

A 2025 Update: The Authority for Certain Clinical Tasks Performed by Assistive Personnel in the Care of Patients in Hemodialysis and Home Dialysis Settings

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NCPD 1.3 contact hours

According to the Centers for Medicare & Medicaid Services (CMS, 2008), a qualified and trained registered nurse (RN) must be present in a dialysis unit to ensure patient safety and provide appropriate care, along with other qualified personnel. Direct patient care in chronic hemodialysis centers is provided by RNs, licensed practical nurses (LPNs)/licensed vocational nurses (LVNs), and dialysis technicians (DTs), referred to as certified clinical hemodialysis technicians (CCHTs), unlicensed assistive personnel (UAP), or patient care technicians (PCTs)/nephrology clinical technicians (NCTs). For simplicity, we will refer to PCTs and/or NCTs as dialysis technicians (DTs). Multiple entities at the state, federal, and facility level govern scope of practice and duties for DTs and LPNs/LVNs. Not surprisingly, the scope of practice and rules vary greatly from state to state, making it difficult to present one nationwide standard of practice regarding delegation of duties to DTs.

This article presents the results of a recent project to update the information from each state and relevant regulatory agency on the overall scope of practice and rules that apply to RNs, LPNs/LVNs, and DTs, and specifically, on those who provide patient care in chronic hemodialysis centers. This project expanded from our previous review (Cahill et al., 2021) to add information about home therapy services when available.

In addition to reviewing each state nursing approval body website, each entity was contacted individually to attempt to ensure the currency of the data. However, not all states responded to the request for this information despite contact attempts. This 2025 review confirmed again that this information is difficult to find, and sometimes challenging to verify and interpret. In the absence of verifiable information, findings were noted with an asterisk. Findings of this project are discussed, and a sum-

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As staffing shortages and ongoing cost-containment measures continue to challenge organizations, the use of assistive personnel (AP) for patient care activities increases. Emphasis on safe and effective care delivery remains crucial when RNs delegate certain tasks and aspects of patient care. The principles of delegation according to American Nurses Association and the National Council of State Boards of Nursing include the responsibility and accountability of the registered nurse (RN) for patient care outcomes. Authority for delegation of clinical tasks in the chronic hemodialysis setting and home dialysis therapies varies greatly by state. The responsibility remains with the RN to oversee complex tasks despite the staff skill mix. While specific information from several states, although limited, was interpreted by this team as delegation, it remains the responsibility of each RN to know their individual state Nurse Practice Acts. This article provides an updated review of the states' current available positions on delegation of clinical tasks in hemodialysis with the addition of information on dialysis technicians or licensed practical nurses/licensed vocational nurses in home therapy when available.

Keywords:

Delegation, assistive personnel, dialysis technician, hemodialysis, licensed practical nurse (LPN), licensed vocational nurse (LVN), registered nurse, home dialysis therapy.

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- 1) Read the article and complete the evaluation through the ANNA Online Library @ annanurse.org/library
- 2) Visit "My Account" to view/print certificate.
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Learning Outcome

After completing this educational activity, the learner will be able to explain the RN's oversight and delegation responsibilities for licensed practical nurses, licensed vocational nurses, and dialysis technicians in both hemodialysis and home dialysis settings, and identify state-specific differences in scope of practice for these roles.

Note: Authors' biographical statements appear on the following page.

many of the information collected is provided in Table 1. This information is part of a living document at the *Nephrology Nursing Journal* that can be continually updated if we are provided with a verifiable link or source for more current information. If you have updated information, please email that information with a verifiable source to Molly Cahill (mlccnn@gmail.com) and include “Updated Nurse Practice Information” in the email subject line.

Nurse Practice Acts

The most important legal document for RNs and LPNs/LVNs is their State Nurse Practice Act (NPA), which defines what the scope of practice for nursing shall be, and sets standards for education and licensure. Nurses can obtain a copy of their NPA from their respective State Board of Nursing through each individual state’s Board of Nursing website or through the National Council of State Boards of Nursing (NCSBN) website (<https://www.ncsbn.org/npa>). As of May 30, 2025, 43 states have Nurse License Compact (NLC) legislation. At the time of this writing, levels of implementation vary (NCSBN, 2025). The NLC allows for nurses to have one multistate license with the ability to practice in all compact states (NCSBN, 2025). The NLC, for example, allows an RN in one compact state to provide telehealth services to a patient in another compact state and allows nurses from one compact state to immediately practice in another compact state in the case of a natural disaster without the need of an emergency declaration. It is the RN’s responsibility to know and adhere to the laws regarding the practice of nursing in the state in which the practice is occurring. The NCSBN provides a map showing the latest information

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Disclaimer: The information contained in the article is limited to the information published on Board of Nursing websites, Board of Nursing advisory opinions, and the accessibility of other communications, statutes, rules, and regulations. It is intended as a general reference tool to facilitate state-specific research, is current only through March 2025, does not constitute legal advice, and should not be used as a substitute for review of the actual statutes and regulations governing scope of practice in any jurisdiction.

on NLC adoption in states and territories (<https://nursecompact.com/index.page#map>). RNs who reside in a non-NLC state must hold individual licenses for each state in which they intend to practice.

