that's fine.

22 MS. MOREHOUSE: -- occupations.

23 MS. CHERYL JONES: On ourselves. So, you know,  
24 if your -- your client happens they have a tube in their  
25 hand, they can put it on themselves before we tattoo;

1 right? That's on them. So that would be our go-around  
2 -- right? -- to hand the tube to the client and have the  
3 client apply it? That way we didn't do it; right? And  
4 way we don't need a prescription --

5 MS. BRENNAN: Well, there --

6 MS. CHERYL JONES: -- because the client used  
7 it for whatever they needed it for; correct?

8 MS. BRENNAN: I'm sorry. There won't be any  
9 validation until after the group meets and decides if  
10 it's correct or not. I'm sorry. There are some answers  
11 you can get right on the spot. There are others that  
12 need discussion.

13 MS. CHERYL JONES: Sure.

14 MS. BRENNAN: And so that's on the record, and  
15 the transcript will be read and the whole thing.

16 MS. CHERYL JONES: Well, I mean, I figured if  
17 the go-around would be to get a prescription from a  
18 doctor, and this is OTC, and people can do what they  
19 want with their -- I mean, like, if somebody puts their  
20 own lotion on, I mean, you know, of course we recommend  
21 we want the skin clean of lotions and oils and whatever.  
22 But, I mean, you know, somebody puts a lotion on, that's  
23 on them. So -- so we'll just have to find another  
24 go-around, I guess. We'll just have them apply it  
25 themselves and instruct them on how to properly apply it

1 themselves, so that it's done within the confines of the  
2 law. Is that what we need to be telling everybody?

3 MS. TAMMY HADLEY: Except the new law states  
4 that they -- if we are aware that they've applied  
5 themselves, which includes us telling them how to apply  
6 it --

7 MS. CHERYL JONES: Well, if they go into the  
8 bathroom, we don't know what they're doing in the  
9 bathroom with that tube.

10 MS. TAMMY HADLEY: We can't tell them, or then  
11 we know. I mean, I -- I'm just thinking that's --  
12 that's how it's written. It's backed us into a corner.

13 MS. CHELSEA ORRICO: I feel like the way that  
14 it's written, like, and the basis of the FDA part of it,  
15 like, we're not practicing medicine and we're not  
16 applying it, and we're not participating in off-label  
17 use. So how does our knowledge of them using it, like,  
18 we're -- our hands are off of it -- violate the FDA law?

19 MR. SCHMIDT: You're not violating the FDA law.

20 MS. CHELSEA ORRICO: If we're talking about --

21 MR. SCHMIDT: It's not really an FDA law, but  
22 whatever.

23 MS. CHELSEA ORRICO: If we're talking about,  
24 yes, because it's our licensing regulations. So,  
25 technically, if they come in --

1 MR. SCHMIDT: And you --

2 MS. CHELSEA ORRICO: -- and me applying it --

3 MR. SCHMIDT: And you work on them --

4 MS. CHELSEA ORRICO: -- and I know, but how is  
5 it violating the FDA law by just having knowledge, but I  
6 didn't put it on? Because I'm not participating in the  
7 off-label use by applying it.

8 MS. CHERYL JONES: Well, they --

9 MR. SCHMIDT: Because you're tattooing onto  
10 skin which has been affected by it; right? That's now  
11 not what it's approved -- right? It's applied to be on  
12 the skin, not then tattooed upon; right?

13 MS. CHERYL JONES: Well, what we -- what we  
14 need to have them do is strike from the language that  
15 they are not allowed to put that on ahead of time,  
16 because, really, I don't believe it's any of the state's  
17 business what a client does in their skin ahead of time  
18 before they come into the studio. Wouldn't that be a  
19 reasonable assumption; right?

20 MR. SCHMIDT: Well, for the same reason as you  
21 can't tattoo on a part of the body that has, like, a  
22 rash or a disease going on or something like that;  
23 right? The existing and proposed wording, that's all  
24 included as well; right?

25 MS. CHERYL JONES: Okay. But, again, normally,

1 when somebody uses lidocaine ahead of time, there's  
2 basically no visible signs. I mean, okay. It might be  
3 cool to the touch, but people get nervous. Their skin  
4 gets cool anyways. It might be maybe cool to the touch.  
5 It might maybe be discolored. But sometimes looking at  
6 somebody, you can't tell at all if they've used a  
7 product or not. So --

8 MS. TAMMY HADLEY: We're guessing --

9 MS. CHERYL JONES: It would --

10 MS. TAMMY HADLEY: -- instead of applying the  
11 correct --

12 MS. CHERYL JONES: It would make sense to just  
13 completely strike it from the language altogether about  
14 if we suspect that this -- that it's been on the skin,  
15 or if it's been applied to the skin or -- I mean, what's  
16 the reference here? I mean, because if you just strike  
17 that piece of language out of there, then that would  
18 probably solve a lot of the problems, wouldn't it? We  
19 could just eliminate that.

20 I mean, because it's one thing if the skin is  
21 in bad condition, as in, there's -- there's bumps or  
22 breaks or abrasions or -- you know, that's one thing if  
23 we see visible signs, but it's another thing if we don't  
24 see any kind of visible issues with the skin. And  
25 lidocaine has no effect on the healing of the tattoo or

1 pigment retention or any of that. As -- you know, I  
2 mean, I've been using it, you know, since about 2008,  
3 2010. I've never had a problem with healing, ever. In  
4 fact, I haven't found a single person that's even  
5 allergic to it, yet, which I believe there are. I know  
6 there are people. I always ask people ahead of time,  
7 "Are you allergic to lidocaine?"

8 So, yeah, if you could strike that part from  
9 the language, then, you know -- because there's --  
10 there's other language in here that's a little vague as  
11 well. So, I mean, why not? Why can't we just strike  
12 that from the language? I don't -- I don't see that  
13 we'd be in violation of anything that way. Like, it  
14 really should not be our job to govern what people do  
15 with their skin when we're not tattooing it.

16 I mean, you know, we give them care on how to  
17 heal their tattoo, and I'll tell you what, some people,  
18 they just do whatever they want anyways, you know, and  
19 that's completely beyond our control. So could we  
20 negotiate for that? Could we take that out of the  
21 language?

22 MS. TAMMY HADLEY: And I feel safer -- I feel  
23 more safe doing it myself, buying a product that I know  
24 is reputable with my education and my knowledge, and  
25 buying something that I've used for thousands of people

1 and always had a positive result, knowing exactly how  
2 much to apply, that more is not better, you know.

