

**WEST VIRGINIA  
SECRETARY OF STATE  
BETTY IRELAND  
ADMINISTRATIVE LAW DIVISION**

Form #3

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OFFICE WEST VIRGINIA  
SECRETARY OF STATE

**NOTICE OF AGENCY APPROVAL OF A PROPOSED RULE  
AND  
FILING WITH THE LEGISLATIVE RULE-MAKING REVIEW COMMITTEE**

AGENCY: West Virginia Board of Exam. for Reg. Prof. Nurses TITLE NUMBER: 19

CITE AUTHORITY: §30-7C-1 et seq.

AMENDMENT TO AN EXISTING RULE: YES ☐ NO ☒

IF YES, SERIES NUMBER OF RULE BEING AMENDED: \_\_\_\_\_

TITLE OF RULE BEING AMENDED: \_\_\_\_\_

IF NO, SERIES NUMBER OF RULE BEING PROPOSED: Series 13

TITLE OF RULE BEING PROPOSED: \_\_\_\_\_

THE ABOVE PROPOSED LEGISLATIVE RULE HAVING GONE TO A PUBLIC HEARING OR A PUBLIC COMMENT PERIOD IS HEREBY APPROVED BY THE PROMULGATING AGENCY FOR FILING WITH THE SECRETARY OF STATE AND THE LEGISLATIVE RULE-MAKING REVIEW COMMITTEE FOR THEIR REVIEW.

  
Authorized Signature

Laura S. Rhodes, M.S.N., R.N.  
Executive Director

email:rnboard@state.wv.us  
web address:www.wvrnboard.com



TELEPHONE:  
(304) 558-3596  
FAX (304) 558-3666

**STATE OF WEST VIRGINIA**  
**BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES**  
**101 Dee Drive, Suite 102**  
**Charleston, WV 25311-1620**

August 24, 2005

The Honorable Betty Ireland  
Secretary of State  
Building 1, Suite 157-K  
1900 Kanawha Blvd., East  
Charleston, WV 25305-0770

Dear Secretary Ireland:


The West Virginia Board of Examiners for Registered Professional Nurses in session August 24, 2005 for filing, legislative rule CSR §19-13 titled Dialysis Technicians.

A brief summary of the rule follows:

Dialysis treatments are life sustaining. Dialysis technicians provide technical support for the treatment process. Enrolled HB 3151 gives authority to the registered professional nurse to delegate these activities to the dialysis technician, to certify dialysis technicians and for the Board to approve and disapprove training programs. Failure to implement rules which permit the continuation of dialysis care by dialysis technicians could effect the ability of individuals to receive treatment.

Should you have any questions or require further information, do not hesitate to contact me.

For the Board,

  
Alice R. Faucett-Carter  
General Counsel and Director of Discipline

xc: File

## APPENDIX B

**FISCAL NOTE FOR PROPOSED RULES**

Rule Title: Dialysis Technicians

Type of Rule: ☒ Legislative ☐ Interpretive ☐ Procedural

Agency: West Virginia Board of Exam. for Reg. Prof. Nurses

Address: 101 Dee Drive, Suite 102  
Charleston, WV 25311-1620

Phone Number: 304-558-3596 Email: rnboard@state.wv.us

**Fiscal Note Summary**

Summarize in a clear and concise manner what impact this measure will have on costs and revenues of state government.

None if fees are approved, it is budget neutral.

**Fiscal Note Detail**

Show over-all effect in Item 1 and 2 and, in Item 3, give an explanation of Breakdown by fiscal year, including long-range effect.

FISCAL YEAR			
Effect of Proposal	Current Increase/Decrease (use "-")	Next Increase/Decrease (use "-")	Fiscal Year (Upon Full Implementation)
1. Estimated Total Cost	57,000.00	57,000.00	57,000.00
Personal Services	45,980.00	45,980.00	45,980.00
Current Expenses	8,450.00	8,450.00	8,450.00
Repairs & Alterations	0.00	0.00	0.00
Assets	2,000.00	2,000.00	2,000.00
Other	570.00	570.00	570.00
2. Estimated Total Revenues	57,000.00	57,000.00	57,000.00

Rule Title: Dialysis Technicians

Rule Title: Dialysis Technicians

**3. Explanation of above estimates (including long-range effect):**

Please include any increase or decrease in fees in your estimated total revenues.

Regulation of Dialysis Technicians is expected to be budget neutral. Fees collected are expected to fund the regulatory services.

**MEMORANDUM**

Please identify any areas of vagueness, technical defects, reasons the proposed rule **would** not have a fiscal impact, and/or any special issues **not** captured elsewhere on this form.

The delimma the Board faces is that there are not many Dialysis Technicians in West Virginia, approximately 180. Because of this, the fees must be high, and therefore the initial application fee is set at \$200.00. There are twenty-one (21) facilities that may offer educational programs. The fee for approval is one thousand dollars (\$1,000.00). If all the technicians and all the facilities apply and pay the required fees, the Board will receipt \$57,000.00 in revenue. If not, then the required regulatory services cannot be provided in full. All services related to implementing this rule are new services. This fiscal note represents the funds required to fully implement the rule.

The Board's proposed budget for Dialysis Technicians is:

Profesional Staff (Part-time no benefits)	\$ 19,335.00
Clerical Staff 1 FTE (with benefits)	\$ 20,000.00
Related Benefits	\$ 6,645.00
Utilities	\$ 300.00
Rent	\$ 5,000.00
Postage and Related	\$ 400.00
Miscellaneous	\$ 250.00
Telecommunications	\$ 500.00
Computer Services	\$ 3,000.00
Other	\$ 1,570.00
Total	\$ 57,000.00

Date: August 24, 2005

Signature of Agency Head or Authorized Representative

Alice R. Faucett-Carter

## QUESTIONNAIRE

*(Please include a copy of this form with each filing of your rule: Notice of Public Hearing or Comment Period; Proposed Rule, and if needed, Emergency and Modified Rule.)*

DATE: August 24, 2005

TO: LEGISLATIVE RULE-MAKING REVIEW COMMITTEE

FROM: (Agency Name, Address & Phone No.) West Virginia Board of Examiners for Reg. Prof. Nurses  
101 Dee Drive, Suite 102  
Charleston, WV 25311

LEGISLATIVE RULE TITLE: Dialysis Technicians

1. Authorizing statute(s) citation §30-7C-1 et seq

2. a. Date filed in State Register with Notice of Hearing or Public Comment Period:

July 7, 2005

b. What other notice, including advertising, did you give of the hearing?

Notices were sent to every registered nurse licensed in the state of West Virginia in the mail, to

all dialysis facilities, and to members of the dialysis workgroup, which included physicians  
specifalzing in the care of patients with kidney failure.

c. Date of Public Hearing(s) *or* Public Comment Period ended:

August 12, 2005 at noon

d. Attach list of persons who appeared at hearing, comments received, amendments, reasons for amendments.

Attached X

No comments received

- e. Date you filed in State Register the agency approved proposed Legislative Rule following public hearing: (be exact)

September 2, 2005

- f. Name, title, address and **phone/fax/e-mail numbers** of agency person(s) to receive all *written correspondence* regarding this rule: (Please type)

Laura S. Rhodes, Executive Director

101 Dee Drive, Suite 102  
Charleston, WV 25311

Telephone: (304) 558-3596; Facsimile: (304) 558-3666

email: [rnboard@state.wv.us](mailto:rnboard@state.wv.us)

- g. **IF DIFFERENT FROM ITEM 'f'**, please give Name, title, address and phone number(s) of agency person(s) who wrote and/or has responsibility for the contents of this rule: (Please type)

3. If the statute under which you promulgated the submitted rules requires certain findings and determinations to be made as a condition precedent to their promulgation:

- a. Give the date upon which you filed in the State Register a notice of the time and place of a hearing for the taking of evidence and a general description of the issues to be decided.

b. Date of hearing or comment period:

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c. On what date did you file in the State Register the findings and determinations required together with the reasons therefor?

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d. Attach findings and determinations and reasons:

Attached 

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# Dialysis Technician Emergency Rules Comments



**RNBoard**

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**From:** Gloria Harris [harrisgl@wvstateu.edu]  
**Sent:** Thursday, July 07, 2005 4:32 PM  
**To:** rnboard@state.wv.us  
**Subject:** comments on dialysis technician rule.

I worked as a certified hemodialysis nurse for 3 1/2 years (Adult and Child). While working, I found dialysis techs to be very helpful in implementing much of the care to dialysis patients. The Dialysis Tech Law seems to be well-thought and fair. I feel that it will be a big incentive to Dialysis Techs to be certified. I welcome the Emergency Rule. The law may also offer dialysis techs clear cut guidelines and greater protection as employees. Thank You!

7/8/05

**RNBoard**

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**From:** Kdayton63@aol.com  
**Sent:** Thursday, July 07, 2005 9:17 PM  
**To:** rnboard@state.wv.us  
**Subject:** comments on dialysis technician rule.

i am not sure about the bottom line of what this is all about. it is very confusing. i feel dialysis is a very skilled profession and i think the utmost skill should be used. my relative is an rn in dialysis in wv and she feels that the techs are safe and know more than a nurse

7/8/05

## RNBoard

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**From:** Arnold Foster [guynurse3\_rn2000@yahoo.com]  
**Sent:** Wednesday, July 13, 2005 12:25 PM  
**To:** rnboard@state.wv.us  
**Subject:** Dialysis

I cant find much on Dialysis Technician Emergengy Rule,Although I've never supported any type of program that would trian someone to do nurses work and not know what to do in case of emergency.Arnold Foster RN

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## RNBoard

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**From:** Francart, Angie [AFrancart@jeffmem.com]  
**Sent:** Thursday, July 14, 2005 12:04 PM  
**To:** 'rnboard@state.wv.us'  
**Cc:** Miller, Julie  
**Subject:** Dialysis technician and delegation



UTF-8.NTM

In regards to RN delegation of a dialysis technician and other support staff. I understand with the nursing shortage that we need to do this on a much more frequent bases, but when do we cross the line? We here overseeing and delegating like a physician practices without the security of malpractice in our organizations. I feel that this is another extension of this form of delegation and therefore, I am opposed to this ruling. I also feel that is necessary that we have closer regulations on CRNA and other advanced practices. We as a nursing community need to understand our practice guidelines and not over step our limits care and practice. It appears as the nursing crunch gets tighter, we loosening our rules. This is not acceptable way to practice nursing and can only lead to more fine lines with gray areas not addressed.

Thank you for allowing this feedback.

Sincerely,

Angie Francart, RN, BSN, RNFA  
Director of Surgical Services  
Jefferson Memorial Hospital  
300 South Preston Street  
Ranson, WV 25438  
phone: 304-728-1633  
fax: 304-728-1668  
afrancart@jeffmem.com

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Nz>

**RNBoard**

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**From:** joyce hatfield [jhatfield01@charter.net]  
**Sent:** Monday, July 18, 2005 10:33 AM  
**To:** rnboard@state.wv.us  
**Subject:** dialysis technician

My opinion stems from past experience of working with dialysis techs. I was paid to be on call just like the tech was BUT I was able to function and come out independently where as the tech got to remain home. They are not nurses so I don't feel they should have the same responsibility as nurses nor the pay. Thanks, Joyce Hatfield, RN.

7/18/05

**RNBoard**

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**From:** Cheryl Dalton [cldalton@hsc.wvu.edu]  
**Sent:** Monday, July 18, 2005 4:38 PM  
**To:** rnboard@state.wv.us  
**Subject:** comments on dialysis technician rule.

