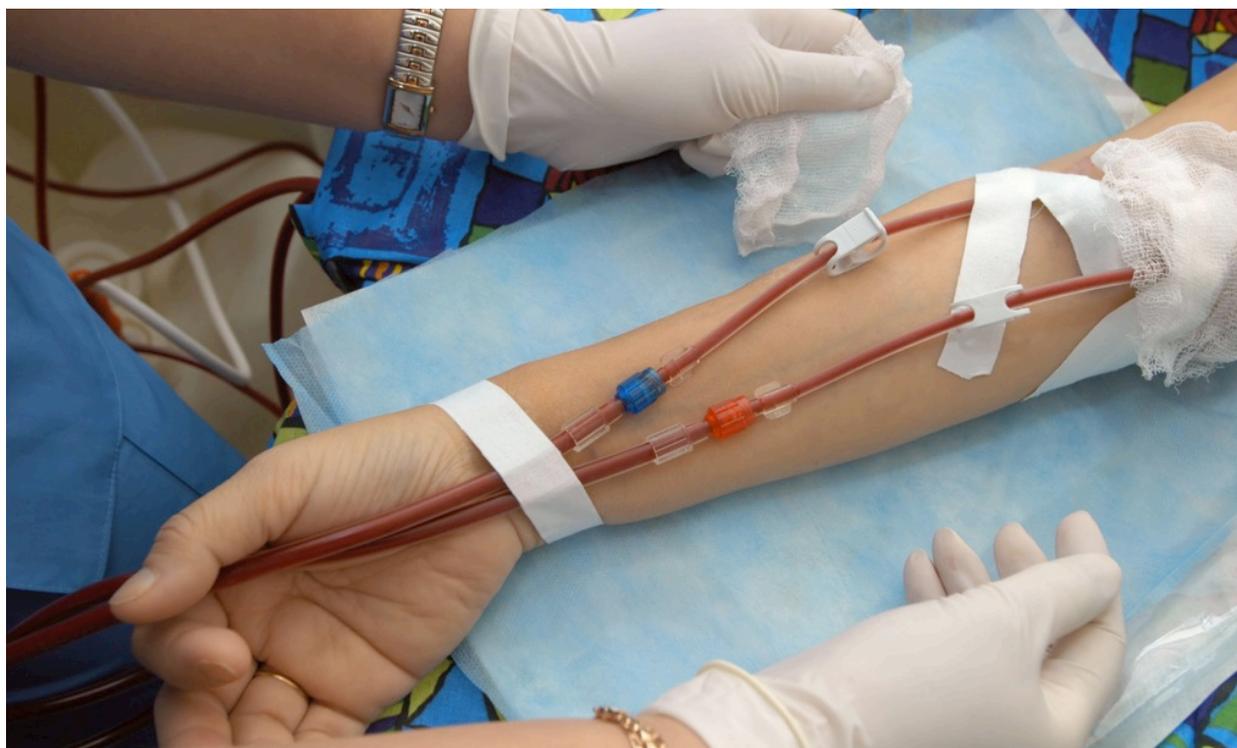


## Application

### Credentialing Review for Dialysis Patient Care Technicians



**Submitted by:**

**The Nebraska Kidney Coalition**

**February 23, 2016**

**NKC**  
Nebraska Kidney Coalition

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## Description of the Applicant Group

### 1. Provide the following information for the applicant group(s):

#### a. name, address, telephone number, e-mail address, and website of the applicant group in Nebraska, and any national parent organization;

Nebraska Kidney Coalition  
 Matthew Bauman, Contact Person  
 Dialysis Centers of Lincoln  
 7910 O St, Lincoln, NE 68510  
 (402) 489-5339, [mbauman@dialysiscenteroflincoln.org](mailto:mbauman@dialysiscenteroflincoln.org)

#### b. composition of the group and approximate number of members in Nebraska; and

There are over 90 dialysis patient care technicians (PCTs) in Nebraska in 37 dialysis facilities. All out-patient dialysis facilities in Nebraska employ dialysis technicians. PCTs compose approximately 50% of the workforce in dialysis facilities across the state.

#### c. relationship of the group to the occupation dealt with in the application.

The Nebraska Kidney Coalition includes employers of dialysis patient care technicians, professional colleagues, and the Nebraska Kidney Association.

### 2. Identify by title, address, telephone number, e-mail address, and website of any other groups, associations, or organizations in Nebraska whose membership consists of any of the following:

#### a. members of the same occupation or profession as that of the applicant group;

American Nephrology Nurses Association  
 200 E Holly Ave, Sewell, NJ 08080  
 (856) 256-2320  
<https://www.annanurse.org/>

The American Nephrology Nurses Association (ANNA) has a membership of over 10,000 registered nurses and other health care professionals at all levels of practice and has approximately 100 local chapters. The mission of ANNA is to promote excellence in and appreciation of nephrology nursing to make a positive difference for people with kidney disease. Dialysis patient care technicians may be associate members of ANNA. There is a local chapter in Nebraska.

National Kidney Foundation Council of Nephrology Nurses and Technicians  
 30 East 33rd Street  
 New York, NY 10016  
 (800) 622-9010  
[www.kidney.org](http://www.kidney.org)

The National Kidney Foundation Council of Nephrology Nurses and Technicians (CNNT) is a national professional organization. CNNT advocates and contributes to the professional development of members through education, networking and dissemination of information related to professional practice and quality of care.

National Association of Nephrology Technicians

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[www.dialysistech.net](http://www.dialysistech.net)

The National Association of Nephrology Technicians (NANT) is a national association for clinical and biomedical technicians. NANT recognizes that the roles of the Nephrology Technician and Nephrology Technologist can and will incorporate a variety of responsibilities including, but not limited to: direct care of the dialysis patient, medical equipment maintenance and repair, reuse of hemodialyzers, materials management, quality assurance, and research and development. They are accountable for executing, maintaining, and updating the highest possible standards of quality while ensuring the safest possible environment for the patient undergoing treatment for renal failure. NANT develops and implements standards of training and practice for technicians and technologists.

**b. members of the occupation dealt with in the application;**

Dialysis Patient Care Technicians (PCTs) are the majority of the health care staff in most dialysis facilities. According to the National Kidney Foundation Renal Career Fact Sheet, dialysis technicians work under direct supervision of the registered nurse, who is responsible for making decisions and providing guidance any time the treatment varies from normal parameters or the patient's condition becomes unstable. On April 15, 2008, the Conditions for Coverage established by the Centers for Medicare and Medicaid Services (CMS) implemented mandatory certification of dialysis technicians providing direct patient care. Credentialing is obtained from a state or national certification program that is approved by and follows CMS criteria. Certified hemodialysis technicians are the primary direct care giver for patients undergoing outpatient dialysis treatments. Certification is obtained by successfully passing one of three national exams: the Board of Nephrology Examiners - Nursing - Technology (BONENT), the National Nephrology Certification Organization (NNCO), or the Nephrology Nursing Certification Commission (NNCC). Technicians must be trained and some credentialing organizations require that technicians have 6-12 months of experience prior to taking the certification examination. The NNCC does not require a minimum amount of experience before taking the exam (see Appendix: NANT Position Statement on PCT Credentialing Programs).

**c. employers of the occupation dealt with in the application;**

In Nebraska, the following employers operate outpatient chronic dialysis facilities (see Appendix: List of Nebraska Dialysis Providers):

DaVita – 16 facilities

Dialysis Clinics, Inc. – 3 facilities

Dialysis Center of Lincoln – 5

Fresenius Medical Care – 7 facilities

Six facilities operated by independent providers

**d. practitioners of the occupations similar to or working closely with members of the occupation dealt with in the application;**

As required by CMS federal regulations, the dialysis facility includes a multidisciplinary health care team including nephrologists, registered nurses, dietitians, social workers, patient care technicians, administrative support staff, and sometimes licensed practical nurses.

**e. educators or trainers of prospective members of the occupation dealt with in the application;**

Training of PCTs includes employer-sponsored training programs or vocational schools/community college programs (limited availability).

**f. citizens familiar with or utilizing the services of the occupation dealt with in the application (e.g., advocacy groups, patient rights groups, volunteer agencies for particular diseases or conditions, etc.); and**

According to the Heartland Kidney Network, there are over 1,500 Nebraskans receiving dialysis treatments due to kidney failure. All but 254 (those receiving home dialysis) receive hemodialysis at outpatient dialysis facilities. Since most patients dialyze three times a week, **over 194,000 hemodialysis treatments are performed each year in Nebraska.** Diabetes and hypertension are the main causes of kidney failure for those receiving dialysis. The Nebraska Kidney Association is the main advocacy and educational association dedicated to providing programs and services throughout the state to help prevent or prolong the onset of kidney disease as well as helping those already affected by the disease.

**g. any other group that would have an interest in the application.**

The Heartland Kidney Network (HKN) is a non-profit corporation under contract with the Centers for Medicare and Medicaid Services (CMS) to oversee the End Stage Renal Disease Program in Kansas, Missouri, Nebraska, and Iowa.

The National Renal Administrators Association (NRAA) provides resources and education to dialysis administrators, especially smaller dialysis providers. Most Nebraska dialysis providers are members of NRAA.

The Nebraska Board of Nursing has historically been involved in the PCT range of functions by issuing an Advisory Opinion which was retired in October, 2015 (see Appendix: "Delegation, Direction and Assignment in the Outpatient Dialysis Unit").

**3. If the profession is currently credentialed in Nebraska, provide the current scope of practice of this occupation as set forth in state statutes. If a change in this scope of practice is being requested, identify that change. This description of the desired scope of practice constitutes the proposal. The application comprises the documentation and other materials that are provided in support of the proposal.**

Not applicable.

**4. If the profession is not currently credentialed in Nebraska, describe the proposed credential and the proposed scope of practice, and / or the proposed functions and procedures of the group to be reviewed. This description of the desired scope of practice and the proposed credential constitute the core of the proposal. Also, please describe how the proposal would be administered. The application comprises the documentation and other materials that are provided in support of the proposal.**

The Nebraska Kidney Coalition is proposing **state registration** for dialysis patient care technicians (PCTs). Registration would occur at the end of the first two weeks of classroom training prior to PCTs beginning their on the job training with dialysis patients in the dialysis facility. This timing would meet the requirements of the Nebraska Regulation of Health Professions Act 71-6217 that "Registration shall mean the formal notification which, prior to rendering services, a practitioner submits to a state agency setting forth the name and address of the practitioner, the location, nature, and operation of the health activity to be practiced, and such other information which is required by the regulatory entity." Most

PCT training programs are 12 weeks long. Following that time, PCTs gain more on the job experience prior to taking their national PCT certification exam.

Except for the NNCC exam, PCTs must complete 6-12 months of work experience prior to obtaining a national certification exam. This certification ensures that each PCT has obtained sufficient education, training, and work experience to work safely as a PCT. It reassures the public that a PCT has obtained nationally recognized requirements and assists to minimize the risk of patient harm. Nebraska could recognize this certification on the state level by adopting 1 or all 3 of the available national exams that PCTs must pass in order to be a PCT. If only 1 exam is adopted by Nebraska, we request that current PCTs who are already nationally certified through other exams be grandfathered in as well as any future PCTs who transfer from out of state.

The Nebraska Kidney Coalition proposes that state registration of PCTs be administered through direct administration by the Department of Health and Human Services (DHHS). In addition to state registration after two weeks of classroom training, Nebraska PCTs would be required to send in documentation of successful passage of the national PCT exam. Because work experience is required prior to taking the national PCT exam, PCTs are allowed to do their range of functions upon successful completion of their employer's 12-week education and orientation program. If a PCT does not successfully pass a national exam, a PCT would not be allowed to continue to work as a PCT in the dialysis setting nor retain their state PCT registration.

**5. Describe in detail the functions typically performed by practitioners of this occupation, and identify what if any specific statutory limitations have been placed on these functions. If possible, explain why the Legislature created these restrictions.**

The list below, consolidated from the National Kidney Foundation Renal Career Fact Sheet, is general and may vary based on different state laws and facility policies.