3 MS. CHERYL JONES: Right. Which --

4 MS. TAMMY HADLEY: (Inaudible).

5 MS. CHERYL JONES: Which is exactly --

6 MS. TAMMY HADLEY: Right.

7 MS. CHERYL JONES: The go-around would be, "You  
8 use your product," and maybe you put out this much of a  
9 portion and whatever --

10 MS. TAMMY HADLEY: And you --

11 MS. CHERYL JONES: And just go --

12 MS. TAMMY HADLEY: But I don't feel like --  
13 right. You're right. It's a slippery slope, because  
14 that's where the comfort is, because then we have the  
15 control over what's being used, how it's being used, and  
16 we know. They come back with a bad result, and we can  
17 say, "Well, you know, I know 'this', 'this' and 'this',"  
18 but my clients lie. They lie to -- about all kinds of  
19 things.

20 MS. CHERYL JONES: Yeah, they do.

21 MS. TAMMY HADLEY: I can't change that, but  
22 we're letting them buy a product that could be used for  
23 anal numbing for -- and put it on their eyelid. I just  
24 -- it just seems like we're creating a bigger problem.

25 MS. CHERYL JONES: A much bigger problem, yes.

1 MS. TAMMY HADLEY: And I want to say this: You  
2 know, I -- I feel like -- I've only been in this  
3 industry for eight years. And, you know, when I was 18  
4 years old, there was a (inaudible) tattoo. I went there  
5 with all my girlfriends one night, got a tattoo, you  
6 know, and thought that, "Oh, that must be legal." I  
7 didn't know. I didn't know anything like I know now, at  
8 54 years old. I had no idea. And I feel like in the  
9 last eight years, we really are starting to become a  
10 professional -- a professional group of people.

11 Like, we -- I feel like the whole idea of  
12 tattooing and cosmetic -- cosmetic tattooing and  
13 permanent makeup and how we operate, it's looked at a  
14 lot higher than maybe it used to, just because of  
15 knowledge itself. Not that it's better than it used to  
16 be, but there's a lot more knowledge about it. There's  
17 a lot more --

18 MS. CHERYL JONES: There really is, but the  
19 corporations realize that they can make money off of our  
20 industry finally. So that's -- that's why it's  
21 legitimized, because the more legitimate you are, the  
22 more these organizations, like the FDA, you know, the  
23 state, they can come in and regulate you.

24 MS. TAMMY HADLEY: Right. I just -- I don't  
25 know. I feel like there's something that should be done

1 or that has to be done for all of us to be able to have  
2 what our wants are satisfied; the want to make sure that  
3 they're using the right product, the want to make sure  
4 that they're comfortable during the procedure, the want  
5 to make sure they're not putting a product on some part  
6 of the skin that it should not go on in desperation to  
7 just have it done, but be numb.

8 Because, let's face it, we're women. We're  
9 going to figure it out. I mean, we are. We're going to  
10 use all kinds of things that we shouldn't be using, and  
11 doing things we shouldn't be doing just to be able to  
12 get through it. And that's not a comfortable situation  
13 for any of us performing those procedures, if we don't  
14 know --

15 MS. CHERYL JONES: Well, like, isn't this  
16 legitimately, like, the whole abortion argument; right?  
17 I mean, you know, you have to make abortion legal for  
18 people so they can do that. You know, this is -- this  
19 is ridiculous. I mean, like, what -- I mean, it's --  
20 it's, like, it's -- it's the same exact thing. You're  
21 going to decide what people are or aren't allowed to do  
22 with their bodies, you know, because these FDA -- this  
23 is -- it doesn't make any sense. None of this makes any  
24 sense.

25 The medical field needs to stay out of our

1 industry. I mean, as far as regulating autoclaves,  
2 okay. That makes sense. Regulate the autoclaves. But  
3 anything else, you know -- we know far more about this  
4 industry than any physician would. It doesn't make  
5 sense the physician should have their hands in anything  
6 we do at all; at all. They shouldn't be touching us.

7 MS. TAMMY HADLEY: I wouldn't let my physician  
8 tattoo me.

9 MS. CHERYL JONES: Absolutely not.

10 MS. CHELSEA ORRICO: You're for sure going to  
11 have women putting numbing agents on their own eyelids,  
12 and all the issues that are going to come from that.

13 MS. CHERYL JONES: People could potentially go  
14 blind from this.

15 MS. TAMMY HADLEY: And what if we are using  
16 products that interact with the products they used  
17 because they didn't tell us they used it. I mean, we're  
18 creating a bigger problem, I -- I personally think,  
19 because of what we don't know. At least if we're doing  
20 it ourselves, we do know. And are there going to be  
21 people that break the rules? There are. But there's  
22 going to be people like us out there standing up for the  
23 rules and maybe getting the word out there, like, you  
24 know --

25 MS. CHERYL JONES: No, not me, because I don't

1 understand how I've used this product since 2008, 2010,  
2 you know, I've never had a problem. And now suddenly,  
3 you know, well, because the FDA and there's a framework  
4 and this -- you know, so, yeah, I mean, I guess we have  
5 to change the -- the term -- the what a medical  
6 procedure is. I mean, how do we fix this? I mean,  
7 because I figure, like, you guys are supposed to help  
8 us; right?

9 MR. SAUNDERS: Specifically with this rule,  
10 this is -- this isn't -- this is a clarification of  
11 what's already existing law, and we can't change the  
12 laws. So you would have to change the laws through  
13 political means.

14 MS. CHERYL JONES: So you're saying that this  
15 is already an existing law?

16 MR. SAUNDERS: This is an existing law. We --

17 MS. CHERYL JONES: Uh-huh.

18 MR. SAUNDERS: We didn't change it, like, even  
19 if we had not --

20 MS. CHERYL JONES: I mean, this was never in  
21 the -- in the verbiage for -- for the body art ordinance  
22 before.

23 MR. SAUNDERS: So this was, like, a  
24 clarifications so that you -- people were aware of the  
25 existing laws.

1 MS. CHERYL JONES: Okay. But what if we just  
2 don't put the clarifications in there, and they're not  
3 part of the body art ordinance at all?

4 MR. SAUNDERS: It would still be a law.

5 MS. TAMMY HADLEY: But the FDA is federal;  
6 right? And there are others -- I am a part of several  
7 permanent makeup groups all over the United States, and  
8 nobody else has laws like this. And I know you can't be  
9 concerned with what other people are doing, but if  
10 they're governed by the FDA, too --

11 MR. SAUNDERS: So --

12 MS. TAMMY HADLEY: -- what's their workaround?

13 MR. SAUNDERS: So it gets complicated, but the  
14 big thing is, if a packaging -- if your packaging right  
15 now says, "You can apply this for numbing before a  
16 tattoo," it is not approved for that use. The FDA says  
17 that's not a legal use, and they don't -- that's a new  
18 drug that needs a new 510(k) number. So using that  
19 product could put you at some degree of risk, but also  
20 if a product is being sold that is not -- does not have  
21 the right labeling for what is being sold as --

22 MS. TAMMY HADLEY: What about just a general,  
23 topical numbing, doesn't say anything about anything  
24 else?

25 MR. SAUNDERS: Then it's going to be an

1 over-the-counter for the consumer. And I get where  
2 you're frustrated; right? Totally makes sense to me,  
3 but we can't change any of that. That's not us. We're  
4 just putting it in there for clarification. So whether  
5 it's in there or not, it will still be the law in  
6 Michigan, and it's probably the law nationwide.