Delegation

Nurse Practice Acts address, in most cases very specifically, what RNs can delegate, to whom, and under what circumstances. However, as stated by the NCSBN and the American Nurses Association (NCSBN & ANA, 2019):

...the decision of whether or not to delegate or assign is based upon the RN’s judgment concerning the condition of the patient, the competence of all members of the nursing team, and the degree of supervision that will be required of the RN if a task is delegated. (p. 1)

The NCSBN and ANA (2019) summarize delegation as follows:

- A delegatee is allowed to perform a specific nursing activity, skill or procedure that is outside the traditional role and basic responsibilities of the delegatee’s current job.
- The delegatee has obtained the additional education and training, and validated competence to perform the care/delegated responsibility. The context and processes associated with competency validation will be different for each activity, skill or procedure being delegated. Competency validation should be specific to the knowledge and skill needed to safely perform the delegated responsibility as well as to the level of practitioner (e.g., RN, LPN/LVN, assistive personnel [AP]) to whom the activity, skill or procedure has been delegated. The licensed nurse who delegates the “responsibility” maintains overall accountability for the patient. However, the delegatee bears the responsibility for the delegated activity, skill, or procedure.
- The licensed nurse cannot delegate nursing judgment or any activity that will involve nursing judgment or critical decision making.
- Nursing responsibilities are delegated by someone who has the authority to delegate.
- The delegated responsibility is within the delegator’s scope of practice.
- When delegating to a licensed nurse, the delegated responsibility must be within the parameters of the delegatee’s authorized scope of practice under the NPA. Regardless of how the state/jurisdiction defines delegation, as compared to assignment, appropriate delegation allows for transition of a responsibility in a safe and consistent manner. Clinical reasoning, nursing judgment and critical decision making cannot be delegated (pp. 2-3).

In the absence of a specifically defined scope of duties for assistive personnel, RNs must rely on their authority under State Board of Nursing delegation regulations for the state in which they are practicing to determine

Table 1
Specific Duties Expressly Permitted or Prohibited for LPNs/LVNs, DTs, and ULP in a Hemodialysis Unit, Home Dialysis Therapies, or in Any Clinical Setting (by State)

| State | Can DT Administer Heparin | Can DTs Access a Central Line Catheter? | Can LPNs/LVNs Administer Heparin? | Can LPNs/LVNs Access a Central Line Catheter? | Use of DT or LPN/LVN in Home Therapy | Can an LPN Clinically Supervise RNs? | Authority/Prohibitor/Where to Find Verifiable Information |
|-------------|---------------------------|-----------------------------------------|-----------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Alabama | No | No | No | Yes with additional training | Yes – LPN, ULP, PCT can perform tasks in home setting, can participate in home training | No | Alabama Board of Nursing https://www.abn.alabama.gov/laws/ |
| Alaska | No | No | No | No | No | No | Alaska Board of Nursing State of Alaska Professional Licensing |
| Arizona | Delegation | Delegation | Yes | Yes under the direct supervision of a RN | Yes – LPN Limited. No to DT | No | Arizona Board of Nursing https://www.azbn.gov/ https://www.azleg.gov/ars/36/00423.htm https://azbn.gov/sites/default/files/SOP-LPN-FAQs.pdf |
| Arkansas | No | No | No | No | * | No | Arkansas State Board of Nursing Arkansas State Board of Acupuncture and Related Techniques https://portal.arkansas.gov/state_agencies/department-of-health/arkansas-state-board-of-acupuncture-and-related-techniques/ |
| California+ | Yes | No | Yes | No | * | No | https://www.rm.ca.gov/ |
| California | * | * | * | * | * | No | https://leginfo.ca.gov/faces/codes_displaySection.xhtml?sectionNum=2860.5&lawCode=BPC |
| Colorado | Delegation | Delegation | Delegation | Delegation | * | No | https://dpo.colorado.gov/Nursing |
| Connecticut | Yes | Delegation | Yes | Delegation | * | No | https://portal.ct.gov/dph/practitioner-licensing-investigations/registered-nurse/registered-nurse-licensure https://portal.ct.gov/DPH/Practitioner-Licensing-Investigations/Dialysis-patientcaretech/Dialysis-Patient-Care-Technician-Information |
| Delaware | No | No | No | Yes | * | No | https://delcode.delaware.gov/title24/c019/ |

