

**PHYSICIAN ASSISTANT COMMITTEE  
MEETING MINUTES  
May 6, 2022**

**ROLL CALL**

The meeting of the Physician Assistant Committee was called to order at 2:06 p.m. by Tamara Dolphens, PA-C, Chairperson in the Husker Conference Room, of the Hampton Inn & Suites, located at 7343 Husker Circle, Lincoln, Nebraska 68504. The meeting was held In-Person and by WebEx. The following members answered the initial roll call:

Tamara Dolphens, PA-C, Chairperson  
Nicole Schwensow, PA-C - Vice Chairperson  
Merle Henkenius, Secretary

Absent: Corrigan McBride, MD  
John Massey, MD

A quorum was present, and the meeting convened. Present from the Department was Jesse Cushman, Program Manager and Jan Gadeken-Harris, Health Licensing Coordinator; Mindy Lester, Assistant Attorney General; Suzanna Glover-Ettrich, DHHS Department Attorney; Anna Harrison, Compliance Monitor, with the DHHS Licensing and Investigations and Kathleen Kruger, Investigator with the Investigation Unit.

Dolphens announced that there is a copy of all the public documents being reviewed at this meeting available in the meeting room pursuant to the Open Meetings Act.

In accordance with Neb. Rev. Stat. § 84-1411 of the Nebraska Open Meetings Act, copies of the agenda were e-mailed to the Committee members and other interested parties, posted on the DHHS web site at <https://dhhs.ne.gov/licensure/Pages/Agendas-and-Minutes.aspx>, and posted in the Licensure Unit on April 22, 2022.

**ADOPTION OF AGENDA**

Henkenius moved, seconded by Schwensow, to adopt the agenda as presented. Voting aye: Dolphens, Henkenius and Schwensow. Voting nay: None. Abstain: None. Absent: McBride. Non-Voting Member: Massey. Motion carried.

**APPROVAL OF MINUTES**

Henkenius moved, seconded by Schwensow, to approve the meeting minutes of March 4, 2022 as written. Voting aye: Dolphens, Henkenius and Schwensow. Voting nay: None. Absent: McBride. Non-Voting Member: Massey. Motion carried.

**2022 LEGISLATION UPDATES**

There were no comments at this time.

**REGULATIONS UPDATE**

Jesse Cushman presented the Draft Revised Regulations for Title 172 Chapter 90 Licensure and Supervision of Physician Assistants. Revisions include sections 003.04 & 003.05 for the passing of LB390 regarding Reciprocity.

Henkenius moved, seconded by Schwensow, to approve the Draft Revised Regulations for Title 172 Chapter 90 Licensure and Supervision of Physician Assistants as written. Voting aye: Dolphens, Henkenius and Schwensow. Voting nay: None. Absent: McBride. Non-Voting Member: Massey. Motion carried.

## **INVESTIGATIONAL REPORTS – CLOSED SESSION**

Henkenius moved, seconded by Schwensow to go into closed session at 2:10 p.m. for the purpose of review and discussion of investigative reports, licensure applications, and other confidential information, and for the prevention of needless injury to the reputation of the individuals. Voting aye: Dolphens, Henkenius and Schwensow. Voting nay: None. Absent: McBride. Non-Voting Member: Massey. Motion carried.

The committee members returned to Open Session at 3:01 p.m.

## **APPLICATION(S) REVIEW – OPEN SESSION**

WALTER J. DUFFY, MD – application request for waiver of the four (4) PA supervision requirement. Schwensow moved, seconded by Henkenius to approve the request for four (4) additional PA's for supervision by Duffy, with the following provisions: the request is granted for two (2) years, and at the end of the two (2) years Dr. Duffy must reapply for the continuation of the waiver showing 1) justification of the continued need for the waiver and 2) evidence that proper supervision with the PA's has transpired during the two (2) year period of time. Voting aye: Dolphens, Henkenius and Schwensow. Voting nay: None. Absent: McBride. Non-Voting Member: Massey. Motion carried.

## **PALLIATIVE CARE ADVISORY COUNCIL PRESENTATION**

Theresa Jizba, DNP, AGACNP-BC, ACHPN, is an Assistant Professor at Creighton University and a Palliative Care Nurse Practitioner. Marcia Cederdahl, RN, BS, CHPN, is a Retired, Certified Hospice & Palliative Care RN. Theresa and Marcia are advocates for palliative care and attended the meeting to share with the Committee members a presentation relating to palliative care initiatives.

Palliative care is specialized medical care for individuals living with a serious illness. This type of care is focused on providing **relief from the symptoms and stress of a serious illness**. The goal is to **improve quality of life** for both the patient and the family.