I have been a certified nephrology nurse for 10 years and I feel there should be more strict rules governing the delegation of dialysis technicians. I have seen first hand that dialysis patients are not getting the quality of care they deserve, due to understaffing of RN's, and inexperienced dialysis technicians. I personally feel these patients should be taken care of by all licensed personnel, however, due to "for profit" dialysis centers around the country this will never happen.

Perhaps I am missing the content of the bill, but I feel that by allowing RN's to delegate more to the dialysis technician, will allow the dialysis companies to use less licensed personnel and more unlicensed. The staff RN's do not have the time now to fully assess all of the patients, as well as push the IV meds, and trouble shoot unit problems.

Thanks,

Cheryl Dalton

7/19/05

**RNBoard**

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**From:** Jinx798@cs.com  
**Sent:** Tuesday, July 19, 2005 10:36 AM  
**To:** rnboard@state.wv.us  
**Subject:** dialysis training program

I am a registered nurse and I received you post card regarding the dialysis tech program. I believe that all techs should have a formal program which they have attended and passed. I work with techs every day in the o.r. and some of them have not had the training they require and we have to deal with it. I am responsible for them and therefore I want them to be trained correctly. Most of the techs that I work with do not know that the R.N. is responsible for everything they do. I hope this opinion will help you with your decisions.

Sincerely,  
Betty C. Smith RN,BSN

7/20/05

## RNBoard

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**From:** eleanore perry [mulberrymommaw@yahoo.com]  
**Sent:** Wednesday, July 20, 2005 10:13 AM  
**To:** rnboard@state.wv.us  
**Subject:** comments on dialysis technician rule.

I think this rule is delegating too much responsibility for care and treatment of the patient to an unlicensed person but still leaves the Registered Nurse responsible for duties others performed. I would never vote for this change.

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**RNBoard**

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**From:** Miranda Sandreth [msandreth23@msn.com]  
**Sent:** Tuesday, July 12, 2005 9:52 AM  
**To:** rnboard@state.wv.us  
**Subject:** comments on dialysis technician rule.

I feel that it is in essence a good thing that there will be a dialysis technician to aide the nurse in delivering dialysis, but that is where the concern lies. I feel that the nurse should still be very aware of what is happening with the treatment and I feel that the overworked, stressed nurse may find it very easy to rely too heavily upon the dialysis tech to monitor for actual or potential health problems which is under the definition of what the RN's responsibilities are. Strict guidelines and perhaps regulations on how often the RN is to assess and chart on the patient may help to resolve some of the issues of concern.

Sincerely

Miranda D. Sandreth, RN

7/12/05

## RNBoard

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**From:** lfauber@tmmna.com  
**Sent:** Friday, July 08, 2005 1:24 PM  
**To:** rnboard@state.wv.us  
**Subject:** dialysis rule

I read the rule on Dialysis Technicians on your website.

As a nurse in WV for 29 years and a dialysis patient for 3 years, I commend the WV board on their initiative with this rule.

I do feel that the dialysis need some type of governing board in regards to their training of their techs. I feel also that the RN delegating to the techs be trained or experienced in the care of renal patients before they are placed in charge of a group of techs.

I feel that the new techs need RN supervision when they are in the clinical area. Most of the time due to staffing shortage they are trained in the clinical area by a inexperienced tech.

My only fear as a patient with this rule, is that there is presently not enough techs in the local dialysis centers. If a license fee and CEU fees are initiated that the tech will not be able to afford these fees on their present salaries. Also, the dialysis center in the area charges my insurance 3-4 times what they charge a Medicare patient because I am working and have insurance!

My experience with care from a tech with experience (3-5 years) has been excellent. I have had no fear with them pushing my Heparin or doing my venous access. I have however seen events that have scared me as a patient and as a nurse with inexperienced nurses and techs.

Thanks for allowing me to make these public comments.

Lois Fauber, RN  
Human Resources/Medical Specialist  
Phone: (304) 937-7426  
Cell: (304) 550-8212  
Fax: (304) 937-7427

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**RNBoard**

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**To:** C. Hames  
**Subject:** RE: Comments on dialysis technician rule

Dear Ms. Hames:

Thank you for your comments about the Dialysis Rule. They will be reviewed by the Board during their next meeting.

For the Board,  
Laura Skidmore Rhodes  
Executive Director  
West Virginia Board of Examiners for Registered Professional Nurses

-----Original Message-----

**From:** C. Hames [mailto:chames1@hotmail.com]  
**Sent:** Sunday, July 03, 2005 10:32 AM  
**To:** rnboard@state.wv.us  
**Subject:** Comments on dialysis technician rule

Honored R. N. Nursing Board Members:

As a Registered Phlebotomy Technician and a Registered Medical Assistant with the American Association of Medical Personnel, and as a BONENT Certified Hemodialysis Practitioner who has five years experience as a dialysis technician, and as a R.N. nursing student at Southern W.V. Community and Technical College at Mt. Gay (Logan Campus), I wish to make the following comments about this new law and its regulations:

1. DT's are already overseen by nurses. Everything we do must be sanctioned by nursing staff.
2. In my opinion, we do a good job. I have only seen three fatalities in my five years. Two of these arrived at the facility not breathing. The other died shortly after arriving, and not due to anything a staff member had done.
3. Continuing education is already mandated by our facilities and our certification boards.
4. These new fees and regulations will not make us better technicians, nor will they open up the field. Doors will be closed. It's a tough but rewarding job and the education and focus required already weeds out those not suitable.
5. Medicare itself has rigorous mandates for units and, in effect, they pay our salary.
6. Now we have these new hoops to jump through and funds to be expended. If Bonent says we are competent to perform our jobs, and if our employers (we work at their will and pleasure) say that we are able medical personnel, why restrict this field further? My coworkers tell me it's all too much. They are getting out.

Sincerely,

Catherine Hames, DT

304-728-0819  
67 Surrey Drive  
Harpers Ferry, WV  
July 9, 2005

West Virginia Board of Examiners for Registered Professional Nurses  
101 Dee Drive, Suite 102  
Charleston, WV 25311  
Dear WV RN Board,

I am writing to comment on the regulation of Dialysis Technicians. I am a Registered Nurse. In about 1992 I was an RN and a Clinical Nurse Specialist at the Fauquier Hospital in Warrenton, VA. I responded to a Code Blue in a room where a Dialysis Technician was "specialing" a patient from the Warrenton Dialysis Center.

The Technician was giving CPR to the patient using only percussions without any administration of air puffs. I said "Where are your breaths?" He just continued giving percussions. I looked in the room for an Ambu Bag. There was none. There was none outside the room. I started giving air puffs by mouth. The patient was resuscitated without side effects, but things could have gone otherwise. It turned out the patient had Hepatitis. (No sign was evident). The Unit Supervisor came up and yelled "You will have to rinse your mouth out and gargle with 9/10ths percent Clorox Solution for the next 20 minutes. I did so and wrote out an incident report. No action was taken against the technician. I did not develop any illness, but I could Have developed hepatitis. The Dept. of Nursing did put Ambu bags outside the doors of Dialysis Patients after the fact..

It was clear that this man who said he had been practicing nursing of Dialysis Patients "for years" had a real knowledge deficit. I would suggest that anyone "trained" as a Dialysis Technician should be also given a thorough educational course in CPR, as well as Infection Control. If the technician is to be permitted to do IV's (as many are today), that should be an integral part of his "training". It was clear in this case that this Technician was also not being supervised by an RN.

I am trying to point out items which can be problematic, and standards that should be in place with a patient in Renal failure on Dialysis. In this instance the Dialysis Facility sent the Technician and the Patient to the hospital, and the head nurse on the unit gave no supervision, and did not check out his skills.

Respectfully yours,  
*Loretta M. Fischer RN*  
Loretta M. Fischer, MSN, RN

**RNBoard**

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**From:** PAULA MEEK [meek3@worldnet.att.net]  
**Sent:** Thursday, July 14, 2005 4:21 PM  
**To:** rnboard@state.wv.us  
**Subject:** comments on dialysis technician rule.

Dear RN Board,

This rule is a short cut that deprives our family members, with multiple, serious, chronic ,medical conditions, of the competent professional care they need to live a life free of constant reoccurring infections and admissions to the hospital. Without competent professional licensed caregivers we are subjecting these patients to inevitable and costly medical errors. In the short term this is expedient but drastically imperils the quality of life of dialysis dependent patients.

Please do all you can to avert this error which will reduce the quality of life of many West Virginians. Almost all West Virginians know someone who has a Mother, Father, or close family member that is on Dialysis. Do you want this kind of care for your family?

Sincerely,

Karl Meek RN  
Paula Meek RN

7/15/05

## RNBoard

---

**From:** Erica Francks [Trailwalker@adelphia.net]  
**Sent:** Thursday, July 14, 2005 10:23 AM  
**To:** mboard@state.wv.us  
**Subject:** comments on dialysis technician rule.

To Whom It May Concern:

I didn't see any information about the different types of accesses in the rule. Can technicians run treatments for patients with dialysis catheters, permanent and temporary?

Can technicians instill TPA into catheters? By instill I mean mix the TPA and put in enough to fill the catheter, but not access the blood stream.

When the rule says they may give medications (lidocaine, heparin, NS) only under the "direct supervision" of an RN what does that mean? How close does the RN have to be to them. Do they have to be watching them as they do it?

I would like some clarification as to which RN in a unit is responsible for the technicians.

Why an emergency rule? I can't see anything which the technicians aren't already doing.

I didn't see in the rule anything which addresses the technicians without the 320 hours of training being "grandfathered" in.

They have the obligation to question dialysis orders. This is getting them into responsibility for their own practice. And it clouds the responsibility of the RN.

What responsibilities do dialysis units have to document competency?

Thank you,  
Erica Louise Francks, RN, CDN

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**RNBoard**

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**From:** Pamela Smith [nikita\_rm69@yahoo.com]  
**Sent:** Monday, July 11, 2005 1:08 PM  
**To:** rnboard@state.wv.us  
**Subject:** comments on dialysis technician rule.

I do not see any where in this rule that the DT has the right to use a central line, I have a problem with this, because this is a direct line to the pt. I worked at FMC of Morgantown for a very short period, I did not feel comfortable letting a tech not certified, someone they hired off the street to push hep via central line. I have watched many problems with these tech's doing cath care and also using a 3cc syringe to bolus these lines, policy and procedure as I have known since I became a R.N. was only to use a 10 cc syringe. but when I questioned this it was stated that's the way we do it here. As a L.P.N. I was not allowed to touch a Central line. But someone hired off the street with 4 weeks of training is doing this care????? I not longer work for FMC I did not feel comfortable letting these tech's work under my license that I worked very hard to achieve.

Just my comment Pam Smith R.N.

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July 22, 2005

Ms. Laura S. Rhodes,  
Executive Director of  
Board of Examiners for Registered  
Professional Nurses  
100 Dee Drive, Suite 102  
Charleston, WV 25311-1620

Re: Emergency Rules for Dialysis Technicians

Dear Ms. Rhodes:

On behalf of our client Bio-Medical Applications of West Virginia, Inc., which operates a number of dialysis facilities in West Virginia, I would like to furnish the following comments to the rules:

1. 2.4 Recommend insertion of the words "and cannulation" after the words 'vascular access' in the third sentence.
2. 2.9 Recommend insertion of the word "training" between the words 'technician' and 'program'.
3. 3.3.a.8 In the second sentence the word 'reasonable' should be revised to "reasonably".
4. 5.2 Recommend that the 160 days be reduced because it is too long of time to wait for approval to complete the application. This could delay the implementation of much need dialysis services to patients.
5. 5.4 We are unclear as to whether applicants can continue operating their programs after submitting the applications but before getting official approval from the state.
6. 6.1.a.4 We again request that the requirement for a bachelor's degree be deleted. Many of our dialysis nurses do not have bachelor's degrees. They do have years



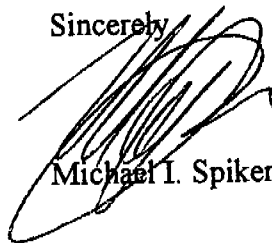
**GOODWIN & GOODWIN, LLP**

Ms. Laura S. Rhodes,  
July 22, 2005  
Page 2

- of clinical experience and are licensed by your organization. The requirement of going through an advisory committee to review them is unnecessary.
7. We believe that all the fees are too high. Every effort should be made to minimize the costs of this program which will then minimize to fees required to run it.