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|----------------------|---------------------------|-----------------------------------------|-----------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| District of Columbia | Delegation | No | Delegation | Yes | * | No | https://doh.dc.gov |
| Florida | No | No | Yes | Yes | * | No | Florida Board of Nursing |
| Georgia | No | No | No | Yes | * | No | Georgia Board of Nursing |
| Hawaii | No | No | No | Yes | * | No | Hawaii Board of Nursing |
| Idaho | Delegation | Delegation | Delegation | Yes | * | No | Idaho Board of Nursing |
| Illinois | No | Delegation | No | Delegation | * | No | Illinois Board of Nursing |
| Indiana | Delegation | Delegation | Yes | Delegation | * | No | Indiana State Board of Nursing has no jurisdiction over unlicensed assistive personnel. The Indiana State Department of Health. |
| Iowa | Yes | No | Yes | Yes | Yes — Delegation specifically listed Home Dialysis | No | May delegate functions to PCT as long as it does not go beyond the scope of practice of LPN/LVN. The LPN/LVN cannot administer Heparin via IV route. |
| Kansas | Delegation | Delegation | Delegation | Delegation | Yes — Delegation specifically listed Home Dialysis | No | PCTs are not regulated by the Kansas Board of Nursing KSA 65-1165 KSA 65-1136 for Supervision definition as well as a description of scope of practice for an LPN with IV certification, either limited or expanded. |
| Kentucky | Yes | Yes | Yes | Yes | Yes | No | Kentucky Board of Nursing |
| Louisiana | Yes | No | Yes | Yes | Yes | No | Louisiana Board of Nursing |
| Maine | Delegation | Delegation | Delegation | Delegation | Yes — Duties performed with education may not perform patient training https://www.maine.gov/boardofnursing/practice/lpn-questions.html#peritoneal | No | https://www.maine.gov/boardofnursing/practice/position-statements/rn-dialysis-therapy.html |
| Maryland | Yes | Delegation | Yes | Yes | Yes | No | https://health.maryland.gov/mboon/pages/practice-dnf-analysis.aspx http://mdrules.elaws.us/comar/10.27.20.05 |

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|---------------|---------------------------|-----------------------------------------|-----------------------------------|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Massachusetts | Delegation | Yes | Yes | Yes/delegation | Yes – Delegation defined home therapy | No | Massachusetts Board of Health |
| Michigan | Delegation | Delegation | Delegation | Delegation | Delegation of tasks only | No | Michigan Department of Community Health (MDCH) https://www.michigan.gov/documents/mdch/FINALTFNP_Final_Report_5_10_12_v8a |
| Minnesota | Delegation | Delegation | Delegation | Delegation | * | No | https://mn.gov/boards/nursing/practice/nursing-practice-topics/scope-of-practice.jsp https://www.revisor.mn.gov/statutes/cite/148.171 |
| Mississippi | Yes | No | Yes | Yes | * | No | Mississippi Board of Nursing |
| Missouri | Yes | Yes | Yes | Yes | Yes – Tasks not training | No | Missouri Board of Nursing Department of Health and Human Services |
| Montana | Delegation | Delegation | Yes | Yes | Yes – https://rules.mt.gov/browse/collections/aec52c46-128e-4279-9068-8af5d5432d74/policies/3ec82dc5-127f-4d47-85e4-de8185434754 | No | Montana Board of Nursing https://boards.bsd.dli.mt.gov/_docs/nur/sp_model.pdf https://leg.mt.gov/bills/mca/title_0370/chapter_0080/part_0010/section_0020/0370-0080-0010-0020.html |
| Nebraska | Yes | Yes | Yes | Yes | No | No | Nebraska Board of Nursing https://dhhs.ne.gov/licensure/pages/nurse-licensing.aspx Advisory Opinion https://dhhs.ne.gov/licensure/Documents/DelegDirectAndAssignInOutpatientDialysisUnit.pdf |
| Nevada | Yes | Delegation | Yes | Yes | Yes – Specifically excluded, for LPNs, PCITs may perform tasks and assist with training | No | LPN Scope of Practice Regarding Role of the LPN in Hemodialysis https://nevadanursingboard.org/wp-content/uploads/2021/06/LPN-Practice-Decision-Hemodialysis.pdf |

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|------------------------------|---------------------------|-----------------------------------------|-----------------------------------|-----------------------------------------------|--------------------------------------|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Nevada <i>(continued)</i> | | | | | | | https://nevadanursingboard.org/wp-content/uploads/2023/11/Decision-Tree-Delegation-Final-1.pdf Facilities For Treatment Of Irreversible Renal Disease https://www.leg.state.nv.us/nac/NAC-449.html#NAC449Sec501 |
| New Hampshire | Delegation | Delegation | Yes | Yes | * | No | LPN Scope of Practice https://gc.nh.gov/rsa/html/XXX/326-B/326-B-13.htm |
| New Jersey | Delegation | Delegation | Delegation | Delegation | * | No | New Jersey Board of Nursing https://www.njconsumeraffairs.gov/regulations/Chapter-37-New-Jersey-Board-of-Nursing.pdf |
| New Jersey+ | No | * | * | * | * | No | https://www.nj.gov/health/healthfacilities/ |
| New Mexico | Yes | Yes | Yes | Yes | Yes – May administer IP medications | No | New Mexico Board of Nursing https://www.bon.nm.gov/laws-rules/ |
| New York | * | * | Yes | Yes | * | No | Office of the Professions New York State Education Department https://www.op.nysed.gov/sites/op/files/prof/nurse/dialysis-lpns-and-end-stage-care.pdf |
| North Carolina | Yes | Yes | Yes | Yes | Yes – Specifically prohibited | No | North Carolina Board of Nursing Position Statement https://www.ncbon.com/sites/default/files/documents/2024-03/ps-dialysis-in-acute-care-and-home-settings.pdf |
| North Dakota | Yes | Yes | Yes | Yes | Yes | No | Role of LPN in IV Therapy https://www.ndbon.org/2024/12/role-of-lpn-in-iv-therapy/ |

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|----------|---------------------------|-----------------------------------------|-----------------------------------|-----------------------------------------------|------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ohio | Yes | Yes | Yes | No | Yes – PCT requires direct supervision and is prohibited from education | No | Ohio Laws and Administrative Rules https://codes.ohio.gov/ohio-administrative-code/chapter-4723-23 https://codes.ohio.gov/ohio-revised-code/section-4723.18#:~:text=(b)%20Injecting%20medication%20via%20a,through%20the%20patient's%20venous%20access |
| Oklahoma | * | * | Yes | Yes | * | No | Oklahoma Board of Nursing IV Medication Administration by Licensed Practical Nurses Guidelines https://oklahoma.gov/content/dam/ok/en/nursing/documents/IVMed.pdf Delegation of Nursing Functions to Unlicensed Persons https://oklahoma.gov/content/dam/ok/en/nursing/documents/delegation.pdf |
| Oregon | No | * | Yes | Yes | * | No | Oregon Board of Nursing https://www.oregon.gov/osbn/Pages/FAQs_LPN.aspx https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1359 The RN or LPN Who Participates in Vascular and Non-Vascular Access and Infusion Therapy https://oklahoma.gov/content/dam/ok/en/nursing/documents/delegation.pdf Chapter 688 2007 Edition, Therapeutic and Technical Services: Physical Therapists; Radiologic Technologists and Radiation Therapists; Hemodialysis Technicians; Athletic Trainers; Respiratory Therapist https://www.oregonlegislature.gov/bills_laws/archive/2007ors688.pdf |

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|----------------|---------------------------|-----------------------------------------|-----------------------------------|-----------------------------------------------|----------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pennsylvania | No | * | No | No | * | No | https://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/049/chapter21/s21.145a.html&d=reduce |
| Rhode Island | * | * | * | No | * | No | Rhode Island Department of State https://www.sos.ri.gov/divisions/open-government-center/rules-and-regulations |
| South Carolina | * | No | * | Yes | * | No | https://lr.sc.gov/nurse/pdf/Invasive%20dewices_LPN_final_website.pdf |
| South Dakota | Yes | No | Yes | Yes | * | No | https://sdlegislature.gov/Rules/Administrative/20:48:04:06 https://sdlegislature.gov/Rules/Administrative/20:48:04:02:06 https://sdlegislature.gov/Rules/Administrative/20:48:04:02:05 |
| Tennessee | No | No | No | No | * | No | http://www.thca.org/files/2014/04/Final-LPN-IV-Push-Rules-As-passed-by-BON.pdf |
| Texas | Yes | No | Yes | Yes | * | No | http://www.bon.texas.gov/ https://www.hhs.texas.gov/doing-business-hhs/provider-portals/health-care-facilities-regulation/end-stage-renal-disease-facilities |
| Utah | Yes | No | Yes | No | Yes | No | https://rules.utah.gov/publicat/buletin/2017/20170815/41959.htm |
| Vermont | * | No | * | No | Yes – May perform tasks as delegated, not training | No | https://outside.vermont.gov/dept/sos/office_professional_regulation/professions/nursing/nursing_board_position_statement_role_nurse_delegating_interventions.pdf |
| Virginia | Yes | Yes | Yes | * | * | No | https://www.dhp.virginia.gov/media/dhpweb/docs/bhp/leg/Chapter27.01DialysisPatientCareTechs.pdf |