Palliative care is provided by a specially-trained team of doctors, nurses and other specialists who work together with a patient's other doctors to provide an extra layer of support. **Palliative care is based on the needs of the patient, not on the patient's prognosis**. This care is appropriate at **any age and at any stage in a serious illness**, and it can be **provided along with curative treatment**.

Palliative care is appropriate for a serious illness, a health condition that carries a high risk of mortality and either negatively impacts a person's daily function or quality of life or excessively strains their caregiver. Palliative Care is Appropriate for: Pediatric serious illness, Alzheimer's Disease and Related Dementias, Cancers, Chronic Obstructive Pulmonary Disease, Congestive Heart Failure, Kidney Disease, Stroke, etc.

The palliative care team will:

- Relieve symptoms and distress;
- Help better understand the disease and diagnosis
- Help clarify treatment goals and options
- Understand and support ability to cope with illness
- Assist with making medical decisions
- Coordinate with other doctors

PA Role in Palliative & Serious Illness Care:

- **Competencies for the PA Profession:**
- Interpersonal and Communication Skills
  - Competency 2.5: Demonstrate sensitivity, honest, and compassion in all conversations, **including challenging discussions about death, end of life**, adverse events, bad news, disclosure of errors, and other sensitive topics.

- Shirley Haynes Institute for Palliative Care
- Informational Brochure & Registration:
  - <https://csupalliativecare.org/courses/physicians-pas-nps/physician-assistant-certificate-in-palliative-care/>

Training Resources:

- Center to Advance Palliative Care - <https://www.capc.org/training/>
  - Clinical Training Recommendations for All Providers - <https://www.capc.org/clinical-training-recommendations-for-all-clinicians-caring-for-patients-with-serious-illness/>
- Vital Talk - <https://www.vitaltalk.org/>
- Stanford Palliative Care Training Portal - <http://palliative.stanford.edu/>
- Palliative Care Network of Wisconsin - <https://www.mypcnow.org/#!/copy-network-resources/cxyl>
- Interpreting in Palliative Care Workshop Curriculum - <https://www.chcf.org/publication/interpreting-in-palliative-care/>
- Education in Palliative and End-of-Life Care (EPEC) - <https://www.bioethics.northwestern.edu/programs/epec/>
- End-of-Life Nursing Education Consortium (ELNEC) - <https://www.aacnursing.org/>
- California State Institute for Palliative Care - <https://csupalliativecare.org/>
- Palliative Care Leadership Centers - <https://www.capc.org/palliative-care-leadership-centers/>
- Palliative Care Education and Practice - <https://pallcare.hms.harvard.edu/>

To locate a Palliative Care site in Nebraska go to: <https://getpalliativecare.org/provider-directory/>

If you or a loved one is living with a serious illness, Palliative Care may be able to help.

Visit: <https://getpalliativecare.org/>

To learn more check out the following resources:

- Physician Assistants in Hospice and Palliative Medicine - <https://www.pahpm.org>
- Center to Advance Palliative Care - <https://www.capc.org/>
- National Hospice and Palliative Care Organization - <https://www.nhpco.org/>
- Nebraska Department of Health and Human Services (DHHS) Palliative Care Page - <https://dhhs.ne.gov/Pages/Palliative-Care.aspx>
- Nebraska Hospice and Palliative Care Association <https://www.nehospice.org/page/A1>
- Medical Forms - Nebraska Emergency Treatment Orders <https://nebraskaneto.org/>
- Legal and Financial Services
  - Legal Aid of Nebraska <https://www.legalaidofnebraska.org/how-wehelp/resources/elderly-aging/>
    - Free legal advice and assistance to NE residents 60+ through ElderAccessLine®
    - Services include: collections, Medicare/Medicaid, advance directives/living wills, simple wills, power of attorney, etc.
  - Patient Advocate Foundation <https://www.patientadvocate.org/>
- Recommended reading
  - *Being Mortal: Medicine and What Matters in the End*, Atul Gawande
  - *A Beginner's Guide to the End: Practical Advice for Living Life and Facing Death*, BJ Miller and Shoshana Berger
  - *When Breath Becomes Air*, Paul Kalanithi
- Conversation starters
  - The Conversation Project -<https://theconversationproject.org/>
  - Death Café -<https://deathcafe.com/>
  - Death Over Dinner -<https://deathoverdinner.org/>
  - Hello Game -<https://commonpractice.com/pages/versions>
  - Prepare for Your Care -<https://prepareforyourcare.org/welcome>
  - Aging with Dignity/Five Wishes -<https://agingwithdignity.org/>

- Additional links
  - Get Palliative Care –<https://getpalliativecare.org/>
  - AARP Caregiving Guide -<https://www.aarp.org/caregiving/prepare-to-care-planning-guide/>
  - Compassion and Support -<https://compassionandsupport.org/>

**PRACTICE QUESTION:**

- Can a PA practice Botox if the supervising physician doesn't practice Botox?