7 MS. TAMMY HADLEY: Okay. But that so the FDA  
8 is a federal --

9 MR. SAUNDERS: Well, that -- so the FDA is  
10 going to make rules about drugs, and since this is an  
11 over-the-counter drug for consumer use, as soon as a  
12 tattoo artist or a piercer or whatever starts applying  
13 it in their occupational use, things get different;  
14 right? And that's going to be a state -- state rule,  
15 but in Michigan that falls under the practicing medicine  
16 without a license.

17 And that, we don't have any control over  
18 because we didn't -- we don't make the laws. Like,  
19 we're just making rules based on those laws.

20 MS. TAMMY HADLEY: So I have a question. If a  
21 client of mine walks into my building, they tell me they  
22 have a headache, and I give them an 800 milligram of  
23 Motrin, which was my prescription, I'm breaking the law,  
24 obviously.

25 MS. CHERYL JONES: Yeah.

1 MS. TAMMY HADLEY: I know I can't administer  
2 medication. But if I hand them a bottle of ibuprofen I  
3 just bought at Rite Aid that's 200 milligrams, and they  
4 take it themselves, are they breaking the law?

5 MR. SAUNDERS: You would have to talk to a  
6 lawyer. I don't think so, but I don't know.

7 MS. TAMMY HADLEY: Because they're putting an  
8 over-the-counter -- they're taking an over-the-counter drug  
9 themselves.

10 MR. SAUNDERS: But for its -- its listed use.

11 MS. TAMMY HADLEY: But the listed use of  
12 lidocaine on the back of my bottle is for -- for relief  
13 of pain.

14 MR. SAUNDERS: But that's -- but not for  
15 tattooing. I know that sounds like a very specific  
16 thing, but it has to say for tattooing --

17 MS. TAMMY HADLEY: So -- okay.

18 MR. SAUNDERS: -- and it can't be legally say  
19 that.

20 MS. TAMMY HADLEY: So let's say that I -- they  
21 -- they -- I'm going to go back to the whole example I  
22 just used. So let's say they come in and they say,  
23 "Man, like, I'm just really having these uterine cramps,  
24 and I really need something for pain. You have an  
25 ibuprofen?", and I hand them the bottle of 200 milligram

1    ibuprofen, but the back only says for headache.  It does  
2    not say -- now am I breaking the law --

3               MR. SAUNDERS:  But --

4               MS. TAMMY HADLEY:  -- because it doesn't say  
5    uterine pain?

6               MR. SAUNDERS:  It doesn't say specifically  
7    uterine pain, but it's going to say for general muscular  
8    pain; right?

9               MS. TAMMY HADLEY:  But my -- the back mine says  
10   for pain.

11              MR. SAUNDERS:  I -- we're talking about a  
12   hypothetical thing.

13              MS. TAMMY HADLEY:  Right.

14              MR. SAUNDERS:  If we bust it out, it's going to  
15   say something that covers that; right?  The other thing  
16   is that, in addition -- and I know this is annoying, but  
17   you handing them does actually have some liability if  
18   you do that in a professional way; right?  If you're  
19   saying, "As a tattooer, I'm going to give you this  
20   meditation," then, yeah, liability changes; right?  As  
21   your friend -- right? -- "I'm going to hand you this."  
22   It's a different thing; right?  That -- that is still  
23   over-the-counter use.  I don't like these rules either,  
24   but this is just basically what it is.  It's the way  
25   American law is set up.

1 MS. TAMMY HADLEY: But is it okay just to say,  
2 "It is what it is"? I mean, when it affects so many  
3 people -- if there was a law that was being passed that  
4 said, "You can't use a machine that you used safely for  
5 30 years, and you know it's better than anything on the  
6 market, and you're super passionate about it," and they  
7 told you to use this hollow needle over here, and this  
8 is all you could use -- I'm just making this up because  
9 I don't even know what it is.

10 But I'm just saying, if you knew that was  
11 wrong, in your core of core you know that's wrong.  
12 Somebody got it wrong. You just can't believe that's  
13 what they're saying. Wouldn't you fight for it, too?

14 MR. SAUNDERS: Sure, absolutely. But you've  
15 got to fight for it politically, not because -- I think  
16 what folks in this room would like us to say is that,  
17 "Okay. We're going to change that rule.;" right? But  
18 we can't. It's not our rule. It's a state law.

19 MS. TAMMY HADLEY: But if you can adapt it, how  
20 come you can't change it?

21 MR. SAUNDERS: It's -- we can't change the  
22 laws; right? We can change certain -- the wording of  
23 certain rules, but this one in particular, that I  
24 understand is not popular -- right? -- we don't have any  
25 ability to change, because it's part of the state laws.

1 MS. CHELSEA ORRICO: So we need to talk to the  
2 state or the state really has no wiggle room because of  
3 the FDA?

4 MR. SAUNDERS: It's going to involve both.

5 MS. CHELSEA ORRICO: Okay.

6 MR. SAUNDERS: Yeah.

7 MS. CHELSEA ORRICO: Because you said that the  
8 FDA has no intention to ever approve any of the --

9 MR. SCHMIDT: Well, they won't, unless there's  
10 a new drug application -- right? -- which you need  
11 clinical trials and studies published in peer reviewed  
12 scientific literature, that then goes to the FDA to  
13 designate whether it's -- we know it's effective or  
14 whether it's safe; right? That -- that's how you get a  
15 new drug approved in the United States.

16 MS. CHERYL JONES: That's actually -- that's  
17 not really how it goes.

18 MS. TAMMY HADLEY: But this isn't a medical  
19 service we provide. This is --

20 MS. CHERYL JONES: Yeah.

21 MS. TAMMY HADLEY: This is --

22 MS. CHERYL JONES: The problem is when you let  
23 the medical industry -- the Medical-industrial Complex  
24 -- into something that is not medical, where does it  
25 stop? So -- okay. We need a prescription to use these

1     anesthetics; right?  Then -- then -- then it turns into,  
2     "You have to have a medical license be able to tattoo."  
3     I mean, like, where does it -- where does it stop?  
4     Like, once they get their fingers into this industry,  
5     it's just going to keep going.  It's not going to get  
6     any better.  So, I mean, like, we're already in the  
7     situation where we have to get a prescription from a  
8     doctor.  What happens next?  What happens next?  At some  
9     point, we have to have medical licenses to be able to  
10    tattoo.