- Assembles necessary supplies
- Prepares dialysate according to established procedures and the dialysis prescription
- Assembles and prepares the dialysis extracorporeal circuit according to protocol and dialysis prescription.
- Verifies absence of residual sterilants.
- Tests monitors and machine functions, including alarms, conductivity and temperature. Sets monitors and alarms according to unit and manufacturer protocols.
- Obtains and documents pre-dialysis vital signs, weight, and temperature.
- Inspects a patient's dialysis access. Numbs the area where the needles will be inserted, inserts needles, and initiates dialysis according to unit protocol and patient prescription.
- Documents treatment parameters and communicates patient condition and issues to Registered Nurse.
- Administers anticoagulant according to unit protocols and prescription.
- Monitors patients and equipment, responds to alarms, and readjusts treatment parameters as defined by established protocols and individual patient requirements.
- Changes fluid removal rate and patient position, and administers replacement saline as directed by the registered nurse, physician order, or unit protocol.
- Responds appropriately to dialysis-related emergencies such as hypotensive episodes, needle displacement or infiltration, clotting episodes, blood leaks, air emboli, etc.

- Discontinues dialysis and establishes hemostasis following unit protocol. Inspects, cleans, and dresses access according to unit protocol.
- Obtains and records post-dialysis vital signs, temperature, and weight.
- Discards dialysis supplies and sanitizes equipment according to manufacturer and unit protocol.
- Communicates emotional, medical, psychosocial, and nutritional concerns to the registered nurse.
- Maintains professional conduct, good communication skills, and confidentiality in the care of patients. Participates in the multidisciplinary process.
- Collaborates with the registered nurse in identifying and meeting patient education goals.

The range of functions Nebraska PCTs provided in the former Advisory Opinion are as follows:

- Obtaining lab samples through dialysis tubing
- Cannulation of dialysis access
- Initiation of dialysis – connection of dialysis tubing to the access (fistula, graft, or extracorporeal catheter) and administration of normal saline
- Draw up and inject into dialysis tubing heparin dose associated with routine treatment orders
- Monitor and record dialysis
- Discontinue dialysis
- Clean/dress dialysis access site
- Nutrition and medication information (i.e. distributing educational material as advised)
- Routine injection of normal saline

All of the above duties are performed at each dialysis treatment under standing physician orders. They meet the definition of “non-complex interventions” as follows: “Non-complex interventions means those which can be safely performed according to exact directions, do not require alteration of the standard procedure, and for which the results and client/patient responses are predictable” (Nebraska HHS Regulation and Licensure, 172 NAC 99, 99-002 Definitions).

The Nebraska Nurse Practice Act (NPA) does not permit unlicensed assistive personnel to practice nursing. However, registered nurses are allowed to delegate “nursing interventions” to others. The NPA 38-2211, 2212 and 2218 allow delegating, directing, or assigning nursing interventions that may be performed by others and do not conflict with the Nurse Practice Act. In the outpatient dialysis setting, registered nurses supervise the PCTs, who are unlicensed personnel, and delegate the above duties in accordance with Nebraska regulation as follows: “Delegated by a Registered Nurse means the transference from an RN to an unlicensed person the authority, responsibility, and accountability to provide selected non-complex nursing interventions on behalf of the RN” (Nebraska HHS Regulation and Licensure, 172 NAC 99, 99-002 Definitions).

PCTs meet the definition of an “unlicensed person” as follows: “Unlicensed person means a person who does not have a license to practice nursing and who functions in an assistant or a subordinate role to the nurse. Unlicensed persons receive the authority to provide selected non-complex nursing interventions through delegation of the RN” (Nebraska HHS Regulation and Licensure, 172 NAC 99, 99-002 Definitions). While the NPA does not permit unlicensed personnel to practice nursing, it also does not prohibit licensed nurses from delegating and assigning nursing interventions which are non-complex in nature. We believe the range of functions of PCTs meet the definition of non-complex interventions, as we have stated above.

In addition, PCTs' tasks mirror the designated unlicensed personnel tasks described in 172 NAC 99, sections 99-003.1 – 99.003.5 (see Appendix: Excerpt of Nebraska Nursing Regulations).

As stated in 172 NAC 99, 99-004.01B5, "Staff RNs may utilize employer guidelines in the delegation decision making process but retain accountability for individual delegation decisions, the delegation plan, and evaluation of delegation outcomes."

A Nebraska state credential of PCTs would put in place specific guidance and regulations for dialysis PCTs which currently do not exist. A prior Advisory Opinion outlining the range of function for PCTs as is listed above which had been in place since April, 1991 was retired by the Nebraska Board of Nursing in October, 2015. Because the Advisory Opinion was retired, the Nebraska Kidney Coalition was advised by the Nebraska Board of Nursing to seek the Credential Review process.

**6. Identify other occupations that perform some of the same functions or similar functions.**

Licensed Practical Nurses (LPNs) may perform the same or similar functions.

**7. What functions are unique to this occupation? What distinguishes this occupation from those identified in question 6?**

While LPNs may function as PCTs, the PCT range of functions do not require a licensed individual.

**8. Identify other occupations whose members regularly supervise members of this occupation, as well as other occupations whose members are regularly supervised by this occupation. Describe the nature of the supervision that occurs in each of these practice situations.**

LPNs and RNs working in the dialysis facility regularly supervise PCTs. Every dialysis facility is under the direction of a Medical Director and a multidisciplinary governing body. Federal CMS regulations require that an RN be present while patients are receiving treatment.

**9. What actions, judgments, and procedures of this occupation can typically be carried out without supervision or orders? To what extent is this occupation, or portions of its practice, autonomous?**

PCTs are not autonomous; however, most functions do not change from treatment to treatment. The overall dialysis prescription (i.e. machine settings, treatment length, medications prescribed during treatment) is provided through a physician order. CMS requires dialysis providers to have detailed written procedures that define the proper steps to follow when providing dialysis care.

**10. Approximately how many people are performing the functions of this occupation in Nebraska, or are presenting themselves as members of this occupation? To what extent are these people credentialed in Nebraska?**

There are over 90 PCTs in Nebraska. All have or are in the process of obtaining national certification. There is no current Nebraska credential for dialysis PCTs.

**11. Describe the general level of education and training possessed by practitioners of this occupation, including any supervised internship or fieldwork required for credentialing. Typically, how is this education and training acquired?**

A GED or high school diploma is required for the PCT position. Training is conducted primarily in the work setting. It typically lasts 12 weeks with classroom and on the job skills training. PCTs are required to obtain national certification within 18 months of hire.

**12. Identify the work settings typical of this occupation (e.g., hospitals, private physicians' offices, clinics, etc.) and identify the predominant practice situations of practitioners, including typical employers for practitioners not self-employed (e.g., private physician, dentist, optometrist, etc.).**

The typical work setting is an out-patient hemodialysis facility.

**13. Do practitioners routinely serve members of the general population? Are services frequently restricted to certain segments of the population (e.g., senior citizens, pregnant women, etc.)? If so, please specify the type of population served.**

The only population served are those with kidney failure who require life-sustaining dialysis treatments.

**14. Identify the typical reasons a person would have for using the services of a practitioner. Are there specific illnesses, conditions or situations that would be likely to require the services of a practitioner? If so, please specify.**

Those with kidney failure who choose incenter hemodialysis over home dialysis would receive the services of PCTs. People who do their own dialysis in their homes do not use the services of PCTs. They are trained by Registered Nurses to do their dialysis treatments themselves, sometimes with the assistance of a personal helper or caregiver.

**15. Identify typical referral patterns to and from members of this occupational group. What are the most common reasons for referral?**

Dialysis patients are not referred to PCTs, so this question does not apply.

**16. Is a prescription or order from a practitioner of another health occupation necessary in order for services to be provided?**

The nephrologist writes the treatment prescription that is specific to each patient, and the facility may have standing protocols that exist in addition to the patient specific treatment prescription.

**17. How is continuing competence of credentialed practitioners evaluated?**

State registration would be maintained as long as a PCT is employed in an outpatient dialysis clinic. One way continuing competence is evaluated is through recertification of the national PCT certification which is required every three to four years, depending on the credentialing organization. Certification is valid from the date the candidate originally passed the examination. Documentation is due within 30 days of the recertification date to avoid revocation of the credential. At least 30 - 40 contact hours applicable to the role of the PCT must be obtained as well as required work hours. Employers also have their own annual evaluations of dialysis staff, including PCTs. As long as PCTs remain employed, Nebraska DHHS can rest assured that PCTs are meeting these requirements. Documentation of these activities could be required by DHHS to ensure PCT and employer compliance.

**18. Identify other jurisdictions (states, territories, possessions, or the District of Columbia) wherein this occupation is currently regulated by the government, and the scopes of practice typical for this occupation in these jurisdictions.**

National certification of PCTs has been required since 2010 by the Centers for Medicare & Medicaid Services (CMS) in all states, the District of Columbia, and U.S. territory (see Appendix: CMS 2009 memo). Some states have additional requirements and/or restrictions of delegation of tasks for PCTs (see Appendix: state by state chart in the attached article, "The Authority for Certain Clinical Tasks Performed by Unlicensed Patient Care Technicians and LPNs/LVNs in the Hemodialysis Setting: A Review").

### **Additional Questions an Applicant Group Must Answer about their Proposal**

#### **1) What is the problem created by not regulating the health professional group under review, or by not changing the scope of practice of the professional group under review?**

With the retiring of the Advisory Opinion and the range of functions for PCTs not specifically addressed in any state statute or regulation, there is currently not a defined range of functions for PCTs or a clear definition that their range of functions meet requirements for RN delegation of unlicensed personnel.

#### **2) If the proposal is for the regulation of a health professional group not previously regulated, all feasible methods of regulation, including those methods listed below, and the impact of such methods on the public, must be considered. For each of the following evaluate the feasibility of applying it to the profession and the extent to which the regulatory method would protect the public.**

- **Inspection requirements** (not applicable)
- **Injunctive relief** (not applicable)
- **Regulating the business enterprise rather than individual providers** (not applicable)
- **Regulating or modifying the regulation of those who supervise the providers under review** (not applicable)
- **Registering the providers under review**

We understand registration is the best option for PCTs in Nebraska because it is not voluntary.

- **Certifying the providers under review by the State of Nebraska**

While this would be an option for PCTs in Nebraska, we understand that certification would be optional and may not satisfy all interested parties in the credentialing of PCTs.

- **Licensing the providers under review**

LPNs who are PCTs are already licensed. No state licenses PCTs. Credentialing would be appropriate through either registration or certification.

#### **3) What is the benefit to the public of regulating the health professional group under review or changing the scope of practice of the regulated health profession under review?**

Dialysis patients put their lives in the hands of PCTs during each dialysis treatment. State registration ensures that each PCT has successfully completed a rigorous training program, passed a national certification exam, and continues to complete required continuing education.

#### **4) What is the extent to which the proposed regulation or the proposed change in scope of practice might harm the public?**

We see no harm to the public by credentialing PCTs. There are no changes being proposed to the current PCT range of function, simply clarification of existing tasks. The Nebraska Kidney Coalition asserts that dialysis is a non-complex intervention, as defined by Nebraska law, in that dialysis:

(1) has for decades been **provided safely** – in fact, technicians are the majority caregiver in dialysis facilities across the United States;

- (2) there is **no alteration of the standard dialysis procedure** in the out-patient facility environment;
- (3) the **results and patient responses are predictable** and have been for decades, and
- (4) patient care is **monitored closely** by CMS through state surveys and the quality improvement activities administered by the Heartland Kidney Network.

**5) What standards exist or are proposed to ensure that a practitioner of the health professional group under review would maintain competency?**

State registration would continue as long as someone is employed as a PCT in a Nebraska outpatient dialysis clinic. In order to maintain employment, PCTs have to fulfill continuing education requirements for national recertification which ensure ongoing education and competency, as well as employer evaluations and facility surveys conducted by the Nebraska DHHS. PCTs would be required to notify the state registration upon their termination of employment from a PCT position.

**6) What is the current and proposed role and availability of third-party reimbursement for the services provided by the health professional group under review?**

Not applicable. Medicare, Medicaid and other insurers do not separate out the services of PCTs for reimbursement purposes.

**7) What is the experience of other jurisdictions in regulating the practitioners affected by the proposal? Identify appropriate statistics on complaints, describing actions taken, etc., by jurisdictions where the profession is regulated.**

States vary greatly in the extent to which PCTs may function in the hemodialysis setting. For example, 22 states expressly permit PCTs to administer heparin as ordered to initiate or terminate a hemodialysis treatment. Twelve states do not clearly define the scope of permissible duties in this area and rely on RN delegation decision-making processes. While only five states have specific language that permits dialysis technicians to initiate hemodialysis via central line catheters, 18 states permit the RN, through delegation language, to assess the competency of the PCT and delegate this task. Nebraska has historically allowed PCTs to perform both of these tasks (see Appendix: “The Authority for Certain Clinical Tasks Performed by Unlicensed Patient Care Technicians and LPNs/LVNs in the Hemodialysis Setting: A Review”) with no negative outcomes, as verified by the Heartland Kidney Network. As stated earlier, considering over 194,000 dialysis treatments are provided annually in outpatient facilities in Nebraska, this is an excellent safety record.

