



COLORADO

**Department of
Regulatory Agencies**

Colorado Office of Policy, Research &
Regulatory Reform

2025 Sunset Review

Regulation of Hemodialysis Clinics
and Technicians



October 15, 2025



COLORADO

**Department of
Regulatory Agencies**

Executive Director's Office

October 15, 2025

Members of the Colorado General Assembly
c/o the Office of Legislative Legal Services
State Capitol Building
Denver, Colorado 80203

Dear Members of the General Assembly:

The Colorado General Assembly established the sunset review process in 1976 as a way to analyze and evaluate regulatory programs and determine the least restrictive regulation consistent with the public interest. Pursuant to section 24-34-104(5)(a), Colorado Revised Statutes (C.R.S.), the Colorado Office of Policy, Research and Regulatory Reform (COPRRR) at the Department of Regulatory Agencies (DORA) undertakes a robust review process culminating in the release of multiple reports each year on October 15.

A national leader in regulatory reform, COPRRR takes the vision of their office, DORA and more broadly of our state government seriously. Specifically, COPRRR contributes to the strong economic landscape in Colorado by ensuring that we have thoughtful, efficient, and inclusive regulations that reduce barriers to entry into various professions and that open doors of opportunity for all Coloradans.

As part of this year's review, COPRRR has completed an evaluation of the regulation of hemodialysis clinics and technicians. I am pleased to submit this written report, which will be the basis for COPRRR's oral testimony before the 2026 legislative committee of reference.

The report discusses the question of whether there is a need for the regulation provided under Section 108 of Article 1.5 of Title 25, C.R.S. The report also discusses the effectiveness of the Division of Health Facilities and Emergency Medical Services in carrying out the intent of the statutes and makes recommendations for statutory changes for the review and discussion of the General Assembly.

To learn more about the sunset review process, among COPRRR's other functions, visit coprrr.colorado.gov.

Sincerely,

Patty Salazar
Executive Director





Regulation of Hemodialysis Clinics and Technicians

Background

What is regulated?

A dialysis machine performs the function of the kidneys by filtering the blood. In Colorado, clinics that provide hemodialysis services are licensed by the Acute Care Section within the Division of Health Facilities and Emergency Medical Services at the Colorado Department of Public Health and Environment (Division) to ensure that they meet both state and federal standards and requirements. These clinics, in turn, must verify the credentials of the technicians they employ.

Why is it regulated?

For patients utilizing hemodialysis services, the ability to receive treatment is life-sustaining, and for many, the lack of access to this type of care could be fatal in a matter of days or weeks. As a result, it is critical that hemodialysis services be readily available, consistent, and safe. Regulation of hemodialysis clinics and technicians protects consumers from harm by imposing clinic licensure requirements and verifying technician credentials to ensure that hemodialysis services continue to be delivered with minimal competency and maintain alignment with federal requirements.

Who is regulated?

In Colorado, there are currently 83 licensed clinics, with a total of 1,287 procedure stations, which include the dialysis machine and the chair in which hemodialysis is performed.

How is it regulated?

The Division oversees the Dialysis Treatment Clinic Program (Program) which licenses hemodialysis treatment clinics to ensure that the facilities meet both state and federal standards and requirements. Hemodialysis technicians are not regulated by the State, but their credentials are verified as a part of the clinic licensing process.

What does it cost?

In fiscal year 23-24 the Division expended \$231,672 to implement the Program.

What disciplinary activity is there?

No disciplinary actions occurred related to hemodialysis clinics during the years under review.

Key Recommendations

- Continue the regulation of hemodialysis clinics and technicians for 11 years, until 2037.

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Background

Sunset Criteria

Enacted in 1976, Colorado's sunset law was the first of its kind in the United States. A sunset provision repeals all or part of a law after a specific date, unless the legislature affirmatively acts to extend it. During the sunset review process, the Colorado Office of Policy, Research and Regulatory Reform (COPRRR) within the Department of Regulatory Agencies (DORA) conducts a thorough evaluation of such programs based upon specific statutory criteria¹ and solicits diverse input from a broad spectrum of stakeholders including consumers, government agencies, public advocacy groups, and professional associations.

Sunset reviews are guided by statutory criteria and sunset reports are organized so that a reader may consider these criteria while reading. While not all criteria are applicable to all sunset reviews, the various sections of a sunset report generally call attention to the relevant criteria. For example,

- In order to address the first criterion and determine whether the program under review is necessary to protect the public, it is necessary to understand the details of the profession or industry at issue. The Profile section of a sunset report typically describes the profession or industry at issue and addresses the current environment, which may include economic data, to aid in this analysis.
- To address the second sunset criterion--whether conditions that led to the initial creation of the program have changed--the History of Regulation section of a sunset report explores any relevant changes that have occurred over time in the regulatory environment. The remainder of the Legal Framework section addresses the fifth sunset criterion by summarizing the organic statute and rules of the program, as well as relevant federal, state and local laws to aid in the exploration of whether the program's operations are impeded or enhanced by existing statutes or rules.
- The Program Description section of a sunset report addresses several of the sunset criteria, including those inquiring whether the agency operates in the public interest and whether its operations are impeded or enhanced by existing statutes, rules, procedures and practices; whether the agency or the agency's board performs efficiently and effectively and whether the board, if applicable, represents the public interest.
- The Analysis and Recommendations section of a sunset report, while generally applying multiple criteria, is specifically designed in response to the fourteenth criterion, which asks whether administrative or statutory changes are necessary to improve agency operations to enhance the public interest.