11           MR. SAUNDERS:  And this is why I would say it's  
12    well -- it's -- it's really worthwhile to be involved in  
13    whatever organizations you have in your particular  
14    industry.  Because, you know, I've been doing this for a  
15    really long time in terms of I was the legislation  
16    coordinator for the Association of Professional  
17    Piercers, and we would be in meetings with, like, NEHA  
18    and, you know, California, and there wouldn't be any  
19    tattooers involved, because none of those organizations  
20    have much traction; right?

21           Getting involved with those gets you in the  
22    room on all of these conversations, because they're  
23    happening in a lot more rooms than this.  This is sort  
24    of -- what you're at is sort of the end of the line.  
25    You really want to be earlier.

1 MS. TAMMY HADLEY: But the organizations that  
2 I'm involved with are -- are all in other states, which,  
3 when I reached out to every single person I know -- I  
4 think there was, like, 47 people I reached out to --  
5 they're like, "Yeah, we don't -- we don't have any -- we  
6 don't do that."

7 MS. CHERYL JONES: Yeah, and I reached out to  
8 --

9 MS. TAMMY HADLEY: "We don't have any rule like  
10 that."

11 MS. CHERYL JONES: I --

12 MS. TAMMY HADLEY: So there's no meaning about  
13 it, because they're -- they're not enforcing anything  
14 like that. So this is the beginning for all of us.  
15 This is the first time we knew.

16 MR. SAUNDERS: But this is a national thing;  
17 right? One of your chief -- chief issues ends up being  
18 an FDA issue; correct?

19 MS. TAMMY HADLEY: Correct.

20 MR. SAUNDERS: Yeah. So you need some -- an  
21 organization that speaks with the FDA.

22 MS. TAMMY HADLEY: How do the organizations  
23 that I belong to speak to the FDA on this topic?  
24 Because --

25 MS. CHERYL JONES: None of the organizations

1 you're involved in have enough money to speak with the  
2 FDA.

3 MS. TAMMY HADLEY: Well, maybe they do, but  
4 they're not going to go speak to the FDA for little  
5 Tammy Hadley in Michigan, because it doesn't concern all  
6 of that, because nobody's pressing these -- these rules.

7 MR. SAUNDERS: I can only speak to my personal  
8 experience --

9 MS. TAMMY HADLEY: Right.

10 MR. SAUNDERS: -- as an artist; right?

11 MS. CHERYL JONES: I spoke with my buddy from  
12 the APT. Nobody knew this was going on. I wasn't  
13 informed. It's not on the APT website. Nobody knew  
14 this was going on.

15 MR. SAUNDERS: And that's -- that's kind of why  
16 I would -- I would suggest being involved with the APT;  
17 right? Really, really be involved and --

18 MS. CHERYL JONES: But -- but they don't know  
19 it's going on.

20 MS. TAMMY HADLEY: They don't --

21 MS. CHERYL JONES: Like, I literally talked to  
22 Derby (phonetic); he's got no idea this is going on.  
23 Like, I mean, I talked to a friend of mine who is very  
24 heavily embedded in the APT.

25 MR. SAUNDERS: Right.

1 MS. CHERYL JONES: Nobody knows this is going  
2 on.

3 MR. SAUNDERS: I don't know how that's  
4 possible, because it's been so well published before  
5 this. You know, that 2019 meeting was two days and --

6 MS. TAMMY HADLEY: I didn't know.

7 MR. SAUNDERS: Just because --

8 MS. TAMMY HADLEY: And I check all my emails  
9 and I pay attention.

10 MS. CHERYL JONES: Was that the one that we had  
11 in the winter?

12 MR. SAUNDERS: It was October. And I believe  
13 there was a follow-up one in December, was it?

14 MS. CHERYL JONES: Well, I mean we --

15 MR. SAUNDERS: I -- I --

16 MS. CHERYL JONES: I remember taking part --

17 MR. SCHMIDT: I know we extended some public  
18 comment.

19 MR. SAUNDERS: Yeah.

20 MS. CHERYL JONES: -- in a two-part, two-day  
21 whole, long fiasco. We got snowed out and it was --

22 MS. CHELSEA ORRICO: I have a question. Do you  
23 guys --

24 MS. CHERYL JONES: -- and that was never even  
25 mentioned.

1 MS. CHELSEA ORRICO: -- seek out the APP for  
2 their guidance on their regulations, or do they offer to  
3 you and you take it?

4 MR. SAUNDERS: So the APP doesn't involve --  
5 the APP is involved insofar as I'm active in the APP,  
6 but I'm not reporting at anybody at the APP; right?

7 MS. CHELSEA ORRICO: I'm just wondering for,  
8 like -- like, if the Society of Permanent Cosmetics  
9 wanted to provide you with guidance, you would need  
10 somebody who's a member to be part of a work group, but  
11 work groups aren't going to exist anymore 'cause you  
12 guys are done?

13 MS. MOREHOUSE: So we will have a smaller work  
14 group that's going -- we're going to make guidance  
15 documents for things -- some things that are taken out  
16 of the rules, some things that are just, you can't have  
17 a rule, but we can make the best practices kind of  
18 thing. So there will be people that are making that --

19 MS. CHELSEA ORRICO: After --

20 MS. MOREHOUSE: -- but it will be -- the work  
21 group was very large.

22 MS. CHELSEA ORRICO: So I mean after -- like,  
23 let's say you guys figure all this out, it gets  
24 approved. Beyond that point, are you going to continue  
25 to have any work groups to do any more changing?

1 MS. MOREHOUSE: Like a monthly work group or  
2 quarterly or something like that?

3 MS. CHELSEA ORRICO: I don't know. Anything at  
4 all.

5 MS. CHERYL JONES: No. I mean, it sounds like  
6 this is final draft, and then they're going to pass it  
7 into law, and then we have to --

8 MS. CHELSEA ORRICO: And then nobody gets  
9 together for meetings or anything?

10 MS. CHERYL JONES: No. And then we have to  
11 fight and have them change the definition of, I guess,  
12 whatever a medical procedure is in the state of  
13 Michigan, because that, evidently, is a problem. So  
14 that's where it has to start.

15 MS. TAMMY HADLEY: I think the whole thing to  
16 me -- and, I mean, I'll just make it super basic -- is  
17 that I don't understand -- and I'm a pretty educated  
18 person, I'd like to think -- is that I can take a  
19 microblade, scratch the surface of the skin and put a  
20 pigment in there that is not FDA approved -- maybe  
21 components of it are regulated, but it is not FDA  
22 approved because there isn't one ink that is FDA  
23 approved -- and that's okay. But I cannot swipe a  
24 topical over the top of it, and that -- that's not okay.

25 I can -- I can use microblades and tattoo

1 needles and everything else that's not FDA approved on  
2 that skin, but this one particular thing that happens to  
3 be the one particular thing that makes the client  
4 comfortable, I cannot use.