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|---------------|---------------------------|-----------------------------------------|-----------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Washington | No | No | Yes | Yes | * | No | https://nursing.wa.gov/faq/what-activities-can-licensed-practical-nurse-perform-related-vascular-access-device-vad-or-other#:~:text=The%20nursing%20laws%20and%20rules,infusion%20of%20biologic%20therapies; |
| West Virginia | Yes | Yes | Yes | * | * | No | https://wvnrnboard.wv.gov/Pages/default.aspx https://apps.sos.wv.gov/adlaw/csr/readfile.aspx?DocId=51063&Format=PDF |
| Wisconsin | * | * | * | * | Yes – Limited. DTs may be involved in training if related to equipment. LPNs can reinforce training. | No | https://dps.wi.gov/pages/Boards/Councils/Nursing/Default.aspx No dialysis technician regulations, no position statements |
| Wyoming | No | No | No | Yes | * | * | https://wsbn.wyo.gov/WyomingBoardofNursingwebsite |

Notes: “Delegation” means that the states’ guidance on delegation appears to allow these tasks to be delegated; Data as of March 2025.

DT = dialysis technician; LPN/LVN = licensed practical nurse/licensed vocational nurse; ULP = unlicensed personnel; PCT = patient care technician.

* Information is unavailable or unknown.

+ California and New Jersey have additional information provided. New Jersey Department of Health and California legislature list recommendations for DTs or LVNs that conflict or is different from the state Board of Nursing.

This Table was updated on September 12, 2025.

whether a specific duty may be delegated to an unlicensed person. In the absence of specific language for or against delegation, some states relinquish delegation terminology to facilities (such as hemodialysis units) to interpret and establish policies.

The American Nephrology Nurses Association (ANNA, 2024) *Position Statement on Delegation of Nursing Tasks* recognizes the complexity and diversity in state requirements, and therefore, directs the RN to delegate tasks appropriate to the delegatee’s documented knowledge, skills, cultural competence, experience, and abilities, within the scope of practice, and the licensure requirements in effect in the state in which the RN is employed. Delegating nursing tasks that others may be able to perform frees up the RN to focus on activities that require the RN’s education and judgment, and may prevent burnout for both the delegator and support staff (Painter, 2024).

Consistent with the *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2025), the employer policies or directives do not relieve the nurse of their responsibility in making assignments or supervising the delegation practices of other health care personnel. RNs must determine the scope of delegated practice based on the level of staff education, knowledge, competence, and extent of experience.

LPNs/LVNs and DTs

State statutes, regulations, Nurse Practice Acts, Boards of Nursing advisory opinions or position statements, Medical Practice Acts, and End Stage Renal Disease (ESRD) facility licensing rules govern the scope of practice for LPNs/LVNs and DTs, and can vary greatly from state to state. There has been a recent increase in utilization of LPN/LVN roles in dialysis facilities despite no change in regula-

tions regarding their restrictions to practice. Based on our review, Boards of Nursing have not expanded the roles of either LPNs/LVNs or DTs. Table 1 lists by state the specific duties that are expressly permitted or prohibited for LPNs/LVNs and unlicensed personnel in a hemodialysis unit, home dialysis therapies, or in any clinical setting. Additionally, state NPAs and regulations regarding LPN/LVN supervision were explored in this current review. In all cases, clinical supervision requires independent judgment, and therefore, is the responsibility of the RN, advanced practice nurse, or MD. LPNs/LVNs may supervise other LPNs/LVNs or unlicensed providers, but they cannot clinically supervise RNs in any state. In some cases, LPNs/LVNs may serve in an administrative supervisory role, overseeing non-clinical duties. In some long-term care facilities, LPNs/LVNs may assume a supervisory role in the absence of an RN.