**8) What are the expected costs of regulating the health professional group under review, including the impact of registration, certification, or licensure on the costs of services to the public? What are the expected costs to the state and to the general public of implementing the proposed legislation?**

Any cost to the state for registration would need to be determined by DHHS, and we assume the technicians will be charged a fee to cover that cost.

**9) Is there any additional information that would be useful to the technical committee members in their review of the proposal?**

In 2014, thirteen Chief Medical Officers of dialysis providers in the United States collaborated to conduct the Peer Kidney Care Initiative, which reported on dialysis care and outcomes in the United States in hospitalization and mortality. With data provided by the United States Renal Data Systems (USRDS), trends were analyzed in incidence, prevalence, hospitalization, and mortality rates from 2003 - 2010.

The tables on the following pages demonstrate that Nebraska has exhibited improvement since 2003 in decreased hospitalization and mortality rates for both new and existing dialysis patients.

Table 1. Hospitalization Rates of Dialysis Patients During their First Year of Treatment:

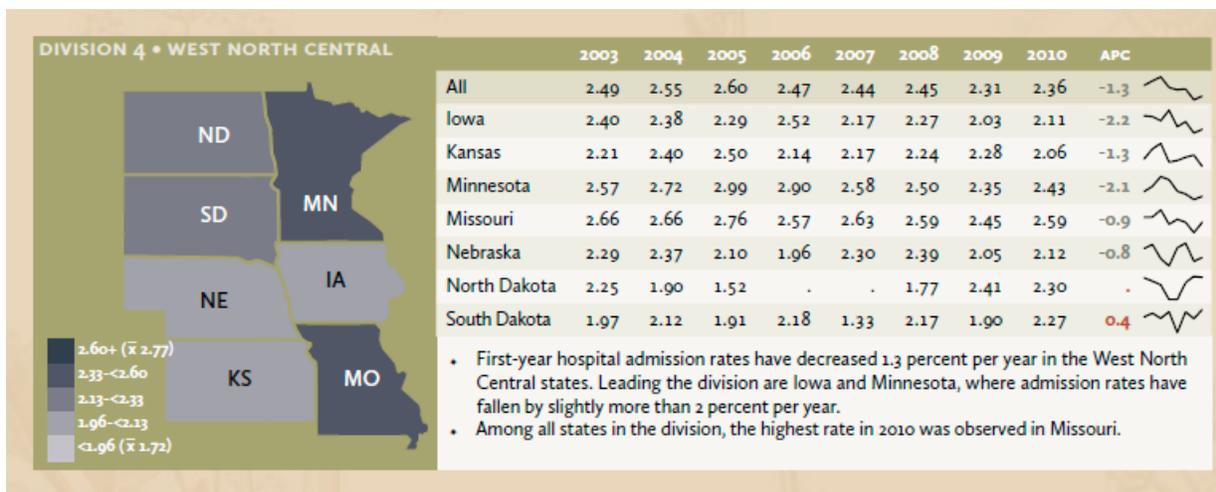


Table 2. Hospitalization Rates Among Prevalent Patients

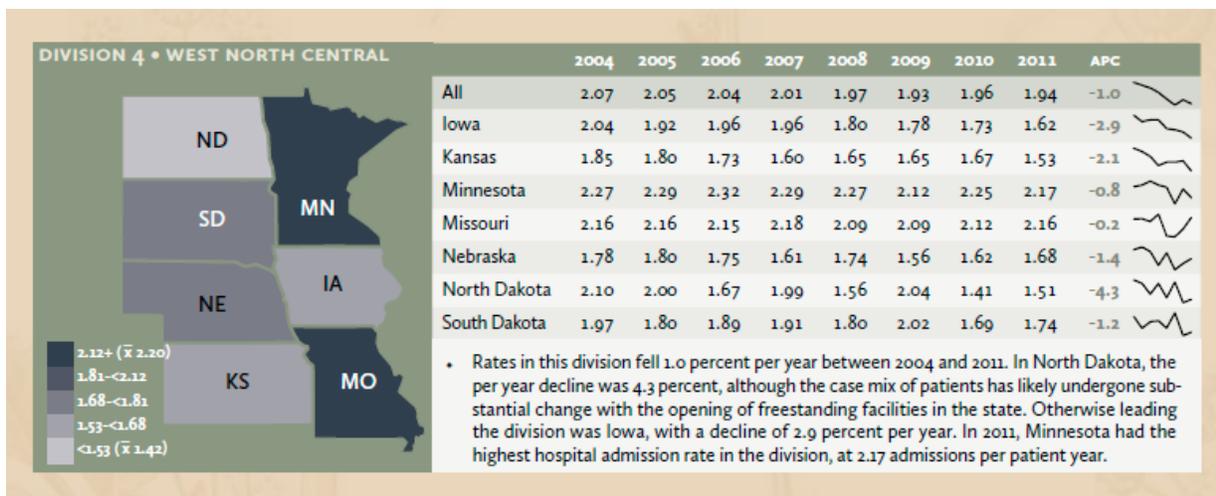


Table 3. Mortality Rates in Incident Dialysis Patients – First Year

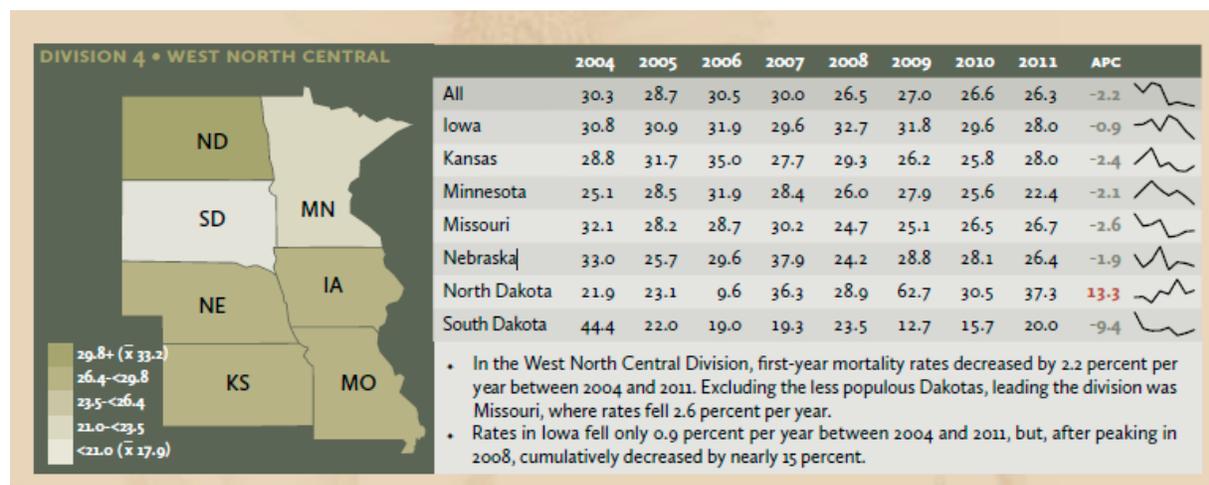
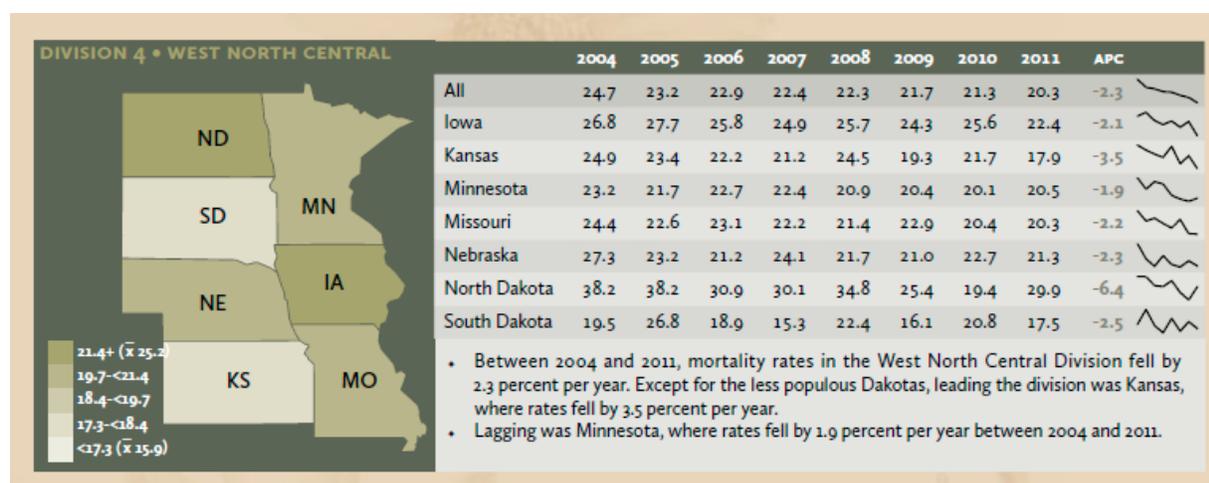


Table 4. Mortality Rates in Prevalent Patients



Peer Report, Dialysis Care & Outcomes in the United States, 2014.

## APPENDIX

National Association of Nephrology Technicians/Technologists Position Statement on Recognition and Support of Three Credentialing Programs for Dialysis Technicians

List of Nebraska Dialysis Providers

Nebraska Board of Nursing Advisory Opinion: “Delegation, Direction and Assignment in the Outpatient Dialysis Unit”

172 NAC 99, sections 99-003.1 – 99.003.5: Excerpt of Nebraska Nursing Regulations

Memo to State Survey Agency Directors: Centers for Medicare & Medicaid Services (CMS) Approval of State and National Certification Programs for Patient Care Dialysis Technicians (PCTs) under the new End Stage Renal Disease (ESRD) Conditions for Coverage

O’Keefe. “The Authority for Certain Clinical Tasks Performed by Unlicensed Patient Care Technicians and LPNs/LVNs in the Hemodialysis Setting: A Review.” *Nephrology Nursing Journal*, May-June 2014, Vol. 41, No. 3, pp. 247 – 254.



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## **NANT Position Statement on the Recognition and Support of Three Credentialing Programs for Dialysis Technicians**

*Approved by the NANT Board of Directors 22 April 2001  
Updated March 2013*

NANT supports the development of a standard national program of education and training for dialysis patient care technicians, preferably in a formal setting, that meets federal CMS guidelines with standardized competency testing and with annual continuing education requirements. NANT recognizes a distinction between the patient care aspects of dialysis and the technical elements of the treatment, which include equipment maintenance, water treatment, and dialyzer reuse. With regard to the latter, NANT believes that such individuals must be provided with appropriate training, or have sufficient experience, with standardized competency testing with regard to their responsibilities. NANT agrees to promote standards for education of all practitioners as a means to achieve quality of care.

The National Association of Nephrology Technicians/Technologists (NANT) strongly urges patient care technicians, dialysis technologists and biomedical technicians and technologists to pursue certification by a nationally recognized testing organization. NANT believes that the term, "certification", should be reserved for voluntary private sector programs that attest to the competency of individual health professionals.

NANT recognizes three credentialing programs for dialysis technicians. Each of these programs is designed to measure different levels of competency.

The **Nephrology Nursing Certification Commission (NNCC)** offers two examination programs: Certification for Clinical Hemodialysis Technicians (CCHT) and the Certified Clinical Hemodialysis Technician Advanced (CCHT-A).

A joint task force of the NANT and the American Nephrology Nurses Association (ANNA) initiated the development of the CCHT exam. Technicians are eligible to take the CCHT exam with a *suggested* minimum of **6 months** experience as a Hemodialysis technician. The NNCC CCHT exam measures cognitive levels in four dialysis practice areas: clinical (50%), technical (23%), environmental (15%) and role (12%). NANT recognizes the CCHT examination as a valid measure of basic competency for hemodialysis patient care technicians.