5 MR. SAUNDERS: Because it's a drug. I know --  
6 I know it's an unpleasant thing, but it is a drug. It  
7 is --

8 MS. TAMMY HADLEY: Over what percentage? Any  
9 percentage?

10 MR. SAUNDERS: I don't define what the drug is.

11 MS. TAMMY HADLEY: Because this has four  
12 percent.

13 MR. SAUNDERS: For consumer use. I know we  
14 keep on running around in a circle. I --

15 MS. CHERYL JONES: Well, what's crazy is -- is  
16 tattoo ink was not even approved by the FDA up until  
17 very, very, very recently; very, very recently. And I  
18 believe the only company that has been approved by the  
19 FDA is Eternal Tattoos, I believe.

20 MS. TAMMY HADLEY: It's not approved.

21 MR. SCHMIDT: It's not approved, but it's --

22 MS. CHERYL JONES: Oh, it's not approved.

23 MR. SCHMIDT: -- regulated as cosmetics.

24 MS. TAMMY HADLEY: Yeah.

25 MR. SCHMIDT: How they regulate cosmetics and,

1 "approve" them is --

2 MS. TAMMY HADLEY: There is not --

3 MR. SCHMIDT: -- way different than --

4 MS. CHERYL JONES: So our industry is --

5 MR. SCHMIDT: -- (inaudible).

6 MS. CHERYL JONES: Our industry is being  
7 regulated by the cosmetic industry and by the medical  
8 industry, both?

9 MR. SCHMIDT: With regards to products, yes.  
10 And some of them, like tattoo needles, piercing needles,  
11 those are completely unregulated; right? The FDA  
12 doesn't classify --

13 MS. TAMMY HADLEY: Absolutely.

14 MR. SCHMIDT: -- those as --

15 MS. TAMMY HADLEY: There is not one thing --

16 MR. SCHMIDT: -- anything at all.

17 MS. TAMMY HADLEY: -- in our industry that is  
18 FDA approved, not one. I looked.

19 MS. CHERYL JONES: But we still have state laws  
20 that regulate all this anyways, regardless of all the  
21 things that we use that are not FDA approved in here.  
22 There's still rules. There's still laws associated.  
23 And you acknowledge what we're using, this is all  
24 acknowledged in here, and these are the rules. And not  
25 all of these things are approved by the FDA.

1 MS. TAMMY HADLEY: None of them are.

2 MS. CHERYL JONES: But, yet, this is still a  
3 state body art -- it doesn't make any sense. So just  
4 this one thing pertaining to the FBA -- FDA is  
5 applicable, but all the other stuff is not? I mean --

6 MS. TAMMY HADLEY: That's my question. I asked  
7 it another way.

8 MR. SAUNDERS: The -- so there are FDA things  
9 that we use for reference, and one of them is going to  
10 be their relationship with drugs. And with tattooings,  
11 as that's an emerging thing, I expect some changes over  
12 the next 10 years, which you -- I mean, Steve is --

13 MR. SCHMIDT: Yep.

14 MR. SAUNDERS: -- really keen on this stuff,  
15 but the drug science --

16 MS. CHERYL JONES: Yeah, they can't wait to get  
17 their fingers on it.

18 MR. SAUNDERS: -- is really established.

19 MS. TAMMY HADLEY: So let me ask this: What in  
20 our industry or your -- you know, what, from the time  
21 they walk in to we cleanse the skin, we choose if we're  
22 going to do, you know, a powder brow or microbladed  
23 brow, whatever, a pigment, anything, what is reg- --  
24 what is FDA approved? Out of any of those services,  
25 there's nothing, not one thing.

1 MR. SAUNDERS: Your skin antiseptics are  
2 definitely approved. The packaging for the skin  
3 antiseptic is approved. The packaging for the autoclave  
4 package is approved. Like, so much of it is FDA studied  
5 and approved. I know it doesn't speak to your point  
6 and, to an extent, I really agree with your point, but  
7 there's not anything this group can do about it.

8 MS. TAMMY HADLEY: I mean, even Green Soap  
9 says, "Cleanse the skin." Green Soap isn't FDA  
10 approved.

11 MR. SAUNDERS: It is for -- as a soap.

12 MS. TAMMY HADLEY: But it doesn't specifically  
13 say -- I mean, I read a whole thing. I mean, there's,  
14 like, a 19-page article about this.

15 MR. SAUNDERS: I -- for what it's worth, I  
16 don't think you should use Green Soap, but you don't  
17 want to get me started on skin prep. It will be boring  
18 and long -- long-winded talk.

19 MS. TAMMY HADLEY: And I don't -- for what I  
20 do, I don't need to use Green Soap. But it shows all  
21 over in our industry, and a lot of people think very  
22 highly of it. That's my point. My point is just that  
23 each of us do little things a little bit different.  
24 And, you know, nothing in our industry is really FDA  
25 approved. You said the packaging. Well, forget the

1 packaging. Like, what's inside? Are -- are --

2 MR. SAUNDERS: Exactly. That -- that is also  
3 FDA approved, especially the things like isopropyl  
4 alcohol --

5 MS. TAMMY HADLEY: Which is --

6 MR. SAUNDERS: -- (inaudible).

7 MS. TAMMY HADLEY: -- wiped over the skin.  
8 It's not put into the skin; right? But the pigment is  
9 put into the skin, and that's not FDA approved.

10 MR. SAUNDERS: That is in the process.

11 MR. SCHMIDT: I mean, I wouldn't make that  
12 argument on a large scale, because te the FDA might  
13 start regulating those as something other than  
14 cosmetics.

15 MS. TAMMY HADLEY: Well, I'm not trying to, but  
16 I'm just saying, like, all these things that we do, are  
17 not regulated, and then there's this one little thing  
18 over that is regulated.

19 MR. SAUNDERS: But it's the one that's a drug.  
20 I get -- I get it. I'm on your side.

21 MS. TAMMY HADLEY: It's the one that makes the  
22 client comfortable.

23 MR. SAUNDERS: Again, but it's not it's nothing  
24 that this group could change, because we can't  
25 fundamentally change the state law.

1 MS. TAMMY HADLEY: Could you give the authority  
2 to enforce it?

3 MS. CHERYL JONES: Actually, with enough  
4 people, you can fundamentally change the state law, yes.

5 MR. SAUNDERS: Yeah, well I agree.

6 MS. CHERYL JONES: With a petition and with  
7 enough people, you can change it.

8 MS. BRENNAN: I think what he's trying to get  
9 it is there's nothing --

10 MS. TAMMY HADLEY: Right now.

11 MS. BRENNAN: -- this panel can do.

12 MS. TAMMY HADLEY: Correct.

13 MS. BRENNAN: Yeah.

14 MS. TAMMY HADLEY: No, I understand.

15 MS. BRENNAN: Yeah.

16 MS. TAMMY HADLEY: But I think we're all here,  
17 looking for you -- the four of you for something to  
18 guide us, because we don't know. I've never been to a  
19 meeting with this before. I have no idea how it works.  
20 What can we do? How can we -- I don't want to say, get  
21 around it, but, I mean, what can we do so we can still  
22 keep providing the services that we're providing, not  
23 put that into the hands of uneducated or unknowing  
24 clients, still working on skin that we know what's  
25 actually on it and the amounts that are put on it?