Thank you.

Sincerely

A handwritten signature in black ink, appearing to read "Michael I. Spiker", written over the word "Sincerely".

Michael I. Spiker

MIS/bas

cc: Mr. Michael Parlier (via email)  
Ms. Janis Price (via email)

**RNBoard**

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**From:** pmlehosit [pmlehosit@netzero.net]  
**Sent:** Wednesday, July 20, 2005 6:00 PM  
**To:** rnboard@state.wv.us  
**Subject:** comments on dialysis technician rule.

Dear Board of Registered Nursing,

Having been prompted to comment, by receiving the green post card in the mail, I have reviewed the Dialysis Technician Rule and have three areas of concern. One, It seems the technicians will be accessing central venous devices and shunts. Secondly, the technicians will be administering medications via these venous accesses, and finally, the technicians may report issues to the physician.

My initial understanding of this rule, prior to actually reading it, was that the patient assessment, including the venous device assessment, would be achieved by the RN. I believed, the primary purpose of the technician was to connect the dialysate to the machine and to the patients' pre-prepared venous device. Perhaps the hanging of consecutive bags of fluids or NSS seemed reasonable. Certainly taking vital signs and monitoring the equipment parameters, as well as the tolerability of the treatment seemed a reasonable task. I can possibly even see the routine administration of Epogen type medications being administered subQ by the technician, however knowing the instability of the drug, the many new brands, the extreme variety of vial doses and concentrations, including the fact that many are single dose vials, yet improperly used over several days, this may not be a delegatable task.

Also it is my understanding that the hemodialysis unit is considered an intensive care unit. During a JCAHO survey in my past days of hospital intensive care nursing, my coworkers and I were very relieved when the dialysis unit survey counted as the intensive care hospital survey, meaning our unit would not be reviewed, other than a walkthrough. I cannot imagine the appropriateness of a technician to initially access or administer medication via central venous devices or shunts, and possibly change the dressings etc... in an intensive care unit.

Patients receiving care in a dialysis unit are being administered life saving treatments. I agree with the training, and the completed delegation being under the supervision of the RN, but not the MD. Dialysis technicians should not be reporting patient information to the physicians, even informally. This leaves the opportunity for them to obtain verbal orders and possibly having to convey these to the RN. Discussion and collaboration of the patient condition during dialysis nursing care should be between the RN and the MD. If approached with questions by the physician, the technician should refer the physician to the RN.

I do realize that I may not have perfectly interpreted parts of the rule, and that I do not currently work in a hemodialysis unit, so I may be a bit out of touch. I do appreciate the opportunity to comment and thank you for reviewing my thoughts.

Melody B. Lehosit RN MS

**RNBoard**

---

**From:** Eadedd@aol.com  
**Sent:** Thursday, July 07, 2005 10:11 PM  
**To:** rnboard@state.wv.us  
**Subject:** comments on dialysis technician rule.

I am in support of this rule.

I have only one concern. As a member of the Charleston Area Medical Center Medication Safety Committee, I am aware that heparin is considered on the short list of our high risk/high alert medications. Administration of heparin, even in the setting of dialysis is of concern although risk is possibly less than in an inpatient setting. Not being a dialysis nurse, I cannot speak for the risk to the patient in this setting or the circumstances. I would hope that direct supervision means that the RN or physician is personally responsible that each patient receive the correct dose. Also, heparin induced thrombocytopenia (as serious formation of antibodies to heparin resulting in high risk for thrombosis) is a growing concern in the dialysis community. In general, it occurs in approximately 3% of patients receiving heparin. Assessment of patients receiving routine heparin in this setting by RN's is important for early detection (symptoms include any evidence of venous or arterial thrombosis, venous gangrene, skin necrosis at the site of injection and usually thrombocytopenia (30-50% reduction from the baseline platelet count). The thrombocytopenia is easy to miss as it may occur during a time that routine labs are not being done.

Elaine Davis, Ed.D.RN  
CAMC/CHERI Outcomes Research  
388-9911

7/8/05

## RNBoard

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**From:** Karin Adkins [soccermom@cebridge.net]  
**Sent:** Tuesday, July 12, 2005 9:37 PM  
**To:** rnboard@state.wv.us  
**Subject:** comments on dialysis technician rule.

I feel the fee for dialysis techs to apply is outrageous and that it is unfair that they are given so short a time to come up with the money. Especially, as pertains to those who are already certified with BONNET. These individuals have studied, paid and taken a test to prove their knowledge in their jobs.

**RNBoard**

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**From:** Janet Bennett FNP [jbennettfnp@hotmail.com]  
**Sent:** Thursday, July 07, 2005 10:22 AM  
**To:** rnboard@state.wv.us  
**Subject:** comments on dialysis technician rule.

I've read through the proposal. I can see an enormous amount of work has gone into this. I see nothing to change. I am concerned the fee of \$200 is steep, however, maybe the employer can help with that. I worked as a dialysis nurse in the 70's and there is no room for errors. Janet Bennett, FNP

7/7/05

**RNBoard**

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**From:** Deanna Hastings [deanna269a@yahoo.com]  
**Sent:** Sunday, July 03, 2005 6:39 PM  
**To:** mboard@state.wv.us  
**Subject:** Dialysis Technician

My name is Deanna Hastings. In regards to the rules being applied to the dialysis technicians. I have been a dialysis technician since November 1988. I worked full time for the first 6 years. For the past 11 years I have been part-time. I work 2 days a week at Greater Charleston Dialysis in South Charleston. I truly love my job. ( I also work Full-Time for Kanawha County Ambulance, stationed in Sissonville on the 911 truck.) Helping people has always given me great satisfaction. I hate to think that the nursing board is going to make us pay them to work under their board. Whats sad is, no one that I talk to is going to pay it.

I hate to think that I have 17 years dialysis experience and now I will no longer have a job because I have to pay \$200+ dollars to take the BONET, then turn around and pay the nursing board another \$200 dollars to keep my job. I am a single mother with 2 teenagers and cannot afford to pay that up front. I work every day to keep a roof over my family's head. I go out and work on an ambulance and face things that no one ever needs to see. All I pay is \$10.00 every 2 years to take my re-certification test. The County has classes every month to keep up our CEU's. We have a medical director at the County. Why can't we practice under the medical director at the facility in which we work. Also, can't I be grandfathered in for the BONET??

I do have 17 years of experience. I would hate to waste 17 years because the nursing board wants more money. There will be no technicians to take care of the patients. The units will be staffed with nothing but nurses now. Which will be more costly to the unit itself.

I hope that you will reconsider this and leave things the way they were.

Thank You,

Deanna Hastings  
1608 King Street  
So. Chas. WV 25303  
744-1217

---

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<http://mail.yahoo.com>

**RNBoard**

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**To:** Deanna Hastings  
**Subject:** RE: Dialysis Technician

Dear Ms. Hastings:

The Board will review the comments you have provided during their next meeting. I want to take this opportunity to let you know that if you are currently employed as a Dialysis Technician, you are "grandfathered in", meaning you are not required to complete a specific education program, nor pass a certification exam. The fee, however, does apply.

Thank you for your comments.

For the Board,  
Laura Skidmore Rhodes  
Executive Director

-----Original Message-----

**From:** Deanna Hastings [mailto:deanna269a@yahoo.com]  
**Sent:** Sunday, July 03, 2005 6:39 PM  
**To:** rnboard@state.wv.us  
**Subject:** Dialysis Technician

My name is Deanna Hastings. In regards to the rules being applied to the dialysis technicians. I have been a dialysis technician since November 1988. I worked full time for the first 6 years. For the past 11 years I have been part-time. I work 2 days a week at Greater Charleston Dialysis in South Charleston. I truly love my job. ( I also work Full-Time for Kanawha County Ambulance, stationed in Sissonville on the 911 truck.) Helping people has always given me great satisfaction. I hate to think that the nursing board is going to make us pay them to work under their board. Whats sad is, no one that I talk to is going to pay it.

I hate to think that I have 17 years dialysis experience and now I will no longer have a job because I have to pay \$200+ dollars to take the BONET, then turn around and pay the nursing board another \$200 dollars to keep my job. I am a single mother with 2 teenagers and cannot afford to pay that up front. I work every day to keep a roof over my family's head. I go out and work on an ambulance and face things that no one ever needs to see. All I pay is \$10.00 every 2 years to take my re-certification test. The County has classes every month to keep up our CEU's. We have a medical director at the County. Why can't we practice under the medical director at the facility in which we work. Also, can't I be grandfathered in for the BONET??

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I hope that you will reconsider this and leave things the way they were.

Thank You,

Deanna Hastings  
1608 King Street  
So. Chas. WV 25303  
744-1217

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K. D. Shaffer  
RD#2, Box 159  
Wellsburg, West Virginia 26070  
(304) 394-5807 Telephone; (304) 394-5953 Fax

July 11, 2005

West Virginia RN Board  
101 Dee Drive, Suite 102  
Charleston, WV 25311

Dear Board Members:

Comprehensive planning and careful consideration is noted in the *Dialysis Technician Emergency Rule* proposal. My concern relates to the WV Board of Examiners' ability to staff and maintain surveyors for monitoring purposes.

Will the Board have the staffing to provide on-site reviews and oversight with the current staff? Will additional surveyors be added to the current surveyor unit? If additional surveyors become necessary it appears that even the proposed fees may not cover the added cost.

Thank you for the opportunity to review and comment on the proposal.

Sincerely,



K. D. Shaffer, MA, RNBC  
Medicaid Monitor

file





# The Senate of West Virginia

Charleston

STATE CAPITOL  
BUILDING 1, ROOM 209W  
CHARLESTON, WV 25305-0800  
(304) 357-7984 (OFFICE)  
(304) 357-7994 (FAX)  
E-MAIL: SENATORMCKENZIE@AOL.COM

COMMITTEES:  
CONFIRMATIONS  
ECONOMIC DEVELOPMENT  
ENERGY, INDUSTRY AND MINING  
JUDICIARY  
RULES  
TRANSPORTATION AND  
INFRASTRUCTURE

ANDY MCKENZIE  
SENATE MINORITY WHIP  
142 MILLER STREET  
WHEELING 26003-5916  
BUS. (304) 232-2550

July 11, 2005

Mrs. Laura Rhodes, Director  
RN Board of Nursing  
100 Dee Drive  
Charleston, WV 25311

Dear Mrs. Rhodes:

Enclosed is an e-mail that I have received from Debbie Lucki, RN, CNN,  
Assistant Administrator of Wheeling Renal Care.

Please let me know if there is anything that we can do to lower this fee. I look  
forward to hearing from you. Thank you.