In order to receive payment for services, dialysis facilities must meet CMS Conditions for Coverage (CfC). The CfC represents the minimum health and safety rules required for outpatient dialysis providers. Dialysis technicians must receive extensive training in accordance with requirements set forth in the CfC, §494.140(e)(3) (CMS, 2008). The CfC requires DTs to be certified under a State or a national certification program within 18 months of being hired as a DT, noting that during those 18 months, the trainee can gain experience “under the supervision of an RN, with mentoring by LPNs, LVNs, and certified dialysis technicians. Once certified, DTs work under a nurse’s direction” (CMS, 2008, pp. 20425-20426). DTs working in hemodialysis units cannot exercise independent nursing judgment or perform complex nursing skills.

Regulatory rules in some states may limit the administration of heparin or anticoagulants by DTs to connecting a pre-filled syringe to the hemodialysis system as opposed to administering the drug intravenously (IV) directly to the patient. Other states do not allow any IV administration of medications by DTs, or they limit DTs to administering heparin through established fistulae or grafts at initiation of the hemodialysis process. LPNs/LVNs may be a critical staffing component in hemodialysis facilities or be utilized in the roles of a DT due to state restrictions in licensure or in delegation to DTs in accessing the dialysis site and administering medications. While some states permit LPNs/LVNs to administer IV medications, others require completion of an IV therapy course before they are allowed to do so. In several states, nursing regulations prohibit LPNs/LVNs from administering IV medications under any circumstance. LPNs/LVNs have a more limited scope of practice, as defined by their state’s NPA. At times, state law may enable DTs to have a broader scope of practice than that of LPNs/LVNs in the hemodialysis setting. Some states also include further instruction for duties, which are beyond the scope of practice of LPNs/LVNs and may not be delegated to DTs.

In the absence of specific guidance, the RN must evaluate whether it is appropriate to delegate a task to a DT that cannot be delegated to an LPN/LVN. Generally, unli-

In all cases, clinical supervision requires independent judgment, and therefore is the responsibility of the RN, advanced practice nurse, or MD. LPNs/LVNs may supervise other LPNs/LVNs or unlicensed providers, but they cannot clinically supervise RNs in any state.

censed personnel are prohibited from administering any IV medications in the hospital setting. In the chronic hemodialysis setting, however, heparin and saline administration is routine and often performed by DTs as part of the dialysis procedure.

In most states, the authority for DTs to practice lies in the delegation authority of RNs. This project looked for sources to verify or confirm this information in each state and provide a comparison to data collected in 2014 and 2021. Tables 2 and 3 provide these data by number of states that either expressly permit, allow for delegation, or expressly prohibit actions performed by LPNs/LVNs and DTs.

Nurse Practice Acts typically do not specify dialysis-related responsibilities or clinical tasks, making it essential for nurses to understand additional regulations – especially those governing the delegation of dialysis-related duties to assistive personnel. As an example, in one state, action was taken against a nephrology nurse who delegated nursing tasks to a DT (ANNA, 2017). The nurse stated that non-nurses in her state routinely performed these tasks and that no injury resulted from the delegation of tasks. In reviewing her state NPA, it was evident that these tasks should not have been delegated. The nurse faced the possibility of disciplinary action, including fines, probation, and/or loss of her license to practice. What is common practice may not mean the practice is legal in your state. Many specific practice questions are unanswered; however, nurses should be concerned with reducing their risk of practicing outside their state NPA.

LPNs/LVNs

Accessing Central Venous Catheters (CVCs)

Expressly Permitted

We have noted a downward trend in the number of states that expressly permit LPNs/LVNs to access central lines and administer IV medications through them. The current nursing regulations in 29 states permit LPNs/LVNs to access CVCs, including the administration of IV medications. We were unable to confirm a few states also prior reports indicated ‘unknown.’ A few states also previously reported allowing access to CVCs who did not confirm requested data inquiries.

Table 2
State Regulations for LPN/LVN Administration
of IV Medications via Central Line Catheter

| | 2014 (O'Keefe) | 2021 (Cahill et al.) | 2025 |
|----------------------|-------------------|-------------------------|------|
| Expressly Permitted | 34 | 32 | 29 |
| Delegation | 10 | 8 | 8 |
| Expressly Prohibited | 5 | 4 | 10 |

Note: Information was not fully available for each state at the time of the reviews.