1 Like, what can we do?

2 MR. SAUNDERS: My suggestion is, if you have a  
3 company that you believe in their product, and believe  
4 that it is safe for tattooing -- right? -- an anesthetic  
5 solution, then you ask that company to get FDA approved  
6 for that use.

7 MS. TAMMY HADLEY: Okay.

8 MR. SAUNDERS: Then they have to go make the  
9 application, spend the money and prove that their  
10 product is safe.

11 MS. TAMMY HADLEY: And they're going to do that  
12 for one state out of all the other states?

13 MR. SAUNDERS: No; no. That would --

14 MS. TAMMY HADLEY: -- that don't require it.

15 MR. SAUNDERS: -- be for the entire country.

16 MS. TAMMY HADLEY: But nobody else requires it  
17 but us.

18 MR. SAUNDERS: I bet you everybody requires it.

19 MS. TAMMY HADLEY: But nobody enforces it.

20 MR. SAUNDERS: That could be true.

21 MS. TAMMY HADLEY: That's probably the fairest  
22 way to say it. I --

23 MR. SAUNDERS: And that's not my understanding.  
24 My understanding is plenty of places, actually --

25 MS. TAMMY HADLEY: 37 states I made contact

1 with, and out of those 37 states, not one of them -- and  
2 not -- I'm not talking about, like, at the state level.  
3 I'm talking about reputable permanent makeup artists, or  
4 people that were active in groups, or one studies --

5 MR. SAUNDERS: They -- they don't know.

6 MS. TAMMY HADLEY: -- and not one of them said  
7 it was regulated at all.

8 MR. SAUNDERS: But my guess is, and this is --  
9 this is one of the reasons that it's in these rules --  
10 is that it's probably illegal nationwide; right? They  
11 don't know, because they don't know. And one of the  
12 reasons of putting it in the rules is that so you knew;  
13 right?

14 MS. TAMMY HADLEY: Yeah. I mean, maybe.

15 MR. SAUNDERS: So if you get a company to go  
16 through those hoops, then you will have a legal product.

17 MS. TAMMY HADLEY: They're not going to.

18 MR. SAUNDERS: I agree they're not going to,  
19 but I don't see why we're upset with the people trying  
20 to make sure that tattooing is as safe as possible, and  
21 not the company that's not willing to spend the money to  
22 prove the product --

23 MS. TAMMY HADLEY: Because we're trying to make  
24 sure tattooing is safe as possible, also.

25 MR. SAUNDERS: Then -- then the way to do that

1 --

2 MS. TAMMY HADLEY: And -- and we're looking out  
3 for our clients, because we know them personally. We  
4 know their stories. We hear them cry. We know every  
5 single thing about them.

6 MR. SAUNDERS: So --

7 MS. TAMMY HADLEY: We're protecting them.

8 MR. SAUNDERS: So what's objectionable about  
9 studies to prove that the product safe? What's  
10 objectionable there?

11 MS. CHERYL JONES: But how many studies do we  
12 have that prove that low levels of product are unsafe?  
13 There aren't any?

14 MR. SAUNDERS: Again, this is an unknown;  
15 right?

16 MS. CHERYL JONES: So -- so we're going with an  
17 unknown. The FDA can't prove it's safe. We can't prove  
18 it's unsafe. So we're going to go with the unknown, and  
19 the unknown is we can't use it. Like, it doesn't make  
20 sense that, you know --

21 MR. SAUNDERS: I think it makes a lot of safe  
22 (sic) for a product to prove that it's safe for its  
23 intended use.

24 MS. CHERYL JONES: Okay.

25 MR. SAUNDERS: I think -- I don't think that's

1 unreasonable to say, "Hey, here's a drug. Let's prove  
2 it safe. And it's going to cost some money, but at the  
3 end of it, we have the evidence, and we've convinced the  
4 government that it's safe." I don't see that being a  
5 problem.

6 MS. CHERYL JONES: Dude, why -- how did we get  
7 all these vaccines? None of them were ever fucking --

8 MS. BRENNAN: Hey.

9 MS. CHERYL JONES: It's unbelievable. They  
10 don't -- they weren't -- they weren't -- they didn't  
11 have clinical trials, like the TPP. They didn't have --  
12 they didn't have clinical trials for their vaccinations,  
13 but they're worried about lidocaine. That's crazy.  
14 Where is -- where is their clinical trials on all their  
15 vaccinations and all their bullshit?

16 MR. SAUNDERS: I -- we can't --

17 MS. BRENNAN: Please refrain from any  
18 profanity.

19 MS. CHERYL JONES: Yes, ma'am.

20 MS. BRENNAN: Thank you.

21 MS. CHERYL JONES: Sorry about that.

22 MS. BRENNAN: It's okay.

23 MS. CHERYL JONES: Okay. So, basically, this  
24 meeting was so that you could hear our grievances?

25 MS. BRENNAN: Correct.

1 MR. SAUNDERS: Correct.

2 MS. CHERYL JONES: So you take these grievances  
3 to the -- the next level?

4 MS. BRENNAN: Uh-huh.

5 MS. CHERYL JONES: And then that's it?

6 MS. BRENNAN: Based upon the public comment  
7 today, this group -- not me. I'm only here for  
8 procedure -- will review all of the public comments and  
9 make a determination whether the rules should be  
10 changed. It's as simple and complicated as that.

11 MS. TAMMY HADLEY: So I have a question.

12 MS. CHERYL JONES: So, basically, no matter  
13 what we say, they will side with what the FDA is telling  
14 them, and the rules set aside for Michigan, the  
15 definition of medical procedure, and there really is  
16 nothing that we can do other than --

17 MS. BRENNAN: We haven't even had the meeting  
18 yet. How can you say that? We are going to meet, I on  
19 the procedure, these three on the substantive issues,  
20 and decide whether the rule should be changed. I don't  
21 know if -- because of the FDA and the whole thing -- and  
22 by the way, federal law trumps any other law.

23 MS. TAMMY HADLEY: Correct.

24 MS. BRENNAN: So that's a problem. And I think  
25 Jeff is trying to say there is nothing we can do about

1 it. "We side with you, but," and the whole bit. But  
2 this group will meet. I cannot tell you at this  
3 particular time what the final rules are going to be.

4 MS. TAMMY HADLEY: So has there ever been a  
5 situation where this is the law, like law, but it's  
6 going to be enforceable by, like, the county health  
7 department, and that -- because the county health  
8 department is the person who meets with us on an  
9 independent level to -- I mean, is there anything like  
10 that? Like, because if the FDA has made the law, you  
11 can't -- you can't supersede what that law is.