Sincerely,

Senator Andy McKenzie  
Senate Minority Whip

AM:wpc

enclosure

cc: Debbie Lucki

Subj: **RE: Dialysis technician certification**  
Date: 7/11/2005 10:47:07 A.M. Eastern Daylight Time  
From: [DLucki@wrc3.com](mailto:DLucki@wrc3.com)  
To: [SenatorMcKenzie@aol.com](mailto:SenatorMcKenzie@aol.com)

Andy, the bill is fine, it's the rule that the Board of Nursing wrote. The Board is imposing the fee. Is there any type of assistance the Board can apply for so that they do not pass the expenses of the process onto the technicians. All of my technicians can find work in Ohio or Pennsylvania where the fee is minimal. The Board has determined that these techs should pay @200/year for a license. As an Rn, I only pay \$50. In Hio ,The techs only have to pay \$35. I will lose my workforce, in a time where there is already a shortage.

-----Original Message-----

**From:** SenatorMcKenzie@aol.com [mailto:SenatorMcKenzie@aol.com]  
**Sent:** Monday, July 11, 2005 10:41 AM  
**To:** Lucki, Debbie  
**Subject:** Re: Dialysis technician certification

I was unaware of this new fee. However, I will investigate your concerns. Unfortunately, it is too late this year to do anything about this legislation but we can look at it next year during our regular legislative session.

Please stay in touch.

Senator Andy McKenzie

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Subj: **Dialysis technician certification**  
Date: 6/27/05 3:28:57 P.M. Eastern Daylight Time  
From: DLucki@wrc3.com  
To: [senatormckenzie@aol.com](mailto:senatormckenzie@aol.com)

Hi Andy,

I am the Assitant Administrator of Wheeling Renal Care in Wheeling. I met you in Charleston at the Capital with Wheeling Leadership and I need your advice. The West Virginia Board of Nursing is placing a \$200 fee thru-out the state for all dialysis technicians to be licensed in the state. This is a substantially hefty fee for personnel that make anywhere from \$8- 12/hr. Actually, 4 times higher than an RN. Their reasoning is that since this group of disciplines is small (about 160-200), the fee has to be high to begin the regulatory process. The technicians did not vote to have this regulation and I now have fears that my employees will travel across the river to Ohio to work where the fee is considerably lower.

I'm sure the governor would not be happy to hear that more people are leaving the state for employment elsewhere.

Isn't there some general fund that can be used to provide support for the regulatory process? Please, any help or suggestions you may have would be greatly appreciated. You may call me at the Wheeling Dialysis center at 242-7770 or visit anytime. Thank you

Debbie Lucki, RN, CNN, Assistant Administrator  
Wheeling Renal Care

*500 Medical Park, Suite 100  
Wheeling 26003*

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*HB-3151*

Laura S. Rhodes, M.S.N., R.N.  
Executive Director

email:rnboard@state.wv.us  
web address:www.wvrnboard.com



TELEPHONE:  
(304) 558-3596  
FAX (304) 558-3666

**STATE OF WEST VIRGINIA**  
**BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES**  
101 Dee Drive, Suite 102  
Charleston, WV 25311-1620

July 13, 2005

The Honorable Senator Andy McKenzie  
Senate Minority Whip  
142 Miller Street  
Wheeling, WV 26003-5916

RE: Letter from Debbie Lucki, RN, CNN  
Dialysis Technician Rule

Dear Senator McKenzie:

Thank you for the opportunity to respond to you about the Dialysis Technician Rule as it relates to the concerns expressed by Ms. Lucki. The West Virginia Board of Examiners for Registered Professional Nurses (Board) has worked with various individuals from the dialysis community in preparing the rule. A copy of the rule is included for your review. Ms. Lucki is concerned about the cost to a dialysis technician to obtain certification in West Virginia. In her letter she conveys that the reason given by the Board for the amount of the fee relates to the low number of dialysis technicians in the state, this is true.

Currently, there are approximately 175 persons practicing as dialysis technicians in West Virginia. A group of dialysis technicians completed the Sunrise process to be a regulated body, and this was approved by the Legislature in 2005. Regulatory bodies are to be self sustaining, therefore they receive no funding from the General Revenue. Because there are so few technicians, this fee must be high to provide just a portion of the amount of money required to do the business of regulation. The need for a high fee was discussed throughout the process. Concerns were also expressed throughout the process.

During an open meeting of a work group attended by Ms. Lucki by phone, the issue of the fee was discussed and the rationale given. Also discussed was the possibility for the fee to be decreased if funding from other sources was substantial enough to support regulation of dialysis technicians.

Surrounding states have substantially more dialysis technicians and dialysis facilities than West Virginia, therefore allowing fees to be much lower. There are 22,600 registered professional nurses in West Virginia which permits that licensing fee to be lower than the fee for dialysis technicians.

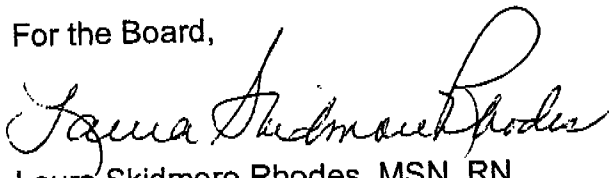
Page 2  
Senator Andy McKenzie

With the proposed fees, the Board anticipates collecting the minimum amount needed to fully implement the rule and assure the safety of the citizens of West Virginia. We know that at least one adjoining state does not currently collect enough money to fully implement the law. The Board does not want that to occur here.

Again, the Board appreciates the opportunity to respond to your letter and asks that you support the fees they recommend.

If I may be of further assistance to you please let me know.

For the Board,

A handwritten signature in cursive script, appearing to read "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN  
Executive Director

xc: Donna Lucki

Sent via U.S. Mail and e-mail to the Honorable Senator Andy McKenzie and via e-mail to Ms. Donna Lucki

Wheeling Renal Care  
500 Medical Park  
Suite 200  
Wheeling, WV 26003

July 19, 2005

Laura Rhodes, MSN, RN  
Executive Director  
West Virginia Board of Examiners  
For Registered Professional Nurses  
101 Dee Drive, Suite 102  
Charleston, WV 25311-1620

RE: 19CSR13

Dear Ms. Rhodes:

I am writing to provide comments regarding the Legislative Rule dealing with Dialysis Technicians.

As I have emphasized several times in previous communications to you, I strongly support the intent of the Board of Nursing in its development of appropriate regulation of dialysis technicians who work in West Virginia. In order to gain broad appreciation for this matter, I have had many discussions with nephrology colleagues throughout our state as well as in other regions of the country, and have had earnest conversations with legislators and policy makers about the proposed Statute and its Rule. Most importantly, I have spent considerable time discussing this issue with dialysis technicians, nurses, and other nephrology professionals with whom I have worked for many years.

I fully appreciate the hard work and open manner in which the current version has been developed. You and your staff are to be commended for your diligence.

I suspect that various aspects of the Rule will need to be revised over the next few years as an iterative process, building on experience and adapting to a rapidly changing clinical, regulatory, and economic environment.

I disagree, however, that this Rule needs to be implemented as an Emergency Rule. Unless there are procedural issues that warrant this designation, nothing in current practice suggests that dialysis patients have been harmed by the systems for training and oversight of dialysis technicians in our State. I am unaware of any reports or data that even suggest otherwise. The Mid-Atlantic Renal Coalition (MARC), the ESRD Network charged with providing oversight of the quality of care delivered in all West Virginia dialysis facilities, has not received a single report of unsafe practice by a dialysis technician.

Dialysis technicians have played an important and integral role in the care of maintenance dialysis patients for many years. Those entrusted with the responsibility for assuring that they are properly trained and supervised have done their jobs well. Implementing new regulatory policy to "protect the public from harm" when no evidence exists to justify it is inappropriate. Even the proposed revised Conditions of Coverage, currently being developed by the Centers for Medicare and Medicaid Services (CMS), do not require such strict regulation of dialysis technicians. Therefore, I fail to understand why the Board feels it is necessary to promulgate the Rule as an Emergency Rule.

I continue to have strong concerns about the fees that you have established for dialysis technicians. As many have emphasized throughout the development of the Statute and the Rule, fees must not be unreasonable and prohibitively expensive. The initial fee of \$200 is just that, however. Your rationale for establishing this fee appears to be based on the assumed number of technicians currently working in West Virginia.. You projected the total first year cost for the program to be \$57,000. The majority of this budget includes \$48,550 for part-time professional staff and a full-time clerical position. I think that the Board should be able to manage the new regulatory program more efficiently by using current staff or by contracting services as necessary. This would permit a dramatic reduction in the required fees for dialysis technicians. Your own reports indicate that fewer than 200 dialysis technicians currently work in West Virginia. I fail to comprehend why dialysis technicians themselves should be required to shoulder the financial responsibility an oversight board creates. If the number of technicians were to decrease to less than 100, for example, would you increase the licensure fees proportionately?

Our own analysis of the dialysis technician workforce suggests a potential for a serious negative impact resulting from implementation of this fee schedule. Currently 8-10 dialysis facilities are located within a 45 minute drive of Wheeling. Only two of these facilities are located in West Virginia (Wheeling Dialysis Center and New Martinsville Dialysis Facility). It will be very difficult to recruit experienced dialysis technicians to work in our two West Virginia facilities, and we will likely incur major additional expense to retain those already employed. Of the nine dialysis technicians employed by Wheeling Renal Care, six are currently certified, and the remaining three

West Virginia Board of Examiners for  
Registered Professional Nursing  
July 15, 2005

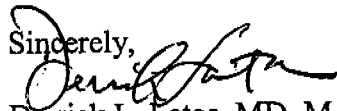
are preparing to take the national examination. All but one work in our West Virginia dialysis facilities, and can easily seek employment in dialysis facilities in either Pennsylvania or Ohio. I have previously provided you with a range of fees in nearby states, all of which are lower than those you have proposed. The dialysis technician fee in Ohio is only \$35, as example.

We have recently witnessed the impact of contiguous states' ability to attract West Virginia teachers as a result of more attractive pay scales. The potential loss of highly trained dialysis technicians is just as real, and poses serious economic problems for all dialysis facilities in our state, especially those located in border counties. Dialysis facilities' cannot simply increase their fees to provide higher wages to offset the high cost for dialysis technicians to pay high licensure fees.

I urge the Board to consider the impact of the proposed fee schedule. The economics of operating a dialysis facility is extremely complex, particularly since the ESRD program operates under a capitated payment system, which is highly regulated at the federal level. Clearly, state regulatory boards have responsibility to assure that dialysis caregivers are appropriately trained and supervised. To this end, I endorse your proposal. However, such regulation must not unduly impact the ability of dialysis providers to attract and retain highly trained staff.

West Virginia State agencies must make every effort to remain business- friendly. Some provisions in the Rule do just the opposite.

I welcome the opportunity to work with you in improving the care provided in our dialysis facilities.

Sincerely,  
  
Derrick L. Latos, MD, MACP  
Medical Director  
Wheeling Renal Care



## RNBoard

---

**From:** Marsh, Ruth [rmarsh@renalventures.com]  
**Sent:** Wednesday, July 13, 2005 8:12 AM  
**To:** rnboard@state.wv.us  
**Subject:** dialysis technician rules

Hello

I was hoping you could clarify some questions I have regarding the new dialysis technician emergency rule. I am in receipt of the information. I have one technician who has been trained here, completed her training May 23, 2005. She would fall under the "grandfather rule", as her training was completed before July, 2005. Do I need to forward the training materials we used to train her, or is that only if a formal certified training program was used? (s/s 19-13-5 5.4) Also, does she need to complete the application: "Dialysis Technician Certification Application" now, or only after the rule becomes law? (I feel the 200.00 dollar fee is very high-RN's application fee is not close to that.) I thank you for your help in this matter. Have a great day.