Table 3
State Regulations for Unlicensed Assistive
Personnel Scope of Practice

| | 2014 (O'Keefe) | 2021 (Cahill et al.) | 2025 |
|-------------------------------------------|------------------------------------|------------------------------------|------|
| Heparin Administration | | | |
| Expressly Permitted | 22 | 22 | 19 |
| Delegation | Decision-tree by most states | Decision-tree by most states | 12 |
| Expressly Prohibited | 15 | 9 | 14 |
| Accessing Central Venous Catheters | | | |
| Expressly Permitted | 5 | 10 | 10 |
| Delegation | 18 | 17 | 14 |
| Expressly Prohibited | 24 | 14 | 21 |

Note: Information was not fully available for each state at the time of the reviews.

Delegation

We also noted a slight decline in the number of states that permit delegation of this duty to LPN/LVNs. Currently, eight states may permit the RN to delegate to an LPN/LVN the administration of certain IV medications through a CVC.

Expressly Prohibited

Ten states expressly prohibit the IV administration of medications through a CVC by an LPN/LVN, which is an increase from prior reviews. Definitive information regarding delegation of IV medications to LPNs/LVNs for the remaining states was not found.

Dialysis Technicians

Administration of Heparin

Administering heparin and saline through the extracorporeal circuit is a routine and essential component of hemodialysis treatment. As a medication, heparin is given in accordance with provider orders and established facility protocols. RNs are required to be available in the hemodialysis facility to oversee all aspects of care by DTs according to §494.180(b)(2) of the CfC (CMS, 2008). Table 3 summarizes the scope of practice for DTs to administer heparin and compares results from the previous reviews conducted by Cahill and colleagues (2021) and O'Keefe (2014).

Expressly Permitted

This review notes a slight decline in the number of states that permit DTs to administer heparin – from 22 to 19. Although we did not collect specific information on saline in this update, most of these states also permit DTs to administer saline to correct a hypotensive episode during the hemodialysis treatment. Some states require that the DT performing such duties be under the direct, onsite supervision of an RN or a physician. Other states require that administration of heparin or saline by a DT shall be pursuant to established facility protocol. Most of these states specify “heparin administration” rather than saline administration.

Delegation

Where nursing regulations do not explicitly permit or prohibit DTs from administering IV medications, the RN should refer to their delegation authority under their state NPA. In most states, the scope of duties for DTs in the hemodialysis setting remains undefined. Similar to previous reviews, many states follow a decision tree to determine appropriate delegation of tasks. Currently, 12 states follow a defined delegation decision-making process and criteria established by the NCSBN in 1997. These criteria instruct the RN (delegator) to assess factors such as the task, circumstances, setting, potential for harm, and the qualifications, skill level, and competency of the delegatee. Many states' delegation rules also specify that an RN cannot delegate tasks requiring independent nursing judgment and that the RN remains accountable for the overall management and provision of nursing care.

Expressly Prohibited

Currently, 14 states do not permit DTs to administer heparin in the hemodialysis setting. We were unable to confirm the information in 10 states with their Boards of Nursing or Health Departments, or find DT-specific statutes regarding permission. The restriction most often cited in nursing regulations involves not permitting unlicensed personnel to administer any medications. Compared with prior data (Cahill et al., 2021), there were

more states that did not respond when contacted, or if did, were not clear. Some boards of Nursing did not want to verify any information.

Accessing Central Venous Catheters (CVCs)

Expressly Permitted

Although the hemodialysis process remains consistent regardless of the access site, using a CVC to access a large major blood vessel carries higher risks, such as infection, bleeding, and air embolism. Only 10 states expressly permit DTs to access and initiate hemodialysis via a CVC. This is consistent with the 2021 review by Cahill and colleagues, but double what was found in 2014.

Delegation

We noted a slight reduction in the number of states permitting delegation of heparin or saline administration via a CVC, from 18 to 14.

Expressly Prohibited

Twenty-one states prohibit DTs from accessing a CVC. This was an increase of 7 additional states from our prior data collection. These states include those that prohibit DTs from administering any IV medications and those that permit them to administer heparin via a peripheral or “established” access but prohibit delivery of medications via a CVC. Twelve states did not respond, and we were not able to confirm any information.

Use of Assistive Personnel in Home Dialysis Therapy

With an increased emphasis and focus on home assistive personnel in nephrology, we added the collection of available information about the roles of DTs and LPNs/LVNs in home dialysis therapy by state to our analysis. While the ANNA Task Force on Home Dialysis determined there was much that could potentially be delegated (Bednarski & Painter, 2023), our review of states found that only 19 mention the use of LPNs/LVNs or DTs, and although acknowledged ‘yes’ or ‘delegation’ to the use of LPNs/LVNs or DTs, most indicated significant limitations in duties assigned. Thirty-two states either specified not allowed or the information is unknown or unavailable (see Table 1). Some states allow or list delegation of specific tasks for this population; however, eight specifically addressed that home dialysis training belonged solely in the RN scope of practice.

