

PUBLIC NOTICE

HEALTH

THE COMMISSIONER

HOSPITAL LICENSING STANDARDS

Notice of Receipt of Petition for Rulemaking

Renal Dialysis

Staffing Requirements for Inpatient Dialysis Services

N.J.A.C. 8:43G-30.6

Petitioner: Shaunak Dwivedi, D.O., Princeton, NJ.

Take notice that on May 30, 2023, the Department of Health (Department) received a petition for rulemaking from Shaunak Dwivedi (petitioner), a New Jersey licensed Doctor of Osteopathic Medicine, who specializes in nephrology.

Substance or Nature of the Requested Rulemaking Action:

The petitioner requests that the Department make certain amendments to the Hospital Licensing Standards, N.J.A.C. 8:43G, at Subchapter 30, Renal Dialysis, at N.J.A.C. 8:43G-30.6, Staffing requirements for inpatient dialysis services.

Problem or Purpose of the Request:

The petitioner requests that the Department delete N.J.A.C. 8:43G-30.6(a)1, which requires a nephrologist to be present prior to the initiation of a patient's first inpatient dialysis treatment, unless the patient is a dialytically stable chronic dialysis patient who is admitted to a hospital for conditions unrelated to the patient's end-stage renal disease. The petitioner provides several reasons to support the petition.

The petitioner states that the requirement is unnecessary because:

1. There is no data to support the concept that the presence of a physician at a patient's bedside during the initiation of the patient's first inpatient dialysis treatment decreases morbidity or mortality;

2. Most, if not all, other states, including neighboring states, such as New York and Pennsylvania, do not require a nephrologist to be present at a patient's bedside during the initiation of a patient's first inpatient dialysis treatment;

3. The requirement may delay treatment because nephrologists are not always present in the hospital; and for an emergency dialysis treatment, this would delay the start of dialysis, without providing any benefit to the patient;

4. All hospitals are equipped with rapid response and code teams that are always present in the hospital, one of which would respond if a patient exhibits signs of becoming unstable, whereas nephrologists are not required to be certified in advanced cardiovascular life support and would not assist in this setting;

5. Any instruction that can be given at bedside can be given by phone, and a hospital-affiliated nephrology practice is on-call and available 24 hours a day, seven days a week, if needed;

6. If a patient becomes unstable, instructions to stop dialysis and other basic orders can be given by phone; and

7. Often, to coordinate the patient's dialysis preparation, the nephrologist's schedule, and the dialysis unit's operation, "nurses have to remain late or dialysis schedules have to be shuffled around and care may need to be altered unnecessarily."

A copy of this notice has been mailed to the petitioner, as required at N.J.A.C. 1:30-4.2.