Ruth E. Marsh BSN  
Center Director, Renal Center of Moorefield  
rmarsh@renalventures.com

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## RNBoard

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**From:** Tlmitch100@aol.com  
**Sent:** Saturday, July 09, 2005 11:58 AM  
**To:** rnboard@state.wv.us  
**Subject:** dialysis tech certification

Hello,

I would like to clarify a point re: the dialysis tech certification.

If the tech does not pass the certification exam, they *can* retake the exam again-correct? Similar to the RN not passing boards--they may retake.

I understand they they can not practice as a tech during the time that they are not certified.

thanks you,  
Tammie Mitchell  
[tlmitch100@aol.com](mailto:tlmitch100@aol.com)

## RNBoard

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**From:** Lisa Bias [LisaBias@charter.net]  
**Sent:** Thursday, July 07, 2005 2:59 PM  
**To:** rnboard@state.wv.us  
**Subject:** Dialysis Technicians

In order to ensure the greatest amount of stability and standardization of care for dialysis patients, I believe it would be in the best interest of both the patients, and those delegating care, that Dialysis Technicians should be certified by an accredited training program that meets the requirements of the Board of Nursing.

Sincerely,  
Lisa Bias, RN (WV)  
34 Glory Way  
Ona, WV 25545  
304-743-4335

7/8/05

**RNBoard**

---

**From:** Kathy Carper [kcsholley@charter.net]  
**Sent:** Wednesday, July 06, 2005 10:08 AM  
**To:** rnboard@state.wv.us  
**Subject:** dialysis technicians

We have two BONENT certified techs here who operate our technical department. They both CAN do patient care (they help particularly during an emergency and came from patient care) but their job is not patient care. Can they still be grandfathered in? They both want the option of doing either (patient care or working with the machines/water sytem/regulatory issues, etc...) because they always have. One is our department director (started as a technician 15 years ago, then obtained biomed degree) and the other is our equipment tech (also came from patient care).

Please advise.

Kathy Carper, Administrator  
Greater Charleston Dialysis



**RNBoard**

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**From:** Robert Smith [ahusky@peoplepc.com]  
**Sent:** Monday, July 25, 2005 11:10 AM  
**To:** rnboard@state.wv.us  
**Cc:** Laura Skidmore Rhodes  
**Subject:** Dialysis Technician Certification

Laura,

I received a Dialysis Technician Certification Application from my employer around the first of July. On the application it asks for date of Graduation or date of G.E.D. I will be taking my G.E.D. test on August 02.

One question is when is the application due date, it doesn't specify. My employer insist it's August 01. Another Question is since I will be taking the G.E.D. test on August 2nd, Will I have to take the National Certification Test.

I noticed on the bottom of the application It states application and fee good for one application or six months, does this mean I haven up to six months.

I have being working as an Dialysis Technician for around four years.

Thank You,  
Robert Smith  
[ahusky@peoplepc.com](mailto:ahusky@peoplepc.com)

**RNBoard**

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**From:** DEBORAH Morton [dkmorton51@msn.com]  
**Sent:** Wednesday, July 13, 2005 10:22 AM  
**To:** rnboard@state.wv.us  
**Subject:** Fw: dialysis technician law and classes

----- Original Message -----

**From:** DEBORAH Morton  
**To:** rnboard@state.wv.us  
**Sent:** Tuesday, July 12, 2005 10:31 AM  
**Subject:** dialysis technician law and classes

WV REGISTERED NURSE BOARD

I WAS ON LINE TO READ THE DIALYSIS TECHNICIAN EMERGENCY RULE, REFERENCE IS MADE TO THE CLASSES OR INSTRUCTIONAL PROGRAM FOR TECHNICIANS...WHERE DO YOU GO TO VIEW THE REQUIREMENTS TO COMPLETE THESE CLASSES, WHERE ARE THE CLASSES TAUGHT, ETC. I AM FROM THE BECKLEY, WV AREA, A LOCAL PHYSICIAN IS OPENING A NEW OUTPATIENT DIALYSIS FACILITY IN SUMMERSVILLE, WV. I WILL BE WORKING IN THAT FACILITY AS THE OUTPATIENT PERITONEAL COORDINATOR, I AM CURRENTLY WORKING AT RALEIGH GENERAL HOSPITAL IN HEMODIALYSIS. I AM INTERESTED IN BECOMING AN INSTRUCTOR, PLEASE LET ME KNOW IF ANY INFORMATION AVAILABLE.

THANK YOU

DEBORAH MORTON

dkmorton51@msn.com

## RNBoard

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**From:** Jerry Franklin [jfranklin\_set@hotmail.com]  
**Sent:** Wednesday, July 06, 2005 2:59 PM  
**To:** rnboard@state.wv.us  
**Subject:** Emergency Rule for Dialysis Techs

The program to train Techs is just another way to avoid hiring efficient amounts of RN's to provide safe dialysis to those that need it, Or that these dialysis clinics are avoiding RN pay scales by hiring lesser trained staff. I disagree with the rule.

--- [This e-mail was scanned for viruses by F-Prot/Declude Antivirus]

19CSR13

FILED

TITLE 19  
LEGISLATIVE RULE  
WEST VIRGINIA BOARD OF EXAMINERS FOR  
REGISTERED PROFESSIONAL NURSES

2005 AUG 30 P 2:10

OFFICE WEST VIRGINIA  
SECRETARY OF STATE

SERIES 13  
DIALYSIS TECHNICIANS

**§19-13-1. General.**

- 1.1. Scope. - This legislative Rule establishes the general requirements for certification of dialysis technicians, renewal and reinstatement of certification for dialysis technicians, delegation of acts by the registered professional nurse to dialysis technicians, discipline of dialysis technicians and for approving and disapproving dialysis technician training programs.
- 1.2. Authority. - W. Va. § 30-7C-4
- 1.3. Filing Date. --
- 1.4. Effective Date. --

**§19-13-2. Definitions of Terms.**

- 2.1. "Delegation" means the transfer of responsibility for the performance of a selected task or activity from a licensed physician or registered professional nurse authorized to perform the task or activity to an individual who does not have the statutory authority to perform the task or activity.
- 2.2. "Dialysis training course" means the three hundred twenty clock hours of instruction for hemodialysis care by dialysis technicians comprised of both classroom and supervised clinical components; and, approved out of state programs that meet the requirements of the board.
- 2.3. "Discontinue" means to cease or stop the treatment.
- 2.4. "Initiation of dialysis care" means appropriately preparing the dialysis machine and extra corporeal circuit for dialysis according to the physician order upon delegation by the registered professional nurse or physician. The registered professional nurse or physician assesses the patient upon entering the dialysis unit to assure they are stable, and then delegates dialysis care to the Dialysis Technician. The Dialysis Technician evaluates the patient pre-dialysis, including vital signs, volume assessment and evaluation of the vascular access; and reports



any abnormality to the responsible registered professional nurse or physician who then further evaluates the patient problem prior to the Dialysis Technician proceeding with vascular access to begin the procedure.

- 2.5. "Monitor" means to collect objective and subjective data and observe the dialysis patient for signs or symptoms of any change in physiological or psychosocial status or complications related to dialysis, to check or regulate the performance of the machines used in performing dialysis, and to report any irregularity to the licensed physician or registered professional nurse as appropriate.
- 2.6. "Preceptor" means a registered professional nurse or a dialysis technician with at least one (1) year of full time experience in providing dialysis care in the previous two (2) years.
- 2.7. "Site visit" means an announced or unannounced visit to a dialysis training program by a board representative to determine whether the program meets or maintains the minimum standards required by the board.
- 2.8. "West Virginia dialysis technician or dialysis technician" means an individual certified by the Board who has successfully completed an approved dialysis technician training program and who has achieved national certification as a dialysis technician, or an individual who meets the requirements set forth in subsection (b), section three of this article.
- 2.9. "Dialysis technician trainee" means an individual enrolled in an approved dialysis technician program.

**§19-13-3. Standards for Delegation of Safe Dialysis Care.**

- 3.1. The dialysis technician providing hemodialysis care shall provide dialysis care in accordance with WV Code § 30-7C-1 et seq. and the rules of the board which require that the performance of the care be delegated to the technician by a licensed physician or registered professional nurse.
- 3.2. The registered professional nurse shall not delegate medication administration to the dialysis technician trainee until medication administration competencies have been validated.
- 3.3. The registered professional nurse who is delegating to the dialysis technician shall assure that:
  - 3.3.a. The activity or task does not require the substantial, specialized knowledge, judgement, skill and decision making of a registered professional nurse;

- 3.3.b. The registered professional nurse has completed an assessment prior to delegating any nursing intervention in accordance with the standards outlined in WV CSR §19-10;
- 3.3.c. There is validation of the dialysis technicians competency in performing the delegated task;
- 3.3.d. The registered professional nurse performs ongoing evaluation and assessment of the person receiving the care;
- 3.3.e. The staffing in the treatment facility provides for adequate supervision of the delegated tasks;
- 3.3.f. The dialysis technician maintains knowledge of the duties responsibilities, and accountabilities of a dialysis technician and practices in accordance with the following:
  - 3.3.f.1. The laws regulating the provision of dialysis care;
  - 3.3.f.2. The rules of the board;
  - 3.3.f.3. Any other applicable federal and state laws and rules; and,
  - 3.3.f.4. Applicable standards .
- 3.3.g. The dialysis technician demonstrates competence and accountability in all areas of dialysis care in which the technician is engaged which includes, but is not limited to the following:
  - 3.3.g.1. Consistent performance of all aspects of dialysis care according to acceptable standards;
  - 3.3.g.2. Appropriate recognition, referral, or consultation, and intervention when a complication arises in conjunction with dialysis or when a change in patient status occurs;
  - 3.3.g.3. Not falsifying any patient record or any other documents prepared in the course of or in conjunction with the provision of dialysis care;
  - 3.3.g.4. Implements measures to provide a safe environment for the patient;
  - 3.3.g.5. Delineates, establishes, and maintains professional boundaries with each patient;

- 3.3.g.6. Not engaging in behavior that causes or may cause physical, verbal, mental, or emotional abuse to a patient, or in behavior that may reasonably be interpreted as physical, verbal, mental or emotional abuse;
- 3.3.g.7. Not misappropriating a patient's property, engage in behavior to seek or obtain personal gain at the patient's expense, or engage in behavior that constitutes inappropriate involvement in a patient's personal relationships. The patient is always presumed incapable of giving free, full, or informed consent to these behaviors by a dialysis technician;
- 3.3.g.8. Not engaging in sexual misconduct or in conduct that may reasonable be interpreted as sexual, or in any verbal behavior that is seductive or sexually demeaning to a patient, or in behavior that may reasonably be interpreted as seductive or sexually demeaning to a patient. The patient is always presumed incapable of giving free, full, or informed consent to these behaviors by a dialysis technician; and,
- 3.3.g.9. Treats each patient with courtesy, respect, and with full recognition of the dignity of each individual.
- 3.3.h. The dialysis technician timely:
  - 3.3.h.1. Implements the prescribed dialysis care order for a patient unless the dialysis technician believes or should have reason to believe that the prescribed order is inaccurate, not properly authorized, not current or valid, harmful or potentially harmful to the patient, or contraindicated by other documented information;
  - 3.3.h.2. Clarifies any prescribed dialysis care order for a patient when the dialysis technician believes or should have reason to believe that the order is inaccurate, not properly authorized, not current or valid, harmful or potentially harmful to the patient, or contraindicated by other documented information.
    - 3.3.h.2.a. When clarifying the prescribed dialysis care order, the dialysis technician shall:

- 3.3.h.2.a.1. Timely consult with a physician or registered professional nurse; and,
- 3.3.h.2.a.2. Accurately, timely, and completely document and report to the appropriate practitioner all errors in or deviations from the prescribed dialysis care regimen;
- 3.3.h.3. Initiates dialysis care after assuring that the equipment has been properly prepared and the environment is safe according to current state and federal requirements for dialysis facilities.
- 3.3.i. The dialysis technician shall not submit or cause to be submitted any false, misleading, or deceptive statements, information, or documentation to the board, to current employers, or to any future employers for positions requiring a certificate to practice dialysis care.
- 3.4. A dialysis technician employed in West Virginia through a temporary agency shall meet the requirements of this rule.
- 3.5. A registered professional nurse delegating inappropriately to a dialysis technician is subject to action by the board.

