Massachusetts: the rules for aesthetic practice

What Massachusetts's laws and boards say about who may do aesthetic treatments, who must supervise them, and who can own the practice.

Nurse practitioners: Full Practice Authority (after 2 years supervised)

Nurse practitioners

Full (AANP). For the first 2 years after certification, an NP prescribes under signed guidelines, kept on file at the workplace, agreed with a qualified supervisor: a physician, an NP with independent practice authority, or a psychiatric clinical nurse specialist. After 2 years of supervised practice (or 2 years of approved alternative experience), the NP files an attestation with the Board and may prescribe without supervision (M.G.L. c.112 §80E; 244 CMR 4.07). NPs register with the Department of Public Health to prescribe, may not prescribe Schedule II-IV drugs for themselves, and may not prescribe Schedule II drugs to immediate family except in an emergency (244 CMR 4.07).

Delegating to RNs, estheticians and staff

Under the Board of Registration in Nursing's Advisory Ruling 13-01 (revised January 2024), trained RNs and LPNs may do Botox, absorbable fillers, peels, microdermabrasion, sclerotherapy, cryolipolysis, PRP and non-ablative laser or light treatments on a prescriber's written order, after a documented evaluation by an authorized prescriber. They may not choose the drug, dose, device or setting. Ablative lasers are limited to Board-authorized APRNs. Microneedling and dry needling count as acupuncture and are outside nursing scope unless the nurse holds a Massachusetts acupuncture license. Thread lifts: RNs and APRNs only, face only, with patient-specific orders. Laser and light work needs a laser physics and safety course with a practicum.

Who can own the practice

A business that provides outpatient medical services needs a Department of Public Health clinic license unless it is a solo or group practice wholly owned and controlled by its practitioners (M.G.L. c.111 §52). Physicians may practice through a professional corporation, an LLC or partnership, or as employees of a licensed health care facility (243 CMR 2.07(22)), and professional corporations may combine professions unless a licensing law forbids it (c.156A §3). Confirm the entity type with a Massachusetts healthcare attorney.

The biggest risk in Massachusetts. NPs in their first 2 years still need a named supervisor on every prescription, and nurses offering microneedling without an acupuncture license.

Check it with your boards: Massachusetts Board of Registration in Nursing - mass.gov/orgs/board-of-registration-in-nursing and Board of Registration in Medicine - mass.gov/orgs/board-of-registration-in-medicine. Checked November 3, 2026. Rules change, so read the current rule on the board's own site before you act.

Ask S.A.G.E. next. S.A.G.E., our AI practice advisor, answers from this same Massachusetts reference, free in your TMAA account, which you can set up at go.medicalaestheticsassociation.com/start-here. Try:

1. I'm an RN in Massachusetts. What has to be in place before I offer injectables?
2. What must my medical director agreement cover in Massachusetts?
3. What can an esthetician do in Massachusetts, and what needs an order?

S.A.G.E. is not legal advice. For a binding answer, talk to a healthcare attorney in your state.