The Certified Clinical Hemodialysis Technician Advanced examination requires five years of clinical experience as a dialysis technician and evidence of national certification by one of three national certification organizations identified in CMS regulations. The CCHT-A examination also measures knowledge and skill in four dialysis practice areas, however, the percentage of questions in each category is different than the CCHT exam: clinical (52%), technical (25%), environmental (8%), and role (15%). NANT recognizes the CCHT-A examination as a valid measure of clinical and technical proficiency for all dialysis technicians.

The **Board of Nephrology Examiners Nursing and Technology (BONENT)** offers an examination for Hemodialysis Technician Certification, leading to the Certified Hemodialysis Technician (CHT) designation. Technicians are eligible to take the CHT exam with a minimum of **12 months** experience in nephrology technology. The BONENT Hemodialysis Technician Certification Examination measures technical proficiency in five major domains of practice and tasks performed in the scope of hemodialysis technology: patient care (65%), machine technology (10%), water treatment (5%), dialyzer reprocessing (5%) and education/personal development (15%). NANT recognizes the CHT examination as a valid measure of technical proficiency for all hemodialysis technicians.

The **National Nephrology Certification Organization (NNCO)** offers two examinations: Clinical Nephrology Technology, leading to the Certified in Clinical Nephrology Technology (CCNT) designation and Biomedical Nephrology Technology, leading to the Certified in Biomedical Nephrology Technology (CBNT) designation. Technicians are eligible to take the CCNT and CBNT exams with a minimum of **12 months** experience in nephrology technology, or upon successful completion of a BONENT Approved Program.

The Clinical Nephrology Technology examination measures knowledge in seven major areas: principles of dialysis (10%), care of the patient with kidney failure (15%), dialysis procedures and documentation (15%), complications of dialysis (15%), water treatment and dialysate preparation (15%), infection control and safety (20%), and dialyzer reprocessing (10%). NANT recognizes the CCNT examination as a valid measure of current competence in the specialized area of practice of patient care hemodialysis technicians.

The Biomedical Nephrology Technology examination measures knowledge in seven major areas: principles of dialysis (25%), scientific concepts (10%), electronic applications (7%), water treatment (23%), equipment functions (13%), environmental/regulatory issues (12%), and dialyzer reuse/reprocessing (10%). NANT recognizes the CBNT examination as a measure of current competence in the specialized area of practice of biomedical hemodialysis technicians.

*For further information, please contact NANT at 937.586.3705 / 877.607.6268  
or e-mail [nant@meinet.com](mailto:nant@meinet.com)*

NANT encourages technicians to earn certification from the appropriate independent credentialing organization. Technicians should contact their preferred credentialing organization directly for more information about the examination and credentialing process. Please see the next page for contact information for each of these programs.

<b>Examination</b>	<b>Experience Required</b>	<b>Organization</b>	<b>Contact Information</b>
CCHT	6 months (suggested)	NNCC	P.O. 56 East Holly Avenue Pitman, New Jersey 08071-0056 888.884.6622 FAX 856.589.7463 E-mail: <a href="mailto:nncc@ajj.com">nncc@ajj.com</a> <a href="http://www.nncc-exam.org">www.nncc-exam.org</a>
CCHT-A	5 years & current national certification		
CHT	12 months	BONENT	100 S. Washington St. Rockville MD 20850 202.462.1252 Fax: 202.463.1257 <a href="http://www.BONENT.org">www.BONENT.org</a>
CCNT	1 year	NNCO	Professional Testing Corporation
CCBT	1 year		1350 Broadway, 17 <sup>th</sup> Floor New York, NY 10018 212.356.0660 <a href="http://www.ptcny.com">www.ptcny.com</a>

NANT promotes the highest quality of care for End Stage Renal Disease (ESRD) patients through education and professionalism. It is committed to providing educational opportunities for the technical practitioner and other members of the integrated care team, representing the technical professional in the regulatory and legislative arena, achieving recognition for the role and significant contribution of the technical practitioner to the total care of the ESRD patient and serving as a resource for the ESRD community to accomplish each of these goals. Membership includes technicians/technologists from a variety of specialties, including patient care, equipment maintenance, dialyzer reuse, transplantation and facility administration. For more information about NANT, please contact us at 937.586.3705; fax: 937.586.3699; e-mail: [nant@meinet.com](mailto:nant@meinet.com) or on the web at [www.dialysistech.org](http://www.dialysistech.org) .

*For further information, please contact NANT at 937.586.3705 / 877.607.6268  
or e-mail [nant@meinet.com](mailto:nant@meinet.com)*

NAME	ADDRESS	CITY	ST	ZIP	OWNED BY
Avera St Anthonys Hospital ESRD	223 Adams St	ONEILL	NE	68763	Independent
Box Butte Dialysis Unit	Box Butte General Hospital	ALLIANCE	NE	69301	Independent
Capital City Dialysis	307 N 46th St	LINCOLN	NE	68503	DaVita
Carl T Curtis Dialysis Clinic	ATTN Dialysis Unit	MACY	NE	68039	Independent
Chadron Community Hospital Dialysis	825 Centennial Drive	CHADRON	NE	69337	Independent
Cherry County Hospital Dialysis Unit	510 N Green St	VALENTINE	NE	69201	Independent
Cornhusker Dialysis	505 Cornhusker Rd #107	BELLEVUE	NE	68005	DaVita
Dialysis Center of Columbus	2452 39th Ave	COLUMBUS	NE	68601	Independent
Dialysis Center of Lincoln	7910 O St.	LINCOLN	NE	68510	Independent
Dialysis Center of Lincoln - Home	5355 South 16th Street	LINCOLN	NE	68512	Independent
Dialysis Center of Lincoln Northwest	4911 North 26th Street	LINCOLN	NE	68521	Independent
Dialysis Center of Lincoln Southwest	5355 South 16th Street	LINCOLN	NE	68512	Independent
Dialysis Clinic, Inc	4112 Twin Creek Dr	BELLEVUE	NE	68123	Dialysis Clinic, Inc.
Dialysis Clinics, Inc - Omaha	3316 Dodge St.	OMAHA	NE	68131	Dialysis Clinic, Inc.
Dialysis Clinics, Inc - West Omaha	3015 N. 118th St	OMAHA	NE	68164	Dialysis Clinic, Inc.
Dodge County Dialysis	1949 E 23rd Avenue South	FREMONT	NE	68025	DaVita
FMC - Grand Island	3516 Richmond Circle	GRAND ISLAND	NE	68803	Fresenius Medical Care
FMC - Nebraska Home Dialysis	2916 S 84TH ST	OMAHA	NE	68124	Fresenius Medical Care
FMC - North Platte	785 EAST FRANCIS	NORTH PLATTE	NE	69101	Fresenius Medical Care
FMC - Overland Trails	5210 Parkland Dr.	KEARNEY	NE	68847	Fresenius Medical Care
Grand Island Dialysis	203 East Stolley Park Road	GRAND ISLAND	NE	68801	DaVita
Hastings Dialysis Center	1900 N St Joseph Ave	HASTINGS	NE	68901	DaVita
McCook Dialysis Center	801 West C St	MCCOOK	NE	69001	DaVita
Northeast Nebraska Dialysis	1603 Prospect Ave	NORFOLK	NE	68701	DaVita
Omaha Central Dialysis	144 S 40th Street	OMAHA	NE	68131	DaVita
Omaha Florence Dialysis	7454 N 30th St	OMAHA	NE	68112	DaVita
Omaha Harrison Dialysis	6610 S 168th St Suite 8	OMAHA	NE	68135	DaVita
Omaha Home Training	8021 Cass Street	OMAHA	NE	68114	DaVita
Omaha South Dialysis	3339 L Street	OMAHA	NE	68107	DaVita
Omaha West Dialysis	13014 W. Dodge Rd.	OMAHA	NE	68154	DaVita
RAI Care Center	4411 Center Ste A	OMAHA	NE	68105	Fresenius Medical Care
RAI Care Center - Ames Ave	5084 Ames Ave	OMAHA	NE	68104	Fresenius Medical Care
RAI Care Center - Fremont	2660 N Health Way	FREMONT	NE	68025	Fresenius Medical Care
Scottsbluff Dialysis Center	3812 Ave B	SCOTTSBLUFF	NE	69361	DaVita
Sorensen Park Dialysis	6212 N 73rd Plaza #100	OMAHA	NE	68134	DaVita
South Lincoln Dialysis	3401 Plantation Drive Suite 140	LINCOLN	NE	68516	DaVita
York General Dialysis Services	2319 N Lincoln Avenue	YORK	NE	68467	Independent

ADVISORY  
OPINION

**OPINION:** Delegation, Direction,  
& Assignment in OP Dialysis  
**ADOPTED:** April, 1991  
**REVISED:** 1/1996, 7/2003  
**REAFFIRMED:** 5/2000, 3/2005

This Nebraska Board of Nursing advisory opinion is issued in accordance with the Nebraska Nurse Practice Act, [Neb. Rev. Stat. 38-2216 \(2\)](#). As such, this advisory opinion is for informational purposes only and is non-binding. The advisory opinions define acts, which in the opinion of the board, are or are not permitted in the practice of nursing.

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## Delegation, Direction, & Assignment in the Outpatient Dialysis Unit

1. The Nebraska Board of Nursing supports the Joint Position Statement of the American Nephrology Nurses Association (ANNA) and the National Association of Nephrology Technicians/Technologists on Use of Unlicensed Personnel in Dialysis and the ANNA Position Statement on Delegation of Nursing Tasks.
2. The board supports the standard that RN's use a decision making process, based upon nursing education, a body of nursing knowledge, nursing judgment, and application of the nursing process to delegate and make assignments in a manner that allows for safe, accountable and responsible provision of nursing care related to dialysis services for patients.
3. The board supports the standard that RNs retain accountability for the adequacy and outcomes of nursing care provided directly and indirectly related to dialysis services.
4. The board supports the standard that RNs are accountable to assess and verify unlicensed person's competency to provide auxiliary services in support of the hemodialysis nurse's practice. The board further supports the standard that RNs are accountable to assess and verify the competency of licensed practical nurses prior to making assignments related to the provision of dialysis services.
5. The board supports the standards that direct supervision should be provided for all delegated/directed activities. Direct supervision means that the responsible licensed nurse is physically present in the clinical area, and is available to assess, evaluate and respond immediately.

6. The board recommends the following as appropriate delegation, assignment, and/or direction for patients with chronic renal disease receiving services in an outpatient dialysis unit.

Obtain lab samples (access the dialysis tubing for withdrawal of blood sample)	LPN or technician
Obtain Site Cultures	LPN
Cannulation of access	LPN or technician
Initiation of dialysis (connection of dialysis tubing to the access device and administration of normal saline)	LPN or technician
Initiating dialysis via a duo-lumen catheter	LPN or technician
Determine clotting time	LPN or technician
Draw up and inject heparin dose associated with routine dialysis treatment	LPN or technician
Monitor and record dialysis	LPN or technician
Discontinue dialysis (includes administration of normal saline and discontinuing the cannulation)	LPN or technician
Clean/dress fistula graft site	LPN or technician
Administration of O2	LPN or technician (only if medication aide)
Subclavian care	LPN
Nutrition & medication education	LPN
Nutrition & medication information	LPN or technician
Routine injection of normal saline	LPN or technician

7. The board also recommends that the following are not appropriate delegation, assignment, and/or direction:

Decision to adjust heparin dose

Final accountability for staff and patient education

Administration of IV medications\*

Case management of the home dialysis client

\*Administration of IV medications is a complex nursing intervention and is within the scope of practice of a Registered Nurse. An LPN-C may also administer limited IV medications as defined in 172 NAC 102, the Regulations Governing the Practice of Licensed Practical Nurse-Certified.

8. The Medication Aide Act requires any unlicensed person providing medications in any licensed facility to be on the Medication Aide Registry.

A licensed nurse is accountable to be competent for all nursing care that he/she provides. Competence means the ability of the nurse to apply interpersonal, technical and decision-making skills at the level of knowledge consistent with the prevailing standard for the nursing activity being applied. Accountability also includes acknowledgement of personal limitations in knowledge and skills, and communicating the need for specialized instruction prior to providing any nursing activity.

*References:*

Joint Position Statement of the American Nephrology Nurses' Association (ANNA) and the National Association of Nephrology Technicians/Technologists (NANT) on Unlicensed Personnel in Dialysis. ANNA Board of Directors and NANT Board of Directors. 2003.

The Role of Unlicensed Assistive Personnel in Dialysis Therapy. ANNA Board of Directors. 2003.

Delegation of Nursing Care Activities. ANNA Board of Directors. 2003.