**§19-13-4. Standards for Medication Administration by a Dialysis Technician.**

- 19-13-4.1. A dialysis technician shall administer only the following medications as included in the dialysis prescription and as delegated by the licensed physician or registered professional nurse:
  - 4.1.a. Intradermal lidocaine or another single therapeutically equivalent local anesthetic for the purpose of initiating dialysis treatment;
  - 4.1.b. Intravenous heparin or other single therapeutically equivalent anticoagulant for the purpose of initiating and maintaining dialysis treatment;
  - 4.1.c. Intravenous normal saline;
  - 4.1.d. Patient specific dialysate to which the dialysis technician may add only electrolytes; and
  - 4.1.e. Oxygen, when the administration of the oxygen has been delegated to the technician by a registered professional nurse.

- 4.2. Administration of any blood products or intravenous medications is a nursing responsibility except as outlined in this rule.
- 4.3. When administering the medications set forth in subsection 13-4.1 of this rule, the dialysis technician shall:
  - 4.3.a. Assure that the right dose of the right medication is given to the right individual, through the right route of administration, at the right time, for the right reason;
  - 4.3.b. Accurately and timely document the administration of the medication and notify the physician or licensed professional nurse of the patient's response to the medication as appropriate;
  - 4.3.c. Consult with an appropriate licensed practitioner when the dialysis technician believes or should have reason to believe that a prescribed medication is inaccurate, not properly authorized, harmful or potentially harmful to a patient, or contraindicated by other documented information;
  - 4.3.d. Take any other action needed to assure the safety of the patient.
- 4.4. A dialysis technician shall administer the medications authorized by this rule only if the task has been delegated to the dialysis technician by a registered professional nurse or by a licensed physician in accordance with this rule.
- 4.5. The dialysis technician shall be under the direct supervision of a registered professional nurse or licensed physician when administering medications.

**§19-13-5. Procedures for Obtaining Approval as a Dialysis Technician Training Program.**

- 5.1. The board shall approve dialysis technician training programs as follows:
  - 5.1.a. A dialysis technician training program that seeks to be approved by the board shall:
    - 5.1.a.1. Submit to the board a completed application on a form specified by the board which includes the following:
      - 5.1.a.1.A. Identifying information;
      - 5.1.a.1.B. Information regarding administrative processes of the program;

5.1.a.1.C. A description of the record-keeping system to be used by the training program to assure accurate reporting to the board of individuals who have enrolled in and who did or did not successfully complete the program;

5.1.a.1.D. A copy of the policies required by subsection 6.1.g. of this rule ; and,

5.1.a.1.E. Any other information requested by the board; and,

5.1.b. Submit payment of a program approval fee.

5.2. No more than one hundred sixty days (160) after receipt of a complete application for approval, the board shall make a determination regarding the approval status of the training program;

5.3. Approval shall be current for two years providing the program demonstrates that the standards set forth in this rule are met and maintained throughout the two-year approval period. The board may conduct additional site visits during each two-year approval period, and at any other time the Board deems necessary.

5.4. Dialysis training programs in existence on or before July 1, 2005 shall submit all items for the application of approval required by the Board in this subsection on or before October 15, 2005.

5.5. Dialysis training programs in existence after July 1, 2005 shall submit all items for application of approval required by the Board in this subsection at least one hundred sixty (160) days prior to the beginning of the first day of the training program.

5.6. Any dialysis training program that fails to meet the initial requirements of the board, will have three (3) months after notification of these deficiencies to provide the board with evidence of meeting the identified deficiencies, and six (6) months to submit evidence of providing the additional required training to individuals completing the program within the last twelve (12) months.

**§19-13-6. Minimum Standards of a Dialysis Technician Training Programs.**

6.1. To be approved by the board a dialysis technician training program shall meet and maintain the following standards and requirements:

6.1.a. The program shall be administered by a registered professional nurse who meets the following qualifications:

- 6.1.a.1. Current, unencumbered, valid licensure in West Virginia to practice nursing as a registered professional nurse;
- 6.1.a.2. At least twenty-four (24) months experience in the practice of nursing as a registered professional nurse, of which at least twelve (12) months has been in the care of renal patients, with at least six (6) of those months in dialysis care, occurring within the last three years; and,
- 6.1.a.3. Education or experience in adult education, as supported by a portfolio submitted to the Advisory Counsel and,
- 6.1.a.4. A bachelors degree in nursing or a bachelors degree in education or a portfolio of skills and education evaluated and approved by the Advisory Council;
- 6.1.b. The registered professional nurse administering the program shall:
  - 6.1.b.1. Assure that the governing body of the training program establishes in writing the policies required by subsection 6.1.g. of this rule; and,
  - 6.1.b.2. Implement the policies as written.
- 6.1.c. When the registered professional nurse responsible for administering the program vacates the position or is replaced, the board shall be immediately informed in writing of the vacancy and provided the name and qualification of the new administrator or interim administrator. A training program shall not initiate a new dialysis technician training course unless an administrator or interim administrator who meets the requirements of this rule are in place.
- 6.1.d. The dialysis technician training program shall be taught by multidisciplinary faculty with expertise in the subject matter.
  - 6.1.d.1. The name, title, and credentials identifying the educational and professional qualifications of each instructor shall be provided to the board;
  - 6.1.d.2. The registered professional nurse who is responsible for administering the program may utilize other health care professionals authorized to practice to assist in conducting classroom and clinical portions of the program if the other authorized health care professional relays information for

which the professional has been educated and which is within the professional scope of practice as set forth in law.

- 6.1.d.3. A change in faculty shall be reported to the board within thirty (30) days of the change.
- 6.1.e. There shall be written objectives for the training program which serve as the basis for planning, implementing and evaluating the program.
  - 6.1.e.1. The objectives shall be developed by the training program faculty;
  - 6.1.e.2. The training program objectives shall describe the knowledge and skills expected of the dialysis technician, and shall be consistent with the authorized functions of the dialysis technician; and
  - 6.1.e.3. The training program objectives shall be reviewed annually and revised as necessary by the registered professional nurse administrator.
- 6.1.f. The curriculum offered by the program which prepares an individual to perform dialysis care shall include both classroom and clinical instruction which is a minimum of three hundred twenty clock hours in length and shall include content which ensures sufficient preparation for safe and effective practice as a dialysis technician. Of the three hundred twenty (320) clock hours, at least one hundred sixty (160) clock hours shall be theoretical instruction with at least one hundred (100) hours face to face instruction in a classroom setting and a minimum of one hundred sixty (160) hours of supervised clinical experience. Supervised clinical experience shall provide opportunities for the application of theory and for the achievement of stated objectives in a patient care setting and shall include clinical learning experiences to develop the skills required by technicians to provide safe patient care. The registered professional nurse educator or clinical preceptor shall be physically present and accessible to the student when the student is in the patient care area.
  - 6.1.f.1. Classroom instruction shall include instruction which may be supported by audio visuals which include:
    - 6.1.f.1.A. A review of the relevant laws and rules regulating the practice of a dialysis technician and appropriate program policies;
    - 6.1.f.1.B. Renal anatomy and physiology;



- 6.1.f.1.C. Infection control, universal precautions, and Federal Regulations;
- 6.1.f.1.D. Basic chemistry of body fluids and electrolytes;
- 6.1.f.1.E. Manifestations of renal failure;
- 6.1.f.1.F. Basic laboratory values. Blood work and laboratory values related to dialysis;
- 6.1.f.1.G. Principles of dialysis;
- 6.1.f.1.H. Basic pharmacology of the drugs commonly used during dialysis;
- 6.1.f.1.I. Medication administration techniques specific to the drugs used in dialysis;
- 6.1.f.1.J. Management of the complications of dialysis and renal failure;
- 6.1.f.1.K. Principles related to vascular access;
- 6.1.f.1.L. The role of the dialysis technician in a dialysis setting including, but not limited to, legal and ethical considerations and concepts of delegation;
- 6.1.f.1.M. Water treatment relevant to dialysis;
- 6.1.f.1.N. Principles of patient education related to renal failure;
- 6.1.f.1.O. Principles of and requirements for documentation of hemodialysis care and interventions;
- 6.1.f.1.P. Communication and team work skills;
- 6.1.f.1.Q. Operation of dialysis delivery systems which includes the machines, dialysate, and dialyzer;
- 6.1.f.1.R. Principles of safe effective dialysis care;
- 6.1.f.1.S. Principles related to the nutritional considerations for patients receiving dialysis;

- 6.1.f.1.T. Psychosocial aspects of renal disease;
- 6.1.f.1.U. Principles of dialyzer reprocessing;
- 6.1.f.1.V. Principles for initiating, monitoring, and discontinuing dialysis; and,
- 6.1.f.1.W. Principles related to the adequacy of dialysis.
- 6.1.f.2. Written tests shall be developed for each unit in the curriculum including a final test and a skills performance evaluation must be conducted.
  - 6.1.f.2.A. Exams shall be paper pencil or computerized exams and available for review during site visits;
  - 6.1.f.2.B. A score of eighty five percent (85%) or greater is required on each unit test with an opportunity to retake each unit test one time without additional instruction. If the student fails a unit test a second time, additional instruction is required before further testing is allowed.
- 6.1.f.3. Supervised clinical instruction shall:
  - 6.1.f.3.A. Provide the dialysis technician trainee with the opportunity to practice the cognitive, psychomotor, and effective skills required for the safe performance of dialysis care by the dialysis technician;
  - 6.1.f.3.B. Meet the learning needs of each trainee;
  - 6.1.f.3.C. Meet the established program objectives or outcomes;
  - 6.1.f.3.D. Be provided concurrently with the related classroom theory instruction;
  - 6.1.f.3.E. Maintain a faculty to student ratio not to exceed one to four (1:4) in the clinical setting. A one to one (1:1) ratio is required for skills performance evaluation. The clinical preceptor to student ration is one to two (1:2);

6.1.f.3.F. Include a registered professional nurse or a dialysis technician preceptor with at least one (1) year of experience in providing dialysis care in the previous two (2) years.