The Department receives many questions concerning the types of procedures a PA can practice. First you must review the Statutes, specifically 38-2047 and 38-2050:

**38-2047. Physician assistants; services performed; supervision requirements.** (1) A physician assistant may perform medical services that (a) are delegated by and provided under the supervision of a licensed physician who meets the requirements of section 38-2050, (b) are appropriate to the level of education, experience, and training of the physician assistant, (c)(i) form a component of the supervising physician's scope of practice or (ii) form a component of the scope of practice of a physician who meets the requirements of section 38-2050 working in the same physician group as the physician assistant if delegated by and provided under the supervision of and collaboration with such physician, (d) are medical services for which the physician assistant has been prepared by education, experience, and training and that the physician assistant is competent to perform, and (e) are not otherwise prohibited by law. (2) A physician assistant shall have at least one supervising physician for each employer. If the employer is a multispecialty practice, the physician assistant shall have a supervising physician for each specialty practice area in which the physician assistant performs medical services. (3) Each physician assistant and his or her supervising physician shall be responsible to ensure that (a) the scope of practice of the physician assistant is identified, (b) the delegation of medical tasks is appropriate to the level of education, experience, and training of the physician assistant, (c) the relationship of and access to the supervising physician is defined, and (d) a process for evaluation of the performance of the physician assistant is established. (4) A physician assistant may pronounce death and may complete and sign death certificates and any other forms if such acts are within the scope of practice of the physician assistant. (5) A physician assistant may practice under the supervision of a podiatrist as provided in section 38-3013. Source: Laws 1973, LB 101, § 3; R.S.Supp., 1973, § 85-179.06; Laws 1985, LB 132, § 3; Laws 1993, LB 316, § 2; Laws 1996, LB 1108, § 9; R.S.1943, (2003), § 71-1,107.17; Laws 2007, LB463, § 705; Laws 2009, LB195, § 43; Laws 2020, LB755, § 12. Effective Date: November 14, 2020 Cross References • Liability limitations: o Malpractice, Nebraska Hospital-Medical Liability Act, see section 44-2801 et seq. o Rendering emergency aid, see section 25-21,186.

**38-2050. Physician assistants; supervision; supervising physician; requirements; collaborative agreement.** (1) To be a supervising physician, a person shall: (a) Be licensed to practice medicine and surgery under the Uniform Credentialing Act; (b) Have no restriction imposed by the board on his or her ability to supervise or collaborate with a physician assistant; and (c) Be a party to a collaborative agreement with the physician assistant. (2) The supervising physician shall keep the collaborative agreement on file at his or her primary practice site, shall keep a copy of the collaborative agreement on file at each practice site where the physician assistant provides medical services, and shall make the collaborative agreement available to the board and the department upon request. (3) Supervision of a physician assistant by a supervising physician shall be continuous but shall not require the physical presence of the supervising physician at the time and place that the services are rendered. A physician assistant may render services in a setting that is geographically remote from the supervising physician. (4) A supervising physician may supervise no more than four physician assistants at any one time. The board may consider an application for waiver of this limit and may waive the limit upon a showing that the supervising physician meets the minimum requirements for the waiver. The department may adopt and promulgate rules and regulations establishing minimum requirements for such waivers. Source: Laws 1973, LB 101, § 6; R.S.Supp., 1973, § 85-179.09; Laws 1985, LB 132, § 6; Laws 1993, LB 316, § 3; R.S.1943, (2003), § 71-1,107.20; Laws 2007, LB463, § 708; Laws 2009, LB195, § 45; Laws 2020, LB755, § 13. Effective Date: November 14, 2020

It is the opinion of the PA Committee that while the language of Neb. Rev. Stat 38-2047 may come across somewhat confusing. The short answer to the question of “Can a PA do \_\_\_\_\_?” Looks something like this:

1. Does your collaborating physician have an unrestricted medical license?
2. Is the task you are asking to perform something that would be considered appropriate in the specialty/clinic in which you are working?
3. Is this something the PA has been prepared to do - by way of education, experience, and/or training?
4. Is the PA competent? If asked, can the PA demonstrate this?
5. Does the physician want the PA to perform this task?

If the above scenarios are true, then document the information in a collaborative agreement, both parties should sign and date, check back often to make sure the above continues to be true and update written agreement as necessary.

### **COMMITTEE MEETING SCHEDULE**

The next Physician Assistant Committee meeting is scheduled July 15, 2022.

The schedule for 2022 is listed on the DHHS website:  
<https://dhhs.ne.gov/licensure/Pages/Agendas-and-Minutes.aspx>

### **ADJOURNMENT**

There being no further business Dolphens, Chairperson, adjourned the meeting at 4:22 p.m.

Respectfully submitted,

\*signature available upon request\*

Merle Henkenius, Secretary  
Physician Assistant Committee