12 MS. CHELSEA ORRICO: Didn't they do that with  
13 marijuana and the states approved.

14 MS. TAMMY HADLEY: Correct.

15 MS. BRENNAN: Federal government gave  
16 regulation to the states, just like abortion.

17 MS. TAMMY HADLEY: So what could be -- and I'm  
18 not saying it's going to be, but, like, hypothetically,  
19 what could be done to allow us to continue to practice  
20 the way that we're practicing, on your part anyway?  
21 Anything?

22 MS. CHERYL JONES: Yeah, like, I mean, can't  
23 you guys help us with loopholes?

24 MS. BRENNAN: No, I'm a lawyer.

25 MS. CHERYL JONES: What do you mean, you're a

1 lawyer?

2 MS. BRENNAN: I'm a good lawyer. No.

3 MS. CHERYL JONES: Good lawyers don't need  
4 loopholes.

5 MS. BRENNAN: We don't --

6 MS. CHERYL JONES: Who wrote this?

7 MS. BRENNAN: -- like to call it loopholes.  
8 We'd like to, again, review and see what other  
9 alternatives we could come up with. Thank you. So --

10 MS. TAMMY HADLEY: Right. Can we find other  
11 alternatives?

12 MS. BRENNAN: That will be part of the  
13 discussion that this group has.

14 MS. CHERYL JONES: Again, my -- I'm really  
15 curious what -- like, what -- never mind; never mind;  
16 never mind. Okay. So, yeah, about the -- the health  
17 department I would assume would be enforcing this rule  
18 for us not being able to have any kind of antiseptic or  
19 lidocaine or whatever?

20 MS. TAMMY HADLEY: Yes, because they come do  
21 our inspections.

22 MS. CHERYL JONES: Right. I mean, there are so  
23 many people tattooing out of their houses right now that  
24 the health department hasn't even touched. I don't know  
25 why I'm worried about the health department.

1 MS. TAMMY HADLEY: Because you're worried about  
2 following the rules. That's why. Because you're here.

3 MS. CHERYL JONES: Yeah, well, not in this  
4 particular instance I'm not.

5 MS. BRENNAN: Thank you. Would anyone like to  
6 take a break? Yay. 15 minutes, please. Let me see.  
7 11:05, please. We'll go back on the record at 11:20.  
8 Off the record.

9 (Off the record)

10 MS. BRENNAN: Back on the record. It's 11:22  
11 a.m. We're here on Body Art Facilities, 2023-59 HS.  
12 Would anyone like to make a comment? Please don't  
13 forget to sign in. Forgot to tell you that. And if at  
14 any time you want to come up and make a comment, let me  
15 know, and we'll go back on the record. Off the record.  
16 Thank you.

17 (Off the record)

18 MS. BRENNAN: Back on the record, 11:30 a.m.

19 MS. CHERYL JONES: Many, many years, one -- one  
20 of my initial arguments that really disturbed me and  
21 part of what prompted me to write a letter to the health  
22 department many years ago, was that in the body art  
23 ordinance, that there is no minimum age requirement for  
24 piercing or tattoos.

25 And that was one thing that I thought was

1 actually really important, especially as a mom, now,  
2 like, a grandma. It's kind of really important, because  
3 we have age limits for, you know, tobacco use and age  
4 limits for driving cars and age limits for all kinds of  
5 things.

6 And one of the problems that occurs for me  
7 repeatedly in this industry is that there are tattoo  
8 shops out there that'll tattoo anybody. You know,  
9 they'll tattoo a 12 year-old kid, a 14 year-old kid, you  
10 know, 15 year-old kid. I realize parental consent is  
11 important, but there's a lot of parents out there that  
12 -- I mean, I've had parents argue with me. I, of  
13 course, will turn them down. I've had parents argue  
14 with me over getting their 14 year-old daughter  
15 tattooed, you know, and I've refused.

16 I'm just curious, how come -- after all these  
17 years, if this isn't an official, you know, rule set  
18 yet, or official law, how come we haven't made a minimum  
19 age requirement yet? I really feel that that's super  
20 important. If this ain't final, why -- why can't we --  
21 why can't we add that? I mean, that's something that,  
22 quite honestly, has bothered me for years and years and  
23 years that, you know, there's people getting away with  
24 tattooing children, you know. And these kids are left  
25 with these -- with the consequences of, you know, all

1 these bad decisions. And I feel like if we just had,  
2 you know, some kind of limit, that would be really quite  
3 helpful.

4 I know people still get tattooed underage, and  
5 people will still go to houses, and people still do  
6 that. And I know the argument that people have used is,  
7 "Well, if they don't get it done in a professional shop,  
8 they'll just go somewhere anyways." But I mean, most  
9 tattooers, there's, like -- we all kind of -- if you're  
10 kind of -- a tattooer with any kind of morals, you have,  
11 like, a professional code of conduct where you just  
12 don't tattoo kids under a certain age. Not every  
13 tattooer is like that.

14 So, I mean, I am kind of curious, after all  
15 these years, I mean, like, why have we not made a  
16 minimum age requirement at this point?

17 MS. BRENNAN: Panel?

18 MR. SCHMIDT: So it's two things that that kind  
19 of touches on. The first part is, and I know we've gone  
20 over this, and government is weird with a lot of things,  
21 we're here to promulgate rules; right?

22 MS. CHERYL JONES: Sure.

23 MR. SCHMIDT: And that -- those rules have the  
24 full force and effect of law, but they technically  
25 aren't the law. That requirement that's existed since

1 2010, where you can do it on a minor, we just need  
2 consent, proof of all that stuff, that is already in the  
3 law itself. So this whole process isn't to rewrite the  
4 existing law. It's to write the rules.

5 MS. CHERYL JONES: Sure.

6 MR. SCHMIDT: So we can't change that today or  
7 in -- as part of this process.

8 MS. CHERYL JONES: So you're -- so that is law?

9 MR. SCHMIDT: That's law, yes.

10 MS. CHERYL JONES: Okay. With parental consent  
11 --

12 MR. SCHMIDT: Yep.

13 MS. CHERYL JONES: -- but, again, not stating a  
14 minimum age requirement?

15 MR. SCHMIDT: Correct. But that would require  
16 a change in the existing law that we're not here to  
17 discuss, or we don't have the authority to change the  
18 existing law. That would have to go through the state  
19 legislature.

20 MS. CHERYL JONES: So that's never getting  
21 changed?

22 MR. SCHMIDT: You would have to go through the  
23 state legislature --

24 MS. CHERYL JONES: I don't --

25 MR. SCHMIDT: -- and petition them.

1 MS. CHERYL JONES: I don't want to do all that.

2 MR. SCHMIDT: While we're on the topic, do you  
3 have suggestions for minimum age for any of the --  
4 whether it's piercing, tattooing, cosmetic tattooing,  
5 branding or scarification, and what's the theory behind  
6 it? I'm -- just blanket, like, whatever you think.