6.1.g. The registered professional nurse responsible for administering the program shall establish and adopt program policies which address:

6.1.g.1. Criteria for trainee admission and continuation in the program which require, at a minimum, that each individual enrolled in the program has a high school diploma or equivalent, is at least eighteen (18) years of age and the individual is able to safely perform the essential functions of a dialysis technician;

6.1.g.2. Criteria for trainee re-enrollment in the program;

6.1.g.3. Criteria for successful completion of the program;

6.1.g.4. A process for determining achievement of the skills required for the safe performance of dialysis care which shall include, at a minimum, written verification, signed by both a registered professional nurse and the trainee, that the trainee has been taught the required skills;

6.1.g.5. A process for maintaining trainee records. The records shall include, but not be limited to, the date the trainee began the program, the date the trainee completed the 320 hour program, and the trainee's competency check lists;

6.1.g.6. An accurate, timely process for notifying the board regarding enrollment and program completion which includes, but is not limited to, the following;

6.1.g.6.A. Completion Requirements: Requirements for successful completion of the dialysis technician-training program shall be clearly specified. The requirements shall include demonstration of clinical competency and successful completion of a comprehensive, written final examination. There shall be a statement of policy regarding a trainee who fails to successfully complete the training program. The statement of policy adopted by the

training program shall include requirements that a person:

- 6.1.g.6.A.1. Shall not be enrolled in a training program more than two (2) times
  - 6.1.g.6.A.2. Shall show continuing progress toward completion of the program; and
  - 6.1.g.6.A.3. Who fails to successfully complete the program within twenty (20) calendar weeks shall cease functioning as a trainee until that person is reenrolled in a subsequent training program if that opportunity still exists pursuant to paragraph (a) of this subsection.
- 6.1.g.6.B. At a minimum, the following records shall be maintained by the program:
- 6.1.g.6.B.1. Provider name, date and site of the training program
  - 6.1.g.6.B.2. The program code number issued by the board; and
  - 6.1.g.6.B.3. Trainee roster, with minimum of name, date of birth, Social Security number, and program completion date.
- 6.1.g.6.C. An individual who successfully completed the training program shall receive a certificate of completion that documents the following:
- 6.1.g.6.C.1. Name of individual;
  - 6.1.g.6.C.2. Title of training program, date of completion, and location;
  - 6.1.g.6.C.3. Provider's name;

- 6.1.g.6.C.4. The program code number issued by the Board; and
- 6.1.g.6.C.5. Name and signature of program administrator.
- 6.1.g.6.D. The criteria required for making modifications in the training program or in the testing components of the program to meet the learning needs of individual trainees who are re-enrolling or who have previous training or experience in dialysis care;
- 6.1.g.6.E. Those persons who have authority to notify the board regarding trainee enrollment, reenrollment, and completion of the program; and,
- 6.1.g.6.F. A procedure for dealing with the unexpected vacancy of the registered professional nurse responsible for administering the program.
- 6.1.h. When a decision is made to close a training program, the board shall be notified in writing of the decision at least ninety (90) days prior to the anticipated closing date; the tentative date of closing; the location of the program's records, including but not limited to, trainees' records; and the name and address of the custodian of the records.
- 6.1.i. When a facility changes ownership, the training program must be approved as though it is a new program, if any changes were made to the training program previously approved by the board and now under new ownership.
- 6.1.j. Records maintained shall include documentation of the following:
  - 6.1.j.1. Each trainee enrolled in the program, including documentation of performance, and the date and reason the trainee withdrew or the date the trainee failed or completed the program;
  - 6.1.j.2. Each individual teaching the program, including qualifications and nursing experience;
  - 6.1.j.3. The curriculum plan and revisions;
  - 6.1.j.4. Any test administered; and

**§19-13-7. Procedures for Obtaining Re-approval as a Dialysis Technician Training Program.**

- 7.1. A dialysis technician training program seeking reapproval by the board shall submit to the board ninety (90) days before the approval expires the following:
  - 7.1.a. A reapproval application on a form specified by the board which includes, but is not limited to, verification that the program meets and has maintained the standards set forth in rule;
  - 7.1.b. Evidence of the completion of an evaluation of the curriculum and program standards for compliance with this rule to the board every two years;
  - 7.1.c. Payment of a program reapproval fee; and,
  - 7.1.d. Any other information requested by the board.
- 7.2. The board may conduct site visits before reapproving a program:
  - 7.2.a. The board shall provide written notification of the planned site visit to the dialysis technician training program seeking reapproval if additional information is needed. The notice shall specify a time frame for submission of the required information;
  - 7.2.b. At a scheduled board meeting the board shall review the completed application for reapproval, site visit information and all other documentation to determine compliance with this rule. The board shall approve or reapprove a program when the program meets the requirements of this rule.
  - 7.2.c. When a complete application for reapproval is submitted to the board in accordance with this rule, the on-site visit is completed and the board fails to make a determination before the program's approval expires, the board shall issue a notice to the registered professional nurse responsible for administering the program extending approval of the program until board action is taken on the reapproval application.

**§19-13-8. Criteria for Probationary Approval.**

- 8.1. The board shall submit to the registered professional nurse responsible for administering the program a written deficiency report which identifies the standard or standards not met or maintained and shall include the date on which the board is to consider the deficiency report.

- 8.2. Within thirty (30) days after receipt of the deficiency report, the registered professional nurse responsible for administering the program will submit to the board a written response to the report setting forth evidence that the program is meeting and maintaining each minimum standard identified in the report as not being met or maintained.
- 8.3. Based on the deficiency report; the program's response to the report, if any; and any other relevant evidence, the board may grant approval, continue approval, or deny or withdraw approval of the program.
- 8.4. At any time, the board may give probationary approval to a dialysis training program or a training program seeking approval or reapproval when there is evidence of :
  - 8.4.a Noncompliance with the "minimum standards for approval of dialysis technician training programs" in Section 13-6.5.
  - 8.4.b. Continuous disruptions in retaining qualified faculty or preceptors resulting in disorganization of the program and a breakdown of supervision and teaching of the program;
  - 8.4.c. Noncompliance with the training program's stated philosophy, objectives, policies and curriculum resulting in unsatisfactory student achievement; or,
  - 8.4.d. Failure to provide clinical experiences or supervision necessary to meet the objectives of the training program.

**§19-13-9. Criteria for Denial or Withdrawal of Approval.**

- 9.1. The board may deny approval of a training program when a program fails to provide evidence of compliance with the "minimum standards for approval of dialysis technician training programs" in Section 13-6. A written notice detailing the reasons shall be provided to the registered professional nurse responsible for administering the program.
- 9.2. The board may withdraw approval of a training program if the program fails to correct deficiencies resulting in noncompliance with the "minimum standards for approval of dialysis technician training programs."
- 9.3. The training program shall be removed from the list of board approved dialysis technician training programs.

**§19-13-10. Requirements for Approval and Reapproval of a Testing Organization That Conducts an Examination of a Dialysis Technician.**

- 10.1. To be approved by the board a testing organization that conducts an examination of a dialysis technician shall meet all of the following requirements:
  - 10.1.a. Be national in the scope of its testing and credentialing;
  - 10.1.b. Maintain files for each applicant who passes the organization's examination for dialysis technicians;
  - 10.1.c. Issue a certificate to each individual who passes the organization's examination for dialysis technicians;
  - 10.1.d. Periodically conduct an analysis of the tasks, role delineation, skills, and knowledge required of a dialysis technician and revise the examination as needed to reflect the findings of the analysis;
  - 10.1.e. Require work experience in dialysis care before the candidate is allowed to take the examination;
  - 10.1.f. Provide a mechanism for assuring the security of the examination;
  - 10.1.g. Not be affiliated in any way with a provider of dialysis care or with a dialysis technician training program; and
  - 10.1.h. Include on the examination material which comprehensively tests the following:
    - 10.1.h.1. Patient care activities which include, at a minimum, collection of objective and subjective data about the patient's condition; the patient's response to dialysis; and appropriate interventions when complications arise in conjunction with dialysis;
    - 10.1.h.2. Principles of dialysis delivery systems including machine technology which include, at a minimum, operation of the machines used in dialysis; machine set-up; and machine evaluation;
    - 10.1.h.3. Principles of water treatment systems which include, at a minimum, system components and design; maintenance; monitoring; and evaluation of the system;



10.1.h.4. Principles of dialyzer reprocessing which include, at a minimum, reprocessing procedures; testing; and evaluation; and

10.1.h.5. Responsibilities of the dialysis technician in respect to documentation, continuing education, and professional development.

10.1.i. The board may also require a testing organization to demonstrate that the test administered by the organization is psychometrically sound.

10.2. A testing organization seeking approval by the board shall submit to the board a completed application which includes the information required by the board to determine whether the organization meets the requirements set forth in subsection 13.10.1. of this rule. The board shall verify compliance of each testing organization with the criteria contained in subsection 13.10.1. of this rule.

10.3. Annually, at a time specified by the board, the board shall send or cause to be sent to each testing organization approved by the board for the prior year a form specified by the board on which the organization shall indicate whether it complies with the criteria contained in subsection 13.10.1. of this rule. The board shall verify continued compliance of each testing organization with the criteria contained in subsection 13.10.1. of this rule.

10.4. The board shall issue a written notification to each testing organization that is approved by the board.

10.5. No later than the thirtieth of January of each year, the board shall make available a list of approved testing organizations that meet the requirements of subsection 13.10.1. of this rule

10.6. The board may discontinue approval of a testing organization that does not meet the criteria contained in subsection 13.10.1. of this rule or that fails to timely return to the board the form indicating compliance with subsection 13.10.1. of this rule.

**§19-13-11. Board Approved Testing Organizations for Dialysis Technicians.**

11.1. The successful completion of a national certifying examination shall be the final step of the dialysis technician's training program. In order for a dialysis technician to become a West Virginia Certified Dialysis Technician he or she must pass a certifying examination offered by an organization approved by the Board of Nursing. The approved testing organizations are:

11.1.a. Board of Nephrology Examiner Nursing Technology (BONENT) ;

11.1.b. National Nephrology Certification Organization (NNCO) Professional;  
and

11.1.c. Nephrology Nursing Certification Commission (NNCC).

**§19-13-12. Fees.**

- 12.1. Dialysis technician training program initial approval fee applies to each site where training occurs, including all clinical experiences ..... \$1000.00
- 12.2. Dialysis technician training program continued reapproval fee ..... \$800.00
- 12.3. Dialysis technician training program reinstatement fee ..... \$1,000.00
- 12.4. Return check fee ..... \$20.00  
Approval of the program is voided if resolution of the outstanding fees is not made in the required time frame.
- 12.5. Subsequent review and approval of a training program when a change has been required by a change in board policy or rules, shall not exceed ..... \$250.00
- 12.6. Fee for periodic evaluation of a training program, not to exceed ..... \$2,000.00
- 12.7. Initial application for hemodialysis technician certification ..... \$200.00
- 12.8. Hemodialysis Technician Renewal fee ..... \$100.00
- 12.9. Hemodialysis Technician Reinstatement fee ..... \$200.00
- 12.10. All fees are nonrefundable.

**§19-13-13. Reporting Responsibility of Dialysis Centers.**

- 13.1. Dialysis Centers shall provide a list of all dialysis technicians employed by the center on or before July 1, of every year on documents provided by the Board. The report is due to the Board on July 15 of every year. The Board may provide these documents by electronic means.

13.1.a. The report shall include documentation attesting to the dialysis technician's competencies to perform in the role of dialysis technician.

**§19-13-14. Application for Certification; Temporary Permit and Endorsement of Certification.**

- 14.1. An individual who applies to be credentialed as a dialysis technician in order to engage in dialysis care shall:
- 14.1.a. File with the Board the completed "Application for Dialysis Technician Credential", within the deadlines and according to all instructions including remittance of the required fee. Provided that such application shall be submitted at least thirty (30) days prior to the date the applicant wishes to take the examination. Payment shall be in the form of a cashier's check or money order, and made payable to the West Virginia board of examiners for registered professional nurses. Application fees are not refundable;
  - 14.1.b. Have completed a board approved dialysis technician training program, unless otherwise excepted by the law governing this rule;
  - 14.1.c. Submit with the application one (1) passport type identification photograph of the applicant signed on the front by both the applicant and the administrator of the training program completed by the applicant; and
  - 14.1.d. Have submitted to the Board directly from the board approved training program a sealed verification of completion indicating the date of completion of the dialysis training program;
  - 14.1.e. Provide to the board a certified copy of the court record of any conviction from any jurisdiction, except for traffic-related misdemeanors (other than DUI); and
  - 14.1.f. Provide to the board a letter of explanation that addresses each conviction.
- 14.2. The board may issue a temporary permit to an applicant who files a completed "Application for Credential" following completion of a board approved training program. The temporary permit is effective from the date of issuance until three (3) days following receipt by the applicant and the Board of the results of the first written certification examination. Temporary permits are not renewable. The Board may revoke the temporary permit prior to expiration.
- 14.3. The holder of a temporary permit is subject to all provisions of West Virginia Code § 30-7C-1 et seq. and all other relevant provisions of the West Virginia Code and rules promulgated by the board.