¹ Criteria may be found at § 24-34-104, C.R.S.

These are but a few examples of how the various sections of a sunset report provide the information and, where appropriate, analysis required by the sunset criteria. Just as not all criteria are applicable to every sunset review, not all criteria are specifically highlighted as they are applied throughout a sunset review. While not necessarily exhaustive, the table below indicates where these criteria are applied in this sunset report.

Table 1
Application of Sunset Criteria

Sunset Criteria	Where <u>Applied</u>
(I) Whether regulation or program administration by the agency is necessary to protect the public health, safety, and welfare.	• Profile of the Profession • History of Regulation • Recommendation 1
(II) Whether the conditions that led to the initial creation of the program have changed and whether other conditions have arisen that would warrant more, less, or the same degree of governmental oversight.	• History of Regulation
(III) If the program is necessary, whether the existing statutes and regulations establish the least restrictive form of governmental oversight consistent with the public interest, considering other available regulatory mechanisms.	• Legal Summary
(IV) If the program is necessary, whether agency rules enhance the public interest and are within the scope of legislative intent.	• Legal Summary
(V) Whether the agency operates in the public interest and whether its operation is impeded or enhanced by existing statutes, rules, procedures, and practices and any other circumstances, including budgetary, resource, and personnel matters.	• Legal Summary • Program Description and Administration
(VI) Whether an analysis of agency operations indicates that the agency or the agency's board or commission performs its statutory duties efficiently and effectively.	• Program Description and Administration
(VII) Whether the composition of the agency's board or commission adequately represents the public interest and whether the agency encourages public participation in its decisions rather than participation only by the people it regulates.	• Not applicable
(VIII) Whether regulatory oversight can be achieved through a director model.	• Program Description and Administration •
(IX) The economic impact of the program and, if national economic information is not available, whether the agency stimulates or restricts competition.	• Profile of the Profession

Sunset Criteria	Where Applied
(X) If reviewing a regulatory program, whether complaint, investigation, and disciplinary procedures adequately protect the public and whether final dispositions of complaints are in the public interest or self-serving to the profession or regulated entity.	- Complaint Activity - Disciplinary Activity
(XI) If reviewing a regulatory program, whether the scope of practice of the regulated occupation contributes to the optimum use of personnel.	Program Description and Administration
(XII) Whether entry requirements encourage equity, diversity, and inclusivity.	Program Description and Administration
(XIII) If reviewing a regulatory program, whether the agency, through its licensing, certification, or registration process, imposes any sanctions or disqualifications on applicants based on past criminal history and, if so, whether the sanctions or disqualifications serve public safety or commercial or consumer protection interests. To assist in considering this factor, the analysis prepared pursuant to subsection (5)(a) of this section must include data on the number of licenses, certifications, or registrations that the agency denied based on the applicant's criminal history, the number of conditional licenses, certifications, or registrations issued based upon the applicant's criminal history, and the number of licenses, certifications, or registrations revoked or suspended based on an individual's criminal conduct. For each set of data, the analysis must include the criminal offenses that led to the sanction or disqualification.	Not applicable
(XIV) Whether administrative and statutory changes are necessary to improve agency operations to enhance the public interest.	Recommendation 1

Sunset Process

Regulatory programs scheduled for sunset review receive a comprehensive analysis. The review includes a thorough dialogue with agency officials, representatives of the regulated profession and other stakeholders. Anyone can submit input on any upcoming sunrise or sunset review on COPRRR's website at coprrr.colorado.gov.

The functions of the Dialysis Treatment Clinic Program (Program) and the Division of Health Facilities and Emergency Medical Services (Division) within the Colorado Department of Public Health and Environment, as enumerated in Article 1.5 of Title 25, Colorado Revised Statutes (C.R.S.), shall terminate on September 1, 2026, unless continued by the General Assembly. During the year prior to this date, it is the duty of COPRRR to conduct an analysis and evaluation of the Program pursuant to section 24-34-104, C.R.S.

The purpose of this review is to determine whether the currently prescribed regulation should be continued and to evaluate the performance of the Program and the Division. During this review, the Division must demonstrate that the Program serves the public interest. COPRRR's findings and recommendations are submitted via this report to the Office of Legislative Legal Services.

Methodology

As part of this review, COPRRR staff interviewed Division staff and practitioners; and reviewed both federal and Colorado statutes and rules.

The major contacts made during this review include, but are not limited to:

- Colorado Attorney General's Office;
- Colorado Department of Public Health and Environment, Division of Health Facilities and Emergency Medical Services Division;
- Davita Kidney Care;
- Fresenius Medical Care; and
- Kidney Disease Prevention and Education Task Force.

Profile of Hemodialysis

In a sunset review, the Colorado Office of Policy, Research and Regulatory Reform (COPRRR) is guided by the sunset criteria located in section 24-34-104(6)(b), C.R.S. The first criterion asks whether regulation or program administration by the agency is necessary to protect the public health, safety, and welfare.

To understand the need for regulation, it is first necessary to recognize what hemodialysis is and who performs it.

Hemodialysis is a form of dