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**DEPARTMENT OF MENTAL HEALTH  
DIVISION OF CLINICAL AND PROFESSIONAL SERVICES  
LICENSING DIVISION - BULLETIN #22-02  
January 13, 2022  
COVID-19 EMERGENCY GUIDANCE  
CONCERNING PRACTICE OF PHYSICIAN ASSISTANTS**

In an effort to reduce regulatory burden for DMH Licensed Entities during the COVID-19 pandemic, but to assure continued adequacy and safety of the Inpatient Facility milieu, we are issuing the following guidance to implement COVID-19 Public Health Emergency Order No. 2022-02 concerning the practice of Qualified Physician Assistants:

Certain specific functions under M.G.L. c 123, otherwise designated to physicians and advanced practice registered nurses only, may be performed by qualified physician assistants in good standing employed by a physician, group of physicians, or healthcare facility where physician assistants and physicians work together to provide patient care. Employers of physician assistants may allow these qualified physician assistants to practice without designating a supervising physician and without preparing and signing prescriptive practice or scope of practice guidelines provided that:

- The employer and the physician assistant determine the services provided by the physician assistant are within the education, training, experience, and competencies of the physician assistant; and
- The physician assistant is not utilized as the sole medical personnel in charge of emergency services, outpatient services, or any other clinical service.

Specifically, such qualified physician assistants shall have the same authority as qualified physicians and advanced practice registered nurses to provide services pursuant to M.G.L. c. 123, §§. 4, 11, 12 and 21.

§ 4 includes the thorough clinical examination, evaluation of the legal competency of the person and the necessity or advisability of having a guardian or conservator appointed or

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removed, and a consideration of all possible alternatives to continued hospitalization or residential care associated with the periodic review. The periodic review is to take place at least upon admission, once during the first three months after admission, once during the second three months after admission and annually thereafter.

§§ 10&11 includes the assessment of the person's capacity to understand the conditions associated with a conditional voluntary admission, and the determination that if the person lacks the capacity to understand these facts and consequences of hospitalization, their application for conditional voluntary admission shall not be accepted.

§ 12 includes authorization for restraint and application for hospitalization of a person for whom the physician assistant has reason to believe that failure to hospitalize such person would create a likelihood of serious harm by reason of mental illness, pursuant to § 12 (a) and the psychiatric examination of a person referred under § 12(a) for hospitalization immediately after the person's reception at a facility. If the qualified physician assistant as described above determines that failure to hospitalize such person would create a likelihood of serious harm by reason of mental illness, they may admit such person to the facility for care and treatment pursuant to G.L. Ch. 123, §12(b), and shall ensure that all other regulatory requirements pertaining to such admissions are complied with.

§ 21 includes:

- Authorization of transportation of a mentally ill person to or from a facility for any purpose. Such authorization shall not include any restraint which is unnecessary for the safety of the person being transported or other persons likely to come in contact with him, in accordance with 104 CMR 27.08
- Authorization or ordering of restraint or seclusion only in cases of emergency, such as the occurrence of, or serious threat of, extreme violence, personal injury, or attempted suicide. The completion of the required examination of patients within one hour of the initiation of restraint or seclusion (or within 15 minutes for minors). Authorization of restraint and seclusion must follow all requirements and restrictions on the length of restraint of persons of certain ages, the types of restraint or seclusion ordered, the use of the least restrictive alternatives, and the discontinuance of restraint or seclusion as soon as the emergency condition no longer exists. All requirements outlined in 104 CMR 27.12 must be followed.

Such qualified physician assistants:

- must possess National Commission on Certification of Physician Assistants (NCCPA) Certificate of Additional Qualifications (CAQ) in Psychiatry or equivalent training and experience accepted by the facility that employs them;
- shall be credentialed to provide such services by the facility that employs them; and
- must perform such services in compliance with relevant requirements of Department of Mental Health regulations.

Facilities that utilize Physician Assistants in the manner provided in this bulletin shall maintain

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records documenting the qualifications, credentialling and scope of practice for each such Physician Assistant.

This Bulletin shall take effect immediately and remain in effect until the Public Health Emergency is terminated by the Governor, or until COVID-19 Public Health Emergency Order No. 2022-01 is rescinded, whichever shall happen first.

Questions regarding this bulletin should be directed to the DMH Licensing Division at 617-626-8117 or [Teresa.J.Reynolds@mass.gov](mailto:Teresa.J.Reynolds@mass.gov)