



NEBRASKA KIDNEY COALITION

July 27, 2016

Matthew Gelvin  
Program Manager Licensure Unit  
Office of Policy, Research and Quality Improvement Division of Public Health  
Nebraska Department of Health and Human Services  
301 Centennial Mall South  
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Dear Mr. Gelvin,

On behalf of the Nebraska Kidney Coalition, I am writing to clarify and offer additional information regarding several items that were raised at the July 25 public hearing of the Dialysis Patient Care Technicians (DPCT) credential review committee meeting.

- 1) The DPCTs currently employed at outpatient dialysis clinics in Nebraska are already either nationally certified by one of the three CMS approved exams or are in the process of their 18 month training and are getting ready to take the exam to be certified. Many DPCTs take the national exam prior to the 18 month cut-off. If they are not nationally certified within 18 months, they are not allowed to work in the dialysis industry as a DPCT.
- 2) Of the three national exams approved by CMS, dialysis providers would be comfortable with the NANT exam if one were to be designated for Nebraska DPCTs. We would request that current DPCTs who took one of the other two exams be allowed to be grandfathered in and not required to take another exam since they are already nationally certified.
- 3) A scan we conducted of all the state Nurse Practice Acts (NPA) did not find the terms “complex” and “non-complex” in any other NPAs. As far as we have been able to determine, these specific terms seem to be unique to Nebraska and due to the broadness of their definitions and to RN delegation in general have led to a variety of interpretations. Dialysis providers in Nebraska, as well as the Nebraska Nurses Association, believe that duties that are delegated by an RN to DPCTs in the dialysis clinic are non-complex due to the outpatient nature of dialysis facilities, the stable health of the dialysis patient, and the routine nature of the treatments, thereby meeting the current definitions of non-complex. Dialysis providers in Nebraska have not been told by either DHHS or state surveyors that our DPCTs must change any of their duties due to the retiring of the advisory opinion. With that said, we understand the confusion that has resulted from the advisory opinion being retired and the different conclusions and interpretations of the delegation language in the NPA. Therefore, we met with DHHS for guidance, submitted our original credential review application for registration, and have since amended our credential review application to pursue licensure. A licensed DPCT would clear up any ongoing interpretations of RN delegation of complex or non-complex tasks to unlicensed personnel because DPCTs would in the future be licensed.
- 4) Regarding the use of LPNs vs DPCTs in the outpatient dialysis clinics, dialysis providers in Nebraska already employ some LPNs who work as DPCTs. The use of RNs, LPNs, and DPCTs has worked well, both from a patient care standpoint and an economic standpoint. The primary use of DPCTs is a national model that has worked well across the country for many years and is the industry standard. Completely eliminating DPCTs from the outpatient dialysis clinic would cause patient safety concerns, access to care issues as well as causing job loss for the current DPCTs who are providing excellent care and have history

with the patients and their unique needs. Eliminating over 90 DPCT positions and bringing in all new staff to replace them who are unskilled in this specialty and life-sustaining care setting would not be safe practice.

Thank you for this opportunity to submit this additional information.

Sincerely,



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