



Nebraska
Medical
Association

Advocating for Physicians and the Health of all Nebraskans

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Licensure Unit – Office of Policy, Research and Quality Improvement
Division of Public Health
Nebraska Department of Health and Human Services
301 Centennial Mall, South, Nebraska State Office Building, 3rd Floor
PO Box 94986
Lincoln, NE 68508

RE: Dialysis Patient Care Technicians (DPCT) 407 Review Public Hearing

The Nebraska Medical Association is supportive of the application as amended by the Nebraska Kidney Coalition, which would require licensure for credentialing DPCT's in the outpatient dialysis clinic setting. Through licensure, this will put into place an approved set of core curriculum training to provide consistent training across the state, a specific scope of practice for DPCT's, as well as adequate oversight to ensure increased protection and patient safety for those within the DPCT's care.

The National Standard Core Curriculum for the Dialysis Technician would mirror the duties that were previously outlined in the Board of Nursing Advisory Opinion, which was adopted in April 1991 and reaffirmed thereafter, for technicians in the outpatient dialysis setting. This National Standard Core Curriculum, meets the federal CMS guidelines with standard competency testing and annual continuing education requirements.

It is important to note that all DPCT's and LPN's working in the dialysis setting have direct supervision of licensed registered nursing personnel and follow policies and procedures that are developed by the Medical Director and the nursing education staff. A patient is always assessed by an RN prior to any initiation of dialysis, dosing of heparin, or any care being provided by the DPCT. The DPCT is required to follow the routine and care that have been established by the physician, evaluated with laboratory monitoring and validated by repetitive use. As long as the patient is within the parameters taught to the DPCT to start dialysis, this becomes a routine patient care task.

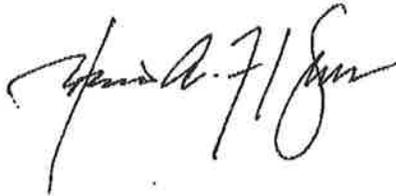
It should also be taken into consideration that these techniques are taught in the same manner to dialysis patients and their spouses whom are partaking/assisting in dialysis through their home on a regular routine basis, which does not require nursing judgment.

We would ask that you also consider that to date, there have been no adverse events being reported that have resulted in patient harm.

We feel it is critical to continue utilizing DPCT's and LPN's that have the CMS approved training, testing and required continuing education requirements. As we continue to see an already critical nursing shortage in our state (and across the United States), elimination of the DPCT's and LPN's in dialysis units across the state would further jeopardize adequate access to care for dialysis patients in Nebraska, especially in our rural counties of the state.

The Nebraska Medical Association would ask that the committee strongly consider allowing DPCT's to continue the same tasks they have been doing since the inception of the April 1991 Advisory Opinion. Licensure of this group of healthcare providers may not be necessary but in efforts to resolve and allow access and adequate patient care to continue to be carried out, the Nebraska Medical Association supports the application as amended.

Sincerely,

A handwritten signature in black ink, appearing to read "Harris Frankel, MD". The signature is fluid and cursive, with a large initial "H" and "F".

Harris Frankel, MD
President