Implications for Nephrology Registered Nurses

Nephrology RNs possess the ultimate responsibility for patient safety in the clinical setting, and it is inappropriate to delegate complex tasks that include clinical judgment. As Boards of Nursing and other regulatory agencies contemplate the development or revision of scope of practice regulations in the hemodialysis setting, it is

imperative for nephrology RNs and nursing organizations to familiarize themselves with existing federal (CMS) requirements for the training and certification of DTs. Additionally, ANNA members and groups (such as ANNA Specialty Practice Networks) can lend their expertise to provide input and direction to organizations and agencies who may not be familiar with the clinical details of the role of DTs and LPNs/LVNs in hemodialysis, and the standards and rules concerning what can be delegated. The information in Table 1 will help identify states with opportunities to provide input. Nephrology nurses are experts and can make a difference in establishing policy.

Anecdotal reports have circulated that document RN positions are being replaced with LPNs/LVNs. The *ANNA Position Statement on Delegation of Nursing Care Activities* states the RN is accountable for the safety of all individuals within their care (ANNA, 2024). According to NCBSN (2019):

...regardless of how the state/jurisdiction defines delegation, as compared to assignment, appropriate delegation allows for transition of a responsibility in a safe and consistent manner. Clinical reasoning, nursing judgment, and critical decision making cannot be delegated. (p. 3/para 1)

In our data collection, limitations still exist, and currently, at least nine states do not allow LPNs/LVNs to administer heparin, and at least 12 do not allow LPNs/LVNs to access a CVC. Although it was not part of our data collection, we recognize there are other limitations to LPN/LVN practice including assessment, education, and critical thinking, or nursing judgement. In fact, Ohio allows the access of CVCs by DTs and not by LPNs. As we previously reported, some states utilize LPNs/LVNs in a DT’s role to be allowed to function in the hemodialysis facility because of the LPN/LVN limited scope of practice. In Nevada, for example, LPNs are specifically excluded from home dialysis therapies; however, DTs may perform tasks and assist with training.

Conclusion

In conclusion, the scope of practice for DTs and LPNs/LVNs vary greatly by state. In many cases, no clear guidelines were found to support delegation of specific activities to these assistive personnel. It remains the obligation of the RN to know and abide by their individual state and regulatory body rules regarding delegation of tasks to assistive personnel, rather than relying on ‘common practice.’ This review outlines the current, documented state-by-state information with relevant links to detailed information for each state. Where no information is provided, we were unable to verify the answers to the delegation questions. If you have links to verifiable information, we welcome them and will continue to update the document on the *Nephrology Nursing Journal’s* page on the ANNA website. Send updates to Molly Cahill at mlccnn@gmail.com.

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The information in this article (published in the May/June 2025 issue of NNJ) was current as of June 30, 2025. The article is updated when we receive new information. The following updates have been added.

| State | Date Information Updated |
|---------|--------------------------|
| Arizona | September 12, 2025 |
| | |

Help ANNA Keep Scope of Practice Information Current

Cahill, M.L., Painter, D.R., Branch, J.L., & Haras, M.S. (2025). A 2025 update: The authority for certain clinical tasks performed by assistive personnel in the care of patients in hemodialysis and home dialysis settings. *Nephrology Nursing Journal*, 52(3), 215-227. <https://doi.org/10.37526/1526-744X.2025.52.3.215>

As staffing shortages and ongoing cost-containment measures continue to challenge organizations, the use of assistive personnel (AP) for patient care activities increases. Emphasis on safe and effective care delivery remains crucial when RNs delegate certain tasks and aspects of patient care. The principles of delegation according to American Nurses Association and the National Council of State Boards of Nursing include the responsibility and accountability of the registered nurse (RN) for patient care outcomes. Authority for delegation of clinical tasks in the chronic hemodialysis setting and home dialysis therapies varies greatly by state. The responsibility remains with the RN to oversee complex tasks despite the staff skill mix. While specific information from several states, although limited, was interpreted by this team as delegation, it remains the responsibility of each RN to know their individual state Nurse Practice Acts. This article provides an updated review of the states' current available positions on delegation of clinical tasks in hemodialysis with the addition of information on dialysis technicians or licensed practical nurses/licensed vocational nurses in home therapy when available.

If you have updated information on scope of practice for your state for RNs, LPNs/LVNs, and PCTs, please email it to Molly Cahill (mlccnn@gmail.com). Include the information, the source of the information, and a web link to the information in the email.