[Title 172 Chapter 95](#); State of Nebraska Regulations Governing the Provision of Medications by Medication Aides and Other Unlicensed Persons. 2003.

[American Nephrology Nurses' Association- Practice](#)

99-003 MINIMUM STANDARDS FOR NURSING CARE RESPONSIBILITIES OF LICENSED NURSES WITHIN THE FRAMEWORK OF THE NURSING PROCESS, INCLUDING PARAMETERS FOR DELEGATION AND ASSIGNMENT OF NURSING INTERVENTIONS, INCLUDE BUT ARE NOT LIMITED TO:

**Registered Nurse (RN)**  
Based on independent, dependent, and interdependent functions:

**Licensed Practical Nurse (LPN)**  
At the direction of RN or Licensed Practitioner:

**Unlicensed Person**  
As assigned, delegated, and/or directed by the RN or as assigned and directed by the LPN

99-003.01 Assess-ing

99-003.01A Conducts and documents nursing assessments of the health status of individuals, families, and groups by:  
1) Collecting objective and subjective data from observations, examinations, interviews, and written records. The data include but are not limited to:  
a) biophysical and emotional status including patterns of coping and interacting;  
b) growth and development;  
c) cultural, spiritual, and socio-economic background;  
d) health history;  
e) information collected by other health team members;  
f) client/patient knowledge and perception about health status and potential, or maintaining health status;  
g) ability to perform activities of daily living and personal care;  
h) the client/patient's health goals;

99-003.01B Contributes to the assessment of health status of individuals including interactions of individuals with family members or group members, by:  
1) Collecting basic objective and subjective data from observations, examinations, interviews, and written records. The scope and depth of data collection is consistent with the educational preparation of the LPN. Such data may include:  
a) physical and emotional status;  
b) growth and development;  
c) cultural, spiritual, and socio-economic background;  
d) health history,  
e) information collected by other health team members;  
f) client/patient understanding of health status and self-care needs;  
g) ability to perform activities of daily living and personal care;  
h) environmental factors (e.g.,

99-003.01C Contributes to the assessment of the health status of individuals including interactions of individuals with family members or group members by:  
1) Collecting basic subjective and objective data from observations and interviews. The data to be collected is identified by the RN and/or LPN.  
2) Reporting and recording the collected data.

- i) environmental factors (e.g., physical, social, emotional and ecological); and
  - j) available and accessible human and material resources.
- 2) Sorting, selecting, reporting and recording the data.
- 3) Validating, refining and modifying the data by utilizing available resources including interactions with the client/patient, family, significant others, and health team members.
- physical, social, emotional and ecological); and
- i) available and accessible human and material resources;
- 2) Recording and reporting the data.
- 3) Assisting with validating, refining and modifying the data by utilizing available resources including interactions with the client/patient, family, significant others, and health team members.

99-003.02  
Establishing nursing diagnoses

- 99-003.02A Utilizes all data to:
- 1) Identify and document responses to actual or potential health conditions and derives nursing diagnosis(es):
- a) based upon synthesis of the collected data,
  - b) which identify(ies) the needs and priorities of the client(s)/patient(s).
- 2) Identify educational and counseling needs.

- 99-003.02B Contributes to establishing nursing diagnoses which identify(ies) the needs of the client/patient by:
- 1) Identifying signs and symptoms of deviation from normal health status.
- 2) Identifying overt learning needs.

- 99-003.02C Identifies basic signs and symptoms of deviations from normal health status and provides basic information which licensed nurses use in identification of problems and needs.

99-003.03  
Planning Care

- 99-003.03A Develops a plan of care for individuals, families, and groups based on assessment and nursing diagnosis(es). This includes:
- 1) Consideration of the cultural, ethnic, and spiritual needs of the client/patient;
- 2) Consideration of

- 99-003.03B Participates in the development of the plan of care for individuals. This includes:
- 1) Recognition of the client/patients cultural, ethnic, and spiritual needs;
- 2) Recognition of the client/patient's beliefs and rights to choice;

- 99-003.03C Contributes to the development of the plan of care for individuals by reporting basic data.

- client/patient decisions regarding treatment;
- 3) Identification of priorities;
  - 4) Collaborating with client/patient to establish goals/outcomes;
  - 5) Prescribing nursing interventions;
  - 6) Identifying measures to:
    - a) maintain comfort;
    - b) support human functions and response; and
  - 7) Consideration of educational and counseling measures to promote, maintain, and restore health; and
  - 8) Identifying community resources for continued care.
- 3) Providing data;
  - 4) Contributing to the identification of priorities;
  - 5) Contributing to setting goals/outcomes; and
  - 6) Assisting in identification of measures to:
    - a) maintain comfort;
    - b) support human functions and response; and
    - c) maintain an environment conducive to well being.
  - 7) Consideration of the overt learning needs of the client/patient.
  - 8) Contributing to identification of community resources for continued care.

99-003.04  
Implementing the plan of care.

- 99-003.04A Implements a plan of care including:
- 1) Initiating nursing interventions through:
    - a) writing nursing directives;
    - b) giving direct care;
    - c) assisting with care;
    - d) providing education and counseling; and
    - e) assigning, directing, and delegating.
  - 2) Implementing the diagnostic or therapeutic regimens of licensed practitioners.
  - 3) Providing an environment conducive to safety and health;
  - 3) Documenting nursing interventions and client/patient responses to care, and
  - 4) Communicating interventions and

- 99-003.04B Participates in the assisting and giving of care by:
- 1) Providing care for client/patients whose conditions are stabilized and/or predictable;
  - 2) Under direct supervision of the RN, assisting with the provision of care for client/patients whose conditions are not stable and/or predictable and who are not competent to make informed decisions and provide necessary information;
  - 3) Implementing nursing care according to the priority of needs and established plan of care;
  - 4) Implementing diagnostic or therapeutic regimens of licensed practitioners.
  - 5) Directing and assigning

- 99-003.04C Participates in the giving of direct care by:
- 1) Assisting with ADLs, personal cares, and encouraging self care;
  - 2) Providing comfort measures and emotional support to client/patients whose condition is stable and/or predictable;
  - 3) Assisting with basic maintenance and restorative nursing;
  - 4) Providing a safe and healthy environment;
  - 5) Documenting and communicating completion of assigned/delegated activities and client/patient responses; and
  - 6) Seeking guidance and direction when

responses to other nursing interventions. appropriate  
members of the health 6) Providing an environment  
team. conducive to safety and  
health;  
7) Documenting nursing  
interventions and  
client/patient responses to  
care; and  
8) Communicating  
interventions and  
responses to care to  
appropriate members of the  
health team.

99-003.05  
Evaluating  
response to  
interventions

99-003.05A Evaluates the responses of individuals, families and groups to nursing interventions.  
1) Evaluation data must be documented and communicated to appropriate members of the health care team; and 2) Evaluation data must be used as a basis for:  
a) Reassessing client/patient health status;  
b) measuring outcomes and goal attainment;  
c) modifying nursing diagnosis(es);  
d) revising strategies of care; and  
e) prescribing changes in nursing interventions.

99-003.05B Contributes to the evaluation of the responses of individuals to nursing interventions.  
1) Evaluation data must be documented and communicated to appropriate members of the health care team.  
2) Contribute to the modification of the plan of care based upon the evaluation.

99-003.05C Contributes to the evaluation.  
1) Document and communicate client/patient responses.  
2) Assist with collection of data.



Center for Medicaid and State Operations/Survey and Certification Group

**Ref: S&C-10-03-ESRD**

**DATE:** October 30, 2009

**TO:** State Survey Agency Directors

**FROM:** Director  
Survey and Certification Group

**SUBJECT:** Centers for Medicare & Medicaid Services (CMS) Approval of State and National Certification Programs for Patient Care Dialysis Technicians (PCTs) under the new End Stage Renal Disease (ESRD) Conditions for Coverage

**Memorandum Summary**

- **PCT Certification:** CMS regulations require certification of Patient Care Dialysis Technicians (PCTs) by April 15, 2010, for all PCTs who have been employed in dialysis facilities since October 14, 2008.
- **Ongoing Certification Dates:** PCTs hired after October 14, 2008, must be certified within 18 months of their date of hire.
- **Approved Certification Programs:** CMS has approved 3 National PCT certification programs and 10 State PCT certification programs as meeting CMS requirements.
- **Obtaining CMS Approval of Certification Programs:** National or State certification programs that desire CMS approval must show that their programs meet CMS requirements of (1) a qualifying standardized test; (2) an independently-proctored and protected test environment; and (3) ongoing re-certification. Requests for program review and approval should be addressed to [ESRDSurvey@cms.hhs.gov](mailto:ESRDSurvey@cms.hhs.gov).
- **Attachments to Memo:** Two appendices are attached to this Memorandum. Appendix A describes State PCT certification programs. Appendix B describes the National PCT certification programs.

**Background:**

The new ESRD Conditions for Coverage require that dialysis patient care technicians (PCTs) who have been employed since October 14, 2008, must be certified by either a State or a National PCT certification program by April 15, 2010. PCTs hired after October 14, 2008 must be certified within 18 months of their date of hire. CMS will count all PCT work experience, regardless of changes in employer, in determining the 18-month time period allowed for completion of certification. If a PCT has a break in employment as a PCT for 18 months or more, then the 18-month count for certification begins anew.

## **CMS Approval of State and National Certification Programs for PCTs**

Certification can occur under the aegis of either a CMS-approved State or National PCT certification program. The CMS requirements for an approved program include (1) a qualifying standardized test; (2) an independently proctored and protected testing environment; and (3) ongoing re-certification. For a PCT certification program to be approved by CMS, the sponsoring entity (State or National program) must apply to CMS. The request for approval and a statement describing how the program meets CMS PCT certification requirements should be submitted to the ESRD mailbox at [ESRDSurvey@cms.hhs.gov](mailto:ESRDSurvey@cms.hhs.gov). Two appendices describing the CMS requirements for an approved PCT certification program are attached to this Memorandum. Appendix A describes States that either have State-provided PCT certification programs or require PCT certification from a CMS-approved National program. Appendix B describes the National programs that provide PCT certification.

### **Definition of a PCT**

The CMS requirement for PCT certification applies to unlicensed individuals providing **direct patient care**. PCTs are described in a variety of terms, including “biomedical technician” and “dialysis assistant.” For purposes of CMS technician certification requirements, a PCT is any unlicensed staff member who has responsibility for direct patient care, including setting up the dialysis machine for patient use and testing reprocessed dialyzers that have been placed on the machine for presence or absence of germicide. A person who reprocesses dialyzers and/or maintains or “takes down” dialysis machines after use and who has no direct patient care contact is not considered a PCT by CMS.

### **Certification and Additional Requirements**

In addition to being certified by a CMS-approved program, PCTs must meet applicable Federal and State requirements for education, training, and competency to provide patient care in dialysis facilities. This includes any State requirements related to practice standards, certification, credentialing, licensure, or registration. Federal requirements, in addition to certification, include that the PCT have a high school diploma or equivalency (GED). Recognizing that there were PCTs with extensive experience working in dialysis facilities on the effective date of these new regulations (10/14/2008) who may not have verification of a high school diploma or GED, PCTs with greater than 4 years of PCT work experience in dialysis as of 10/14/08 may use that work experience in lieu of the requirement for a high school diploma or GED. CMS also requires that PCTs complete a job-specific training program which addresses the curricula prescribed by the ESRD Conditions for Coverage (CfCs) at §494.140(e)(3) before independently providing care to patients.

### **Currently Approved PCT Certification Programs**

At the time of the publication of the new ESRD CfCs, there were three National, commercially-available PCT certification programs: the Board of Nephrology Examiners for Nursing and Technology (BONENT), the Nephrology Nursing Certifying Commission (NNCC); and the National Nephrology Certification Organization (NNCO). CMS has approved all three of these National programs as meeting CMS requirements for PCT certification. The three National certification programs are described in Appendix B.

To identify States that have implemented PCT certification programs which are equivalent to the approved commercial National certification programs, CMS researched information pertaining to all States & Territories. The results of this investigation are presented in Appendix A. The information in Appendix A was obtained by using the following search methods: (1) searching State government Web sites for licensing rules and language in the State Nurse Practice Acts applicable to the regulation of PCTs; (2) contacting national organizations involved with PCTs including the National Association of Nephrology Technicians (NANT), the National Kidney Foundation's Council of Nephrology Nursing and Technologists (NKF-CNNT), the American Nephrology Nurses' Association (ANNA), and the National Renal Administrators' Association (NRAA); (3) working with ESRD Networks; and (4) interviewing specialists from State Survey Agencies, State Boards of Nursing, and State Kidney Programs. Those State programs listed in Appendix A with a checkmark under the first column are approved by CMS. Additional States that wish to apply for CMS approval of their State PCT certification program, may apply by using the process described in this Memorandum. The Appendices describing the State and National PCT certification programs will be posted on the Providing Data Quickly (PDQ) Web site and periodically refreshed. In addition, CMS will make the current and all updated versions of the Appendices available to the nephrology community for posting on publicly-available Web sites.