- 14.4. An applicant for certification who fails to attain a passing score on the certification examination shall, upon notification of examination results, immediately return any temporary permit to the office of the board.
- 14.5. A repeat certification applicant shall complete the application for certification as specified in this rule.
- 14.6. Individuals employed and working as dialysis technicians prior to July 1, 2005 may continue to do so provided they:
  - 14.6.a. Meet the requirements put forth in §30-7C-3 et seq.;
  - 14.6.b. Complete and submit an application to the Board along with all required documents and fees;
  - 14.6.c. Meet with the Board upon request.
- 14.7. On or before the first day of July, two thousand six, an individual who has successfully completed an approved dialysis technician training program and who was working on or before the first day of July, two thousand five, as a dialysis technician trainee in a dialysis facility, and whose administrative registered professional nurse in charge acknowledges that he or she is competent to perform the delegated duties and practices in accordance with the laws regulating the provision of dialysis care, the rules of the Board and any other applicable federal and state laws and rules, will be considered as having met the requirements of subdivision (4), subsection (a) of W. Va. Code § 30-7C-3 for the purposes of being certified by the Board as a dialysis technician and must:
  - 14.7.a. Submit an application and all required documents and related fees;
  - 14.7.b. Meet with the Board upon request.
- 14.8. Application for Endorsement. Individuals certified as a dialysis technician in another state or territory may apply for West Virginia certification by endorsement provided the applicant provides:
  - 14.8.a. Evidence directly from the dialysis training program of completion of a program that meets the Boards requirements for an approved dialysis training program in West Virginia;
  - 14.8.b. Evidence from the original state and other states in which the applicant has been a dialysis technician that the certification in that state is in good standing;

14.8.c. Evidence that the applicant passed a national certification exam approved by the Board. Such evidence shall be provided directly from the certification body;

14.8.d. A completed competency verification form;

14.8.e. Completion of a local and Federal criminal background check completed with the previous six (6) months; and,

14.8.f. Payment of the required fee.

**§19-13-15. Renewal of Certification; Request for inactive status and Reinstatement of Certification.**

15.1. Annual renewal of certification.

The renewal period for dialysis technicians is annual and occurs from July 1 through June 30 of each year, with all certifications expiring on June 30 of each year. The deadline for receipt of the renewal application and fee is thirty days after receipt of the renewal application.

15.2. Request for inactive status. A dialysis technician not practicing, and has no disciplinary action pending against his or her certification, may request his or her name be entered on the inactive list by the executive director of the board by completing the renewal application furnished by the board and indicating his or her desire to be placed on inactive status. The board shall then designate the certificate holder's records "inactive". No fee is required for inactive status and no certificate is issued. The board may provide the inactive certificate holder, upon application, payment of the current reinstatement fee, and an active national certification, a certificate to practice in West Virginia. The board may inquire into activities and events during the term of the inactive period.

15.3. Reinstatement of lapsed certification/Non-renewal of certification. If a certificate holder fails to renew his or her certification before the current certification expires, the certification shall lapse and the holder must make application and submit the required reinstatement fee. The board may inquire into activities and events during the term of the lapsed period.

**§19-13-16. Discipline of a Dialysis Technician.**

16.1. Conduct, including, but not limited to the following, if proven by a preponderance of evidence, constitutes professional misconduct subject to disciplinary action pursuant to W. Va. Code §30-7(C)-10(6). The applicant or technician:

16.1.a. failed to adhere to common and current standards for dialysis care, including but not limited to standards established by a national

professional organizations, dialysis research, dialysis education, or the Board;

- 16.1.b. failed to adhere to established standards in the practice setting to safeguard patient care;
- 16.1.c. knowingly committed an act which could adversely affect the physical or psychological welfare of a patient;
- 16.1.d. abandoned patients by terminating responsibility for nursing care, intervention, or observation without properly notifying appropriate personnel and ensuring the safety of patients;
- 16.1.e. practiced or offered to practice beyond the scope permitted by law or accepted and performed professional responsibilities that the technician knows or has reason to know that he or she is certified, qualified, or competent to perform;
- 16.1.f. impersonated another certified technician;
- 16.1.g. permitted another person to use the technician's certification for any purpose;
- 16.1.h. permitted, aided, or abetted an unlicensed, uncertified, or unregistered person to perform activities requiring a license, certificate, or registration;
- 16.1.i. delegated or assigned responsibilities to another person when the technician delegating the responsibilities knows or has reason to know that person is not qualified by training, experience or certification to perform them;
- 16.1.j. practiced as a dialysis technician while his or her certification is suspended, lapsed, or inactive;
- 16.1.k. failed to comply with terms and conditions as may be imposed by the Board based upon previous disciplinary action of the Board;
- 16.1.l. practiced as a dialysis technician while the ability to safely and effectively practice is compromised by alcohol or drugs;
- 16.1.m. is addicted to a controlled substance;
- 16.1.n. is a chronic or persistent alcoholic;

- 16.1.o. engaged in dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public or any member of the public;
- 16.1.p. practiced as a dialysis technician while the ability to safely and effectively practice was compromised by physical or mental disability;
- 16.1.q. refused or failed to report for a physical or mental examination, including but not limited to laboratory or other tests, requested by the board;
- 16.1.r. provided false or incorrect information to an employer or potential employer regarding the status of certification, or failed to inform an employer or potential employer of a change in the status of a certification;
- 16.1.s. knowingly falsified an application for employment;
- 16.1.t. knowingly provided false information regarding completion of educational programs;
- 16.1.u. falsified patient records or intentionally charted incorrectly;
- 16.1.v. improperly, incompletely, or illegibly documented the delivery of care, including but not limited to treatment or medication;
- 16.1.w. knowingly made or filed a false report;
- 16.1.x. knowingly or negligently failed to file a report or record required by state or federal law;
- 16.1.y. willfully impeded or obstructed the filing of a report or record required by state or federal law;
- 16.1.z. induced another person to file a false report or obstructed the filing of a report required by state or federal law;
- 16.1.aa. failed to report to the board within thirty (30) days, knowledge of a violation by a dialysis technician of W. Va. Code §30-7C-1 et seq., this rule, any other applicable state law or rule or any applicable federal law or regulation;
- 16.1.bb. failed to report through proper channels a violation of any applicable state law or rule, any applicable federal law or regulation or the incompetent, unethical, illegal, or impaired practice of another person who provided health care;

- 16.1.cc.impeded or obstructed an investigation by the Board by failing to comply or respond to requests for action or information, whether the failure was known or negligent;
- 16.1.dd.violated any provision of W. Va. Code §30-7C-1 et seq., or rules governing the practice of the dialysis technician, or a rule or order of the board, or failed to comply with a subpoena or subpoena duces tecum issued by the board;
- 16.1.ee.failed to register or notify the board of any changes of name or mailing address;
- 16.1.ff.failed to accept certified mail from the board, when mailed to the technician's last address on record in the board's office;
- 16.1.gg.failed to disclose to the board a criminal conviction in any jurisdiction;
- 16.1.hh.was convicted of a misdemeanor or felony which involved fraud, deceit, a breach of trust, or physical harm or endangerment to others, or acts that bear directly on the qualifications or ability of the dialysis technician to practice dialysis care;.
- 16.1.ii. failed to disclose information when required by the board concerning treatment or counseling for substance abuse, or participation in any peer assistance program;
- 16.1.jj. provided false information on any application, or any other document submitted to the board;
- 16.1.kk.misappropriated medications, supplies, or personal items of a patient or employer;
- 16.1.ll. self-administered or otherwise took into his or her body any prescription drug in any way not in accordance with a legal, valid prescription or used any illicit drug;
- 16.1.mm.being listed on the nurse aide abuse registry in this state or any other state, territory, jurisdiction or foreign nation
- 16.1.nn. physically or verbally abused, or failed to provide adequate protection or safety for an incapacitated individual in the context of a dialysis technician-patient/client relationship;
- 16.1.oo. used the dialysis technician-patient/client relationship to exploit a patient or client;



- 16.1.pp. engaged a patient or client in sexual activity or became romantically involved with a patient or client while still responsible for the care of that patient or client;
  - 16.1.qq. failed to maintain appropriate professional boundaries in the dialysis technician-patient/client relationship;
  - 16.1.rr. failed to report that his or her authority to practice as a dialysis technician in any other state, territory, jurisdiction or foreign nation was revoked, suspended, restricted or limited, or otherwise acted against, that he or she was subjected to any other disciplinary action by the credentialing or certifying authority, or that he or she was denied certification or credentialing in any other state, territory, jurisdiction, or foreign nation;
  - 16.1.ss. practiced as a dialysis technician by way of telecommunications or otherwise, in any other state, territory, jurisdiction, or foreign nation, without the authority from that state, territory, jurisdiction or foreign nation to do so and not in accordance with the law of that state, territory jurisdiction, or foreign nation; or
  - 16.1.tt. was found guilty for improper professional practice or professional misconduct by a duly authorized professional disciplinary agency or licensing or certifying or credentialing body or board in this or another state or territory, where the conduct upon which the finding was based would, if committed in this state, constitute professional misconduct under the laws of this state, may serve as a basis for disciplinary action by this board.
- 16.2. Upon a finding of probable cause that a basis for disciplinary action exists, the board may require a technician or a person applying for certification to practice as a dialysis technician in this state to submit to a physical or psychological examination by a practitioner approved by the board. Any individual who applies for or accepts the privilege of practicing as a dialysis technician in this state is considered to have given consent to submit to all such examinations when requested to do so in writing by the board and to have waived all objections to the admissibility of the testimony or examination report of any examining practitioner on the ground that the testimony or report is a privileged communication. If an applicant or technician fails or refuses to submit to any examination under circumstances which the board finds are not beyond his or her control, that failure is prima facie evidence of his or her inability to practice as a dialysis technician competently and in accordance with accepted standards for professional practice. A technician or person applying for certification as a dialysis technician who is adversely affected by this provision may request a hearing within thirty days of any action taken by the board.

- 16.3. Based on the nature of the complaint filed against a technician or based on the nature of the information received on an applicant, the board may require a criminal history records check of the technician or the applicant to be paid for by the technician or applicant. The technician or applicant under investigation shall furnish to the agency a full set of fingerprints for purposes of conducting a criminal history record check. Records are checked through the criminal identification bureau of the West Virginia State Police, a similar agency within the technician's state of residence, and the United States Federal Bureau of Investigation. The board may take disciplinary action against the technician for refusing to submit to the criminal history records check or the board may deny certification.
- 16.4. If the board finds that public health, safety and welfare requires emergency action and incorporates a finding to that effect into its order, the board shall order summary suspension of a certification pending proceedings for revocation of the certification or other action. The board shall promptly institute and determine further disciplinary action.
- 16.5. In addition to the disciplinary actions provided in W. Va. Code §30-7C-10, the board may also levy fines and assess administrative costs in accordance W. Va. Code §30-1-8.
- 16.6. The board shall follow the procedures set out in and have the authority set forth in W. Va. Code §§29A-5-1 et seq. and 30-1-1 et seq.