7 MS. CHERYL JONES: Well, suggestions or  
8 recommendations, I would say -- I would say it would be  
9 different for piercing versus tattooing. I would say  
10 minimum age for some piercings, as in ears, nose, 15 is  
11 reasonable, because, I mean, at that age, kids have a  
12 pretty good concept of how to clean themselves, clean  
13 their bodies, kind of clean their rooms.

14 And what you're left with at the end of the day  
15 is, like, minimal scarring, a little tiny -- you know,  
16 if the piercing gets rejection or, you know -- I believe  
17 16 should be a good, hard line. That's when a kid gets  
18 a driver's license. I mean, if a kid's supposed to be  
19 responsible enough to drive a car at 16, I think, you  
20 know, piercings and tattoos would be okay.

21 But, like, one of the issues with underage  
22 tattooing is -- is migration. You know, you tattoo  
23 these kids too early, especially boys, you know, under a  
24 certain age, their tattoo is in one place when they're,  
25 like, 15, but when they're 21 it's not in the same place

1 anymore. It'll -- it'll move. But, yeah, I mean, I  
2 think -- I think 16 is a pretty good line for piercing  
3 and tattoos, where kids have a pretty decent  
4 understanding on, you know, how to handle their bodies  
5 and how to -- you know, they've already had health class  
6 in school, you know, those kinds of things.

7 So I think 16 is pretty reasonable. Maybe 15  
8 for piercing, 16 for tattoos, or even 16 all across the  
9 board. I mean, it doesn't kill anybody at a wait a year  
10 or two to get a piercing or a tattoo, but it just seems  
11 like --

12 MR. SCHMIDT: Well, I can tell you, I took my  
13 niece to get her ears pierced the first time at 13 years  
14 old, and if I didn't do that, she would have gone with  
15 somebody to Claire's.

16 MS. CHERYL JONES: Well, yeah, but, I mean,  
17 we're talking about ear piercing --

18 MR. SCHMIDT: Right.

19 MS. CHERYL JONES: -- you know, which isn't  
20 even -- you know, we're not even talking about that.  
21 I'm talking about, like, belly buttons. I'm talking  
22 about, like, I don't think it's appropriate for a grown  
23 adult to be, you know, piercing belly button, you know,  
24 if somebody -- I mean, 16 is, like, even kind of weird  
25 for me. But 16 -- you know, anything, under 16. And

1 girls are usually -- their bodies kind of start slowing  
2 down, as far as growth goes, you know, around 15, 16,  
3 17. And -- and that way, that their piercing doesn't  
4 migrate or, you know, get displaced.

5 I mean, like, you know, doing that too young --  
6 I mean, we're not talking about, like, ears. I mean,  
7 I'm talking about body piercings, you know, things that  
8 could potentially be a problem. I just feel like 16 is  
9 a reasonable age. A lot of times -- well, I mean, not  
10 the 16 year-olds make all the best decisions, but I  
11 think a 16 year-old is going to make -- is going to do  
12 better healing their tattoo than a 13 year-old, you  
13 know. And it gets really weird because, like, there's a  
14 -- there's -- there's a -- there's a group of people out  
15 there, they're all about getting their kids tattooed at  
16 ridiculously young ages, and they don't seem to have a  
17 problem with it.

18 And there are tattooers out there that will  
19 just flat out lie to parents and be like, "No, there's a  
20 state law. It's 16. I can't do it." You know, I mean,  
21 I won't. I'll just be honest with them that I just  
22 won't do it. But, yeah, I mean, I -- I guess it's too  
23 late for any of that now, but I just feel like -- and  
24 that was something I felt very strongly about in the  
25 beginning, was that there should have been a minimum age

1 requirement for tattoos and piercings. But all right,  
2 that's it.

3 MS. BRENNAN: Thank you.

4 MS. CHERYL JONES: Thanks for answering my  
5 question.

6 MR. SCHMIDT: Do you want the MCL number for  
7 what the current law is?

8 MS. CHERYL JONES: No, I'll find it. I find --  
9 I mean, I know it's there. I know it says, "With  
10 parental consent," and I get that, you know, but, still,  
11 there's just -- I mean, legally, a parent could bring  
12 their 11 year-old in. And it gets -- it gets weird.  
13 Where is those child endangerment laws? Like, where's  
14 the line for all that? I guess there aren't any when it  
15 comes to tattooing. So -- all right. That's --

16 MR. SCHMIDT: I mean, I, personally, don't  
17 disagree with any of that. It's just not in the  
18 purveyance of the --

19 MS. CHERYL JONES: Right. And -- and I was  
20 confused by that, because that was one of the -- you  
21 know, that that's what prompted everything. That's what  
22 prompted my letter to begin with, was that I worked at a  
23 studio where my son -- my son went to school with an 11  
24 year-old girl who got her belly button pierced at the  
25 studio that I worked at when I -- when I was not there,

1 of course, with parental consent. Not that that's okay,  
2 but -- but I guess that's perfectly, you know, legal.

3 But that was, you know, one of the reasons why  
4 I wrote that letter, is there should be minimum age  
5 requirements. These kids can't -- you know, her belly  
6 button was infected, and they were asking me for advice.  
7 You know, she's 11. Of course her belly button is  
8 infected. That's crazy. You know, but, I mean, I guess  
9 -- but, yeah, thank you. Thanks for clarifying that for  
10 me.

11 MR. SCHMIDT: Thank you.

12 MS. BRENNAN: Thank you. I see you all rushing  
13 up here to talk, "I want to talk." Off the record,  
14 please.

15 (Off the record)

16 MS. BRENNAN: It is now 2:00 p.m., but we have  
17 not had any public comment since 11:00 o'clock a.m.  
18 Public Hearing is over. Any further comments can be  
19 sent to the MDHHS-adminrules@michigan.gov email box  
20 until Friday. Public hearing has ended.

21 (Hearing concluded at 2:03 p.m.)  
22  
23  
24  
25

CERTIFICATE

I, Rachelle Roberts, a Certified Electronic Recorder and Notary Public within and for the State of Michigan, do hereby certify:

That this transcript, consisting of 131 pages, is a complete, true, and correct record, given on October 28, 2024.

I further certify that I am not related to any of the parties to this action by blood or marriage; and that I am not interested in the outcome of this matter, financial or otherwise.

IN WITNESS THEREOF, I have hereunto set my hand this 6th day of November, 2024.

*Rachelle Roberts*

Rachelle Roberts, CER 9585

Notary Public, State of Michigan

County of Montcalm

My commission expires: April 29, 2027

HEARING  
IN RE BODY ART FACILITIES

October 28, 2024  
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