Please address questions and comments about this memorandum to Judith Kari at [judith.kari@cms.hhs.gov](mailto:judith.kari@cms.hhs.gov).

**Effective Date:** The information contained in this memorandum is current policy and is in effect for all ESRD facilities. The State Agency should disseminate this information within 30 days of the date of this memorandum.

/s/

Thomas E. Hamilton

Attachment: State Certification Grid for Patient Care Dialysis Technicians

cc: Survey and Certification Regional Office Management

## Appendix A: State PCT Certification Programs - States with Provisions or Requirements that Meet CMS Approval

**Purpose:** Appendix A was developed to identify States that have implemented PCT certification programs which are equivalent to the approved commercial national certification programs and includes the following information:

- **State Meets CMS Requirements for PCT Certification through Option A or Option B:** CMS requirements include the following elements: (1) a qualifying standardized test; (2) an independently proctored and protected test environment; and (3) ongoing recertification. A √ indicates the State program meets these requirements by either Option A (a State provided equivalent program); or Option B (State requires PCTs be certified by a National certification program); or choosing elements from each of these options to meet all three of the CMS required elements.
- **Qualifying Standardized Test:** A √ indicates that the State test is a “qualifying standardized test” that meets the following CMS definition:
  - **Expert development and review:** The test is developed by a group of subject matter experts representing more than one provider entity. The test is reviewed by a qualified entity (i.e., a university, State licensing board, test-development company, or another entity approved by CMS) for internal consistency and to ensure the test covers both common and critical tasks.
  - **Content adequacy, validity, equivalency, and scoring:** The test measures a student’s performance against specific standards; in this case against the required curricula items for a PCT and the knowledge and skills a PCT must demonstrate. The test measures similar information under the same testing conditions; all test takers (with the exceptions of those with certain disabilities) must be given the same amount of time to compete their exams; the test environment must be quiet and controlled. The “qualifying standardized test” must be equivalent to a national standardized test. The test must be scored and have a set passing score.
  - **Reliability:** The test produces consistent scores among different testing conditions or versions of the test. The test works the same way for all test takers; the language and wording of test questions are free of cultural, racial, ethnic, gender, and other forms of bias that may inappropriately affect students’ performance.
  - **Integrity:** The test questions are protected from distribution outside of the test environment. The test questions are refreshed periodically to prevent future test takers from receiving biased learning from past test takers.
  - **Protected:** The test is protected from casual distribution.
- **Independently Proctored and Protected Test Environment:** A √ indicates that the test (either State or National) is given in a controlled environment by an independent proctor, and the test environment safeguards the test from inappropriate review. **Ongoing Recertification:** A √ indicates the State requires maintenance of certification by continuing education requirements equivalent to those for recertification by the National certification organizations, or requires recertification by the National certification organization.
- **State Requires National Certification:** A √ in these boxes indicates the State requires the certification elements (i.e., standardized test, independently proctored and protected environment, and ongoing certification) for PCTs be met through the use of a CMS-approved National certification organization. The following organizations have been approved:
  - **BONENT: Board of Nephrology Nursing & Technology**
  - **NNCC: Nephrology Nursing Certifying Commission**
  - **NNCO: National Nephrology Certification Organization**
- **State Has Dialysis Regulations:** A √ indicates there are State regulations affecting dialysis clinics. The regulations may or may not address regulation or certification of PCTs.
- **State Requires PCT Certification:** A √ indicates there is a State regulation requiring certification of PCTs by a either a State-administered program or by a National certifying board

## Appendix A: State PCT Certification Programs

State Information		Option A State Provides Elements of CMS Approval			Option B State Requires National Elements for CMS Approval			State Requirements	
State Meets CMS Requirements for PCT Certification through Option A or Option B	State or Territory	Qualifying Standardized Test	Independently Proctored & Protected Test Environment	Ongoing Recertification	Standardized Test	Independently Proctored & Protected Test Environment	Ongoing Recertification	State Has Dialysis Regulations	State Requires PCT Certification
	AK								
	AL							√	
	AR								
	AS								
√	AZ				√	√	√	√	√
√	CA	√	√	√				√	√
√	CO				√	√	√	√	√
√ <sup>1</sup>	CT				√	√	√	√	√ <sup>1</sup>
	DC								
	DE								
	FL								
	GA							√	
	GU								
	HI								
	IA								
	ID								
	IL							√	
	IN								
	KS								
	KY			√				√	√
	LA							√	
	MA							√	
	MD	√		√				√	√
	ME							√	
	MI								
	MN								
	MO								
√	MS				√ <sup>2</sup>	√ <sup>2</sup>	√ <sup>2</sup>	√	√
√	MT				√ <sup>3</sup>	√	√ <sup>3</sup>	√	√
	NC								
	ND								
	NE								
	NH								

## Appendix A: State PCT Certification Programs

State Information		Option A State Provides Elements of CMS Approval			Option B State Requires National Elements for CMS Approval			State Requirements	
State Meets CMS Requirements for PCT Certification through Option A or Option B	State or Territory	Qualifying Standardized Test	Independently Proctored & Protected Test Environment	Ongoing Recertification	Standardized Test	Independently Proctored & Protected Test Environment	Ongoing Recertification	State Has Dialysis Regulations	State Requires PCT Certification
	NJ							√	
√	NM	√	√	√				√	√
	NMI (Saipan)								
	NV							√	
	NY							√	
√	OH			√ <sup>4</sup>	√ <sup>5</sup>	√		√	√
√	OK								
√	OR			√ <sup>6</sup>	√	√		√	√
	PA								
	PR							√	
	RI							√	
	SC							√	
	SD							√	
	TN							√	
	TX							√	
	UT							√	
√	VA				√	√	√	√	√
	VT							√	
	VI								
	WA							√	
	WI								
√ <sup>7</sup>	WV				√	√	√	√	√ <sup>7</sup>
	WY							√	

<sup>1</sup> CT requires PCT certification if the PCT gives medications (saline, heparin, lidocaine); CMS requires all PCTs be certified

<sup>2</sup> MS accepts only NNCC exams and requires PCTs to take the exam at the Board of Nursing office; accepts only NNCC recertification

<sup>3</sup> MT accepts only NNCC or BONENT exams for PCT certification /recertification

<sup>4</sup> OH provides an equivalent state recertification program independent from the national certification boards

<sup>5</sup> OH accepts only NNCO or BONENT exams for PCT certification

<sup>6</sup> OR provides an equivalent state recertification program independent from the national certification boards

<sup>7</sup> WV has required national certification for PCTs since 7/1/2006; PCTs employed or trained prior to that date were grandfathered; CMS does not allow this exception

## Appendix B: National Commercial PCT Certification Organizations

National Organization	Board of Nephrology Examiners Nursing and Technology (BONENT)	Nephrology Nursing Certifying Commission (NNCC)	National Nephrology Certification Organization (NNCO)
<b>Certification provided</b>	Certified Hemodialysis Technologist/Technician (CHT)	Certified Clinical Hemodialysis Technician (CCHT)	Certified Clinical Nephrology Technology (CCNT)
<b>Certification period</b>	Every 4 years	Every 2 years prior to 11/1/2009; every 3 years effective 11/1/2009	Every 4 years
<b>Recertification offered</b>	Re-exam or 40 contact hours of in-person continuing education, of which 15 contact hours can be earned from other education specified on BONENT Web site	Re-exam or <b>prior to 11/1/09</b> , 20 contact hours of continuing education plus 2000 work hours every 2 years; <b>effective 11/1/2009</b> , 30 contact hours of continuing education plus 3,000 work hours every 3 years; <b>effective 11/1/2011</b> , 10 contact hours of continuing education plus 1,000 work hours/year with recertification every 3 years.	Re-exam or 30 contact hours of continuing education, of which 15 contact hours can be earned from work in nephrology (3.75 contact hours/year)
<b>Educational requirement(s) to apply for examination</b>	High school diploma or equivalency; if no evidence of high school diploma, > 4yrs of dialysis work experience can substitute	High school diploma or GED; if no evidence of either, dialysis work experience >4 years can substitute	High school diploma or equivalency OR four years of full time experience in the field of nephrology technology
<b>Training/experience requirement(s) to apply for examination</b>	12 months of experience in nephrology patient care and current active work in an ESRD facility or successful completion of an accredited dialysis course approved by the BONENT Board.	Successful completion of PCT training program (classroom & supervised experience); signed verification by preceptor of training and clinical experience; recommend ≥6 months (1000 hours) of clinical experience, including training, prior to exam	1 year training program in nephrology technology with clinical experience and/or training program and clinical experience equivalent to 1 year. OH requires 12 months specified dialysis care experience
<b>Testing sites</b>	Providers may be test sites for paper & pencil tests. Independent test sites are used for computer-based tests. BONENT accommodates people with ADA disabilities.	ANNA chapters & dialysis clinics may host paper & pencil tests at on or off-site locations. In 2010 NNCC will offer computer-based tests at CBT centers. NNCC accommodates disabilities & religious convictions against Saturday tests.	Computer-based tests are offered at hundreds of PSI/LaserGrade Computer Testing sites in the U.S. and Canada. NNCO accommodates ADA disabilities & religious convictions against Saturday tests.
<b>Proctored Test</b>	Yes	Yes	Yes
<b>Web site</b>	<a href="http://www.bonent.org">http://www.bonent.org</a>	<a href="http://www.nncc-exam.org">http://www.nncc-exam.org</a>	<a href="http://nnco.nbccc.net">http://nnco.nbccc.net</a>

# The Authority for Certain Clinical Tasks Performed by Unlicensed Patient Care Technicians and LPNs/LVNs in the Hemodialysis Setting: A Review



Cathleen O'Keefe

The State Boards of Nursing are responsible for the regulation of nursing practice. The scope of duties for patient care technicians (PCTs) and licensed practical nurses (LPNs) or licensed vocational nurses (LVNs) in the hemodialysis setting may be determined by state statutes, regulations, Nurse Practice Acts (NPAs), and Board of Nursing advisory opinions or position statements. States vary greatly in the extent to which PCTs and LPNs/LVNs may function in the hemodialysis setting. Certain states list specific duties that are expressly permitted or prohibited for unlicensed individuals in a hemodialysis facility, or in any clinical setting (see Table 1). In the absence of specifically defined scope of duties for unlicensed assistive personnel or PCTs, registered nurses (RNs) must rely on their authority under the Board of Nursing delegation regulations for the state in which they are practicing to determine whether a specific duty may be delegated to an unlicensed person.

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**Disclaimer:** The information contained in the article is limited to the information published on Board of Nursing websites, Board of Nursing advisory opinions, and the accessibility of other communications, statutes, rules, and regulations. It is intended as a general reference tool to facilitate state-specific research, is current only through December 2013, does not constitute legal advice, and should not be used as a substitute for review of the actual statutes and regulations governing scope of practice in any jurisdiction.

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**Note:** Additional statements of disclosure and instructions for CNE evaluation can be found on page 255.

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*The growing incidence of end stage renal disease (ESRD) has resulted in an ever-increasing demand for hemodialysis services throughout the country. Unlicensed assistive personnel (UAP), including dialysis technicians or patient care technicians (PCTs), and licensed practical nurses (LPNs) or licensed vocational nurses (LVNs) perform a vital role in the care of patients undergoing hemodialysis and are a critical staff component in hemodialysis facilities. This analysis provides a broad overview of the positions of states with respect to the administration of heparin and saline via peripheral and central lines by PCTs and LPNs/LVNs in the hemodialysis setting.*

**Key Words:** Unlicensed patient care technicians, licensed practical nurses (LPNs), licensed vocational nurses (LVNs), unlicensed assistive personnel (UAP), hemodialysis, dialysis technicians, patient care technicians (PCTs).

## Goal

To provide a broad overview of the positions of states with respect to the administration of heparin and saline via peripheral and central lines by PCTs and LPNs/LVNs in the hemodialysis setting.

## Objectives

1. Discuss the Conditions for Coverage (CfC) as they apply to dialysis technicians' oversight by the registered nurse.
2. Define how practice is regulated for patient care technicians (PCTs) and licensed practical nurses (LPNs) in the hemodialysis setting.
3. Determine how practice is regulated in your state for the scope of duties for both patient care technicians (PCTs) and licensed practical nurses/licensed vocational nurses (LPNs/LVNs) in the hemodialysis setting.

The administration of heparin and saline via an extracorporeal circuit in hemodialysis is a routine clinical practice that is integral to the hemodialysis treatment procedure. As a medication, heparin administration is performed pursuant to physician

orders and established, approved hemodialysis facility protocols. RNs are required to be available in the hemodialysis facility to oversee all aspects of care by dialysis technicians according to §494.180(b)(2) of the Conditions for Coverage (Centers for

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Medicare and Medicaid Services [CMS] 2008). Dialysis technicians do not exercise independent nursing judgment or complex nursing skills in the performance of these duties. Dialysis technicians must receive extensive training in accordance with requirements set forth in the Conditions for Coverage, §494.140(e)(3) (CMS 2008). The Conditions for Coverage also require dialysis technicians to be certified under a State or a national certification program (CMS 2008).

Board of Nursing rules in some states may limit the administration of heparin or anticoagulant by a PCT to connecting a pre-filled syringe to the hemodialysis system as opposed to administering the drug intravenously (IV) directly to the patient. Board of Nursing rules in other states limit the PCT to administering heparin through established fistulae or grafts at initiation of the hemodialysis process.

In some hemodialysis facilities, LVNs/LPNs may also be a critical staff component. Most states permit these licensed nurses to administer IV medications, although certain states require completion of an IV therapy course. LPNs/LVNs practice under the state's Nurse Practice Act similar to that of RNs, but their scope of duties is generally more limited. In fact, the scope of practice for LPNs/LVNs in the hemodialysis setting may be more limited than that of the PCT as permitted by state law. In several states, nursing regulations prohibit LPNs/LVNs from administering IV medications under any circumstance. Some states also include further instruction for duties, which are beyond the scope of practice of LPNs/LVNs, and may not be delegated to unlicensed assistive personnel. In the absence of such specific guidance, the RN must consider the advisability of delegating to a PCT the performance of a duty that cannot be delegated to a licensed nurse.

The administration of IV medications by unlicensed personnel in the hospital setting is generally prohibited. However, the routine nature of heparin and saline administration by

PCTs in the hemodialysis setting compels a detailed analysis of this practice as nursing practice regulations are developed or revised. As Boards of Nursing contemplate the development of or revisions to scope of practice regulations in the hemodialysis setting, it would be instructive for Board of Nursing members to familiarize themselves with existing federal requirements for training and certification of dialysis technicians. Additionally, state and local ANNA chapters should provide State Boards of Nursing with specific clinical details of the role of PCTs and LPNs/LVNs in hemodialysis so Boards have a better understanding of their importance in this clinical setting.

#### **Unlicensed Assistive Personnel: Administration of Heparin**

##### **Expressly Permitted**

At the present time, 22 states expressly permit dialysis technicians or unlicensed assistive personnel to administer heparin as ordered to initiate or terminate a hemodialysis treatment. In most cases, the express authority for this practice lies in dialysis technician laws or Board of Nursing position statements. With several exceptions, most of these states also permit unlicensed assistive personnel to administer saline to correct a hypotensive episode during the hemodialysis treatment. Some states require that the technician performing such duties be under the direct, onsite supervision of an RN or a physician. Other states require that administration of heparin or saline by a dialysis technician shall be pursuant to established facility protocol. Most of these states specify "heparin administration." One state, Arizona, permits unlicensed assistive personnel to administer anticoagulants. Another state, Nevada, permits a dialysis technician to administer a drug under the direction or supervision of a physician or registered nurse only if the drug or medicine is used for the process of hemodialysis.

##### **Delegation**

In the absence of nursing rules that either clearly permit or prohibit the administration of IV medications by unlicensed assistive personnel, the RN may look to their delegation authority under the state NPA. Twelve states do not clearly define the scope of permissible duties for the unlicensed assistive personnel in the hemodialysis setting. Most states have adopted delegation decision-making process and related criteria as outlined by the National Council of State Boards of Nursing (NCSBN) (1997). These criteria instruct the nurse (delegator) to consider the circumstances and setting, the task to be delegated, the potential for harm, and the qualifications, competency, and skill level of the delegatee. The delegation rules of most states include instructions that the RN may not delegate a duty that requires independent nursing judgment, and that the licensed nurse maintains accountability and responsibility for the management and provision of nursing care.

##### **Expressly Prohibited**

Currently, 15 states do not permit unlicensed assistive personnel to administer heparin in the hemodialysis setting. In most cases, this prohibition lies in nursing regulations that do not permit unlicensed personnel to administer *any* medications. Certain states permit unlicensed assistive personnel to administer oral or topical medications, but specify a prohibition on the administration of intravenous medications.

#### **Unlicensed Assistive Personnel: Administering Heparin or Saline Via Central Line Catheters**

##### **Expressly Permitted**

While the hemodialysis process is the same regardless of the access site, there are greater risks associated with accessing a large major blood vessel through a central venous catheter. Such risks include infection, bleeding, and air embolism. As a result, few states expressly permit dialysis techni-

cians to administer heparin via a central line catheter. Only five states currently have specific legal language that permits dialysis technicians to initiate hemodialysis via central line catheters.

### Delegation

Eighteen states have broad delegation language that may permit the RN to assess the competency of the unlicensed assistive personnel and delegate the administration of heparin or saline via a central line catheter.

### Expressly Prohibited

Twenty-four states prohibit unlicensed assistive personnel from administering heparin via a central line catheter. These states include those that prohibit unlicensed assistive personnel from administering any IV medications and those that permit the

unlicensed assistive personnel to administer heparin via a peripheral or "established" access, but prohibit delivery of medications via a central line catheter.

### LPN/LVN: Administration of IV Medications via Central Line Catheter

#### Expressly Permitted

The nursing regulations of 34 states permit LPNs/LVNs to access central line catheters, including the administration of IV medications.

#### Delegation

In 10 states, the nursing delegation language may permit the RN to delegate IV medication administration through a central line access.

### Expressly Prohibited

Five states do not permit an LPN to administer IV medications through a central line catheter.

### References

- Centers for Medicare & Medicaid Services (CMS). (2008). Medicare and Medicaid programs: Conditions for coverage for end stage renal disease facilities: Final rule. 42 CFR Parts 405, 410, 413, 414, 488, and 494. *Federal Register*, 73(73), 20370-20484. Retrieved from <http://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/ESRD.html>
- National Council of State Boards of Nursing (NCSBN). (1997). *Delegation decision-making grid*. Chicago, IL: Author. Retrieved from <https://www.ncsbn.org/delegationgrid.pdf>

## State Boards of Nursing – Practice Authority

State	Can PCT Administer Heparin?	Can PCT Access Central Line Catheter?	Can LPN/LVN Access Central Line Catheter?	Authority/Prohibitor
Alabama	No	No	No	<ul style="list-style-type: none"> <li>Nursing regulation prohibits dialysis technicians from cannulating, performing invasive or sterile procedures, administering medications.</li> <li>Nursing regulation permits LPNs to administer IV meds in peripheral lines only.</li> </ul>
Alaska	No	No	No	<ul style="list-style-type: none"> <li>Nursing regulation prohibits delegation of IV therapy or injectable medications.</li> <li>Board of Nursing Advisory Opinion; administration of IV medications cannot be delegated by RN to LPN.</li> </ul>
Arkansas	No	No	No	<ul style="list-style-type: none"> <li>Nursing regulation prohibits the delegation of medication administration or IV therapy.</li> </ul>
Arizona	Yes	Yes	Yes	<ul style="list-style-type: none"> <li>Dialysis technician law expressly permits PCTs to access central line catheters; "anti-coagulant" is specified.</li> <li>Nursing Advisory Opinion permits, with training, LPNs may access central line catheters.</li> </ul>
California	Yes	No	No	<ul style="list-style-type: none"> <li>Dialysis technician regulation specifies heparin administration.</li> <li>Board of Registered Nursing Position Statement: LVNs may not administer IV medications through peripheral or central lines.</li> </ul>
Colorado	Delegation	Delegation	Delegation	<ul style="list-style-type: none"> <li>Broad nursing delegation regulations.</li> </ul>
Connecticut	Yes	Delegation	Delegation	<ul style="list-style-type: none"> <li>Dialysis technician law specifies heparin administration; silent on central line catheters.</li> <li>Broad nursing delegation regulations may apply to catheters for PCTs and LPNs.</li> </ul>

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**State Boards of Nursing – Delegation Actions (continued)**

State	Can PCT Administer Heparin?	Can PCT Access Central Line Catheter?	Can LPN/LVN Access Central Line Catheter?	Authority/Prohibitor
Delaware	No	No	Yes	<ul style="list-style-type: none"> <li>Nursing regulations prohibit delegation of medication administration by unlicensed assistive personnel.</li> <li>Nursing regulations permit LPNs to administer IV meds via peripheral and central lines.</li> </ul>
District Of Columbia	Delegation	No	Yes	<ul style="list-style-type: none"> <li>Proposed regulations.</li> <li>Nursing regulations permit LPNs to administer IV meds via central lines.</li> </ul>
Florida	No	No	Yes	<ul style="list-style-type: none"> <li>Board of Nursing regulations permit LPNs a limited scope of IV medication duties.</li> </ul>
Georgia	No	No	Yes	<ul style="list-style-type: none"> <li>Dialysis technicians may administer saline but not heparin; Board of Pharmacy regulation lists heparin as a dangerous drug.</li> <li>Only licensed nurses may initiate and discontinue hemodialysis via central line.</li> </ul>
Hawaii	No	No	Yes	<ul style="list-style-type: none"> <li>Nursing delegation rules prohibit IV administration of medications by unlicensed assistive personnel.</li> <li>Broad delegation applies to LPNs accessing central line catheters.</li> </ul>
Idaho	No	No	Yes	<ul style="list-style-type: none"> <li>Board of Nursing rules prohibit delegating IV therapy medication administration or sterile procedures to unlicensed assistive personnel.</li> <li>Central line access is within the scope of duties of LPNs.</li> </ul>
Illinois	No	Delegation	Delegation	<ul style="list-style-type: none"> <li>Nursing delegation applies to unlicensed assistive personnel and LPNs regarding central line catheters.</li> <li>LPNs prohibited from administering IV heparin.</li> </ul>
Indiana	Delegation	Delegation	Delegation	<ul style="list-style-type: none"> <li>Board of Nursing is silent on delegation of specific duties.</li> </ul>
Iowa	Delegation	No	Yes	<ul style="list-style-type: none"> <li>Activities and functions which are beyond the scope of practice of LPNs may not be delegated to unlicensed assistive personnel.</li> </ul>
Kansas	No	No	Yes	<ul style="list-style-type: none"> <li>LPN IV therapy certification requirement permits LPNs to maintain the patency of central and peripheral IV lines with heparin or normal saline.</li> </ul>
Kentucky	Yes	No	Yes	<ul style="list-style-type: none"> <li>Dialysis technician regulation specifies heparin administration; prohibits central line access.</li> <li>LPN nursing regulation permits LPNs to access central line catheters.</li> </ul>
Louisiana	Yes	No	Yes	<ul style="list-style-type: none"> <li>Board of Nursing Declaratory Statement on delegating heparin administration to dialysis technicians; accessing central lines may not be delegated to unlicensed assistive personnel.</li> <li>RN may delegate dialysis via central lines to LPNs.</li> </ul>
Maine	Delegation	Delegation	Yes	<ul style="list-style-type: none"> <li>Board of Nursing position statement appears to permit broad delegation to unlicensed assistive personnel in dialysis setting.</li> <li>LPNs may flush peripheral or central intravenous catheter and intermittent device with premixed heparin solution or saline.</li> </ul>
Maryland	Yes	Delegation	Yes	<ul style="list-style-type: none"> <li>Dialysis technician law and regulation does not list specific duties; refers to delegation.</li> <li>Specific nursing regulation permits LPNs to access central lines.</li> </ul>
Massachusetts	Yes	Delegation	Yes	<ul style="list-style-type: none"> <li>ESRD facility licensing rules permit LPNs and technicians trained in chronic dialysis to initiate and terminate dialysis and administer anticoagulant agents; central lines are not mentioned.</li> </ul>

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**State Boards of Nursing – Delegation Actions (continued)**

State	Can PCT Administer Heparin?	Can PCT Access Central Line Catheter?	Can LPN/LVN Access Central Line Catheter?	Authority/Prohibitor
Michigan	Delegation	Delegation	Delegation	<ul style="list-style-type: none"> <li>No Nurse Practice Act. Delegation rules apply.</li> </ul>
Minnesota	Delegation	Delegation	Delegation	<ul style="list-style-type: none"> <li>Nursing delegation applies to unlicensed assistive personnel and LPNs.</li> </ul>
Mississippi	Yes	No	Yes	<ul style="list-style-type: none"> <li>Dialysis nursing regulations permit dialysis technicians to administer heparin; not permitted to access central line catheters.</li> <li>Nursing regulations permit LPNs to access central line catheters in hemodialysis.</li> </ul>
Missouri	Delegation	No	Yes	<ul style="list-style-type: none"> <li>Broad nursing delegation rules apply.</li> <li>LPN IV certification requirement.</li> </ul>
Montana	Yes	No	Yes	<ul style="list-style-type: none"> <li>Board of Nursing Hemodialysis Rules for unlicensed assistive personnel and LPNs permit heparin administration.</li> <li>LPNs and central lines; "Under direct supervision a competent practical nurse may access, draw blood, flush with a normal saline solution or a specific heparin flush solution, and change dressings of hemodialysis central venous catheters."</li> </ul>
Nebraska	Yes	Yes	Yes	<ul style="list-style-type: none"> <li>Board of Nursing dialysis technician rules permit heparin administration and permit dialysis technicians to dialyze via central line catheters.</li> <li>Nebraska adopts ANNA statement on use of unlicensed assistive personnel in dialysis.</li> </ul>
Nevada	Yes	Delegation	Yes	<ul style="list-style-type: none"> <li>PCTs may administer IV medications under the direction or supervision of a physician or RN only if the drug or medicine is used for the process of renal dialysis.</li> </ul>
New Hampshire	Delegation	Delegation	Yes	<ul style="list-style-type: none"> <li>Broad nursing delegation rules apply.</li> <li>LPN required IV therapy course.</li> </ul>
New Jersey	Delegation	Delegation	Delegation	<ul style="list-style-type: none"> <li>A registered professional nurse may delegate selected nursing tasks to LPNs and ancillary nursing personnel (including aids, assistants, attendants, and technicians).</li> </ul>
New Mexico	Yes	Yes	Yes	<ul style="list-style-type: none"> <li>Board of Nursing rules permit heparin administration; CHT; II may dialyze via central line catheters.</li> </ul>
New York	No	No	Yes	<ul style="list-style-type: none"> <li>Board of Nursing Position Statement on unlicensed assistive personnel and LPNs in dialysis facilities.</li> </ul>
North Carolina	Delegation	Yes	Yes	<ul style="list-style-type: none"> <li>Board of Nursing dialysis rules for unlicensed assistive personnel permit heparin administration.</li> </ul>
North Dakota	Yes	No	Yes	<ul style="list-style-type: none"> <li>Board of Nursing dialysis technician rules permit heparin administration; prohibit PCTs from accessing central line catheters.</li> </ul>
Ohio	Yes	Delegation	Yes	<ul style="list-style-type: none"> <li>Dialysis technician statute permits heparin administration and is silent on central line catheters.</li> <li>LPN IV therapy certification rules permit LPNs to access central line catheters.</li> </ul>
Oklahoma	No	No	Delegation	<ul style="list-style-type: none"> <li>Nursing delegation rules prohibit the delegation of medication administration to unlicensed assistive personnel.</li> <li>Nursing delegation rules apply to LPNs.</li> </ul>
Oregon	Yes	Yes	Yes	<ul style="list-style-type: none"> <li>Dialysis technician regulations permit heparin administration and permit accessing central line catheters.</li> <li>LPNs may access central line catheters if properly trained.</li> </ul>

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**State Boards of Nursing – Delegation Actions (continued)**

State	Can PCT Administer Heparin?	Can PCT Access Central Line Catheter?	Can LPN/LVN Access Central Line Catheter?	Authority/Prohibitor
Pennsylvania	No	Delegation	Yes	<ul style="list-style-type: none"> <li>Board of Nursing regulations permit an RN to delegate medication administration only to a nursing student and does not specify or include unlicensed assistive personnel.</li> </ul>
Rhode Island	Delegation	Delegation	Yes	<ul style="list-style-type: none"> <li>Broad nursing delegation rules.</li> <li>No prohibitions on LPNs administering IV medications or accessing central line catheters.</li> </ul>
South Carolina	No	No	Yes	<ul style="list-style-type: none"> <li>Nurse Practice Act prohibits delegation of medication administration to unlicensed assistive personnel.</li> <li>Board of Nursing Position Statement: LPNs may access central lines.</li> </ul>
South Dakota	Yes	No	Yes	<ul style="list-style-type: none"> <li>Dialysis technician regulations permit heparin administration; prohibit PCTs from accessing central line catheters.</li> </ul>
Tennessee	No	No	Yes	<ul style="list-style-type: none"> <li>Nurse Practice Act prohibits unlicensed persons from administering medications.</li> <li>Nursing Advisory Opinion defines LPN scope of practice in dialysis setting.</li> </ul>
Texas	Yes	No	Yes	<ul style="list-style-type: none"> <li>Dialysis technician regulations permit heparin administration.</li> <li>LVN IV therapy course required to administer IV meds via peripheral and central lines.</li> </ul>
Utah	Delegation	Delegation	Yes	<ul style="list-style-type: none"> <li>Broad nursing delegation language applies.</li> </ul>
Vermont	Yes	No	No	<ul style="list-style-type: none"> <li>Board of Nursing position statement permitting dialysis technicians to administer heparin; no specific mention of central lines.</li> <li>The Vermont Board of Nursing supports the position of ANNA as a framework the nurse can use in the delegation of medications to dialysis technicians.</li> <li>Board of Nursing position statement: may not delegate to an LPN the administration of medications via central line catheters.</li> </ul>
Virginia	Yes	Yes	Yes	<ul style="list-style-type: none"> <li>Dialysis technician statute permits heparin administration.</li> <li>IV therapy not addressed in Board of Nursing rules; appears to be within the scope of duties of LPN.</li> </ul>
Washington	Yes	Yes	Yes	<ul style="list-style-type: none"> <li>Dialysis technician statute permits heparin administration and permits accessing central line catheters.</li> <li>Board of Nursing Interpretive Statement permitting LPNs to administer meds via central lines.</li> </ul>
West Virginia	Yes	Delegation	Delegation	<ul style="list-style-type: none"> <li>Dialysis technician statute permits heparin administration and is not specific on central line access -- "preparation and initiation of dialysis access sites."</li> <li>LPNs are not prohibited from accessing central lines; this duty may be delegated by RN.</li> </ul>
Wisconsin	Delegation	Delegation	Delegation	<ul style="list-style-type: none"> <li>Position statement on delegation applies to unlicensed assistive personnel and LPNs.</li> </ul>
Wyoming	No	No	Yes	<ul style="list-style-type: none"> <li>Board of Nursing rules do not permit the delegation of medication administration.</li> <li>Board of Nursing Advisory opinion permits LPNs only to perform hemodialysis and administer medications via peripheral and central lines; requires IV therapy course; specific to LPN, no mention of unlicensed assistive personnel.</li> </ul>

# ANNA

## American Nephrology Nurses' Association (ANNA) Position Statement: Delegation of Nursing Care Activities

The American Nephrology Nurses' Association (ANNA) believes every patient has the right to professional nursing care that encompasses all aspects of the nursing process and meets or exceeds the ANNA Nephrology Nursing Scope and Standards of Practice and Centers for Medicare and Medicaid Services (CMS) Conditions for Coverage. The practice of each nurse must comply with the scope of practice, regulations/laws, and licensure requirements of the state in which they are employed. The care of each patient includes, but is not limited to, assessment of patient needs, the development of a comprehensive interdisciplinary patient specific plan of care, implementation of nursing interventions, and the monitoring and evaluation of patient outcomes. The ultimate goal of the nursing process is to effect positive patient outcomes in the most cost effective way. ANNA recognizes that achievement of favorable patient outcomes is a collaborative effort between all members of the interdisciplinary team.

### It is the position of ANNA that:

- The RN uses critical thinking and professional judgment when following the Five Rights of Delegation, to be sure that the delegation or assignment is:
  1. The right task.
  2. Under the right circumstances.
  3. To the right person.
  4. With the right directions and communications.
  5. Under the right supervision and evaluation.
 (Joint Statement on Delegation American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN)
- The registered nurse must never delegate a nursing care activity that requires:
  - a. The knowledge and expertise derived from completion of a nursing education program and the specialized skill, judgment and decision-making of a registered nurse
  - b. Complex observation, critical decision-making, exercise of nursing judgment, or repeated nursing assessments.
  - c. An understanding of the core nephrology nursing principles necessary to recognize and manage real or potential complications that may result in an adverse outcome to the health and safety of the patient.
- The registered nurse is accountable for the:
  - a. Safety of the patient.
  - b. Nursing process.
  - c. Patient assessment.
  - d. Delegation of nursing tasks appropriate to the delegates' documented knowledge, skills, cultural competence, experience, and abilities, within the scope of practice, and the licensure requirements in effect in the state in which the nurse is employed.
- Delegation of nursing care activities to licensed practical/vocational nurses (LPNs/LVNs) and/or certified dialysis patient care technicians (PCT) shall comply with the following criteria:
  - a. The registered nurse must complete an assessment of the patient's nursing care needs prior to delegating any nursing intervention.
  - b. The registered nurse shall be accountable and responsible for all delegated nursing care activities or interventions, and she/he must remain present in the patient care area for ongoing monitoring and evaluation of the patient's response to the therapy.
  - c. The patient care activities must be within the licensure and/or certification requirements for the LPN/LVN or PCT, practice setting, scope of practice, and the licensure requirements in effect in the state in which the nurse is employed. Additional specific facility/agency policies and procedures related to delegation may also apply.
  - d. The registered nurse shall have either instructed the LPN/LVN or PCT in the delegated nursing care activity or verified the individual's competency to perform the activity. Persons to whom tasks are delegated should have the opportunity to ask questions and/or request clarification of expectations.
  - e. Clinical competency of these individual's will be documented and available, and verified at least annually.
  - f. Administration of medication is a nursing responsibility requiring knowledge of the indications, pharmacokinetic action, potential adverse reactions, correct dosage and contraindications, and, in general, is beyond the scope of practice of PCT. Administration of medications by PCTs shall be limited to those medications considered part of the routine hemodialysis treatment, that is, normal saline and heparin via the extracorporeal circuit, intradermal lidocaine, and oxygen by nasal cannula, as allowed by the scope of practice, and licensure requirements in effect in the state in which the nurse or PCT is employed.

# ANNA

## American Nephrology Nurses' Association (ANNA) Position Statement: Delegation of Nursing Care Activities (continued)

- g. Administration of any blood products and/or intravenous medications by infusion is a nursing responsibility and beyond the scope of practice of the PCT.
- The registered nurse is legally accountable and clinically responsible for the complete documentation of the entire nursing process. When certain aspects of the nursing care activities or interventions are delegated to other personnel, the registered nurse retains the legal accountability and clinical responsibility for these activities.

### Background and Rationale

The relationship between the registered nurse and the patient constitutes a legal and binding contract. The existence of this contract has been established through case law.

ANNA recognizes potential contributions to the care of nephrology patients by LPNs/LVNs and PCTs. The scope of practice of the registered nurse in the state where the nurse is employed may limit delegation of nursing care activities or interventions to these licensed and certified personnel.

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### Journal Philosophy Statement

The *Nephrology Nursing Journal* is a refereed clinical and scientific resource that provides current information on a wide variety of subjects to facilitate the practice of professional nephrology nursing. Its purpose is to disseminate information on the latest advances in research, practice, and education to nephrology nurses to positively influence the quality of care they provide.

The *Nephrology Nursing Journal* is designed to meet the educational and information needs of nephrology nurses in a variety of roles at all levels of practice. It also serves as a resource for non-nephrology nurses. Its content expands the knowledge base for nephrology nurses, stimulates professional growth, guides research-based practice, presents new technological developments, and provides a forum for review of critical issues promoting the advancement of nephrology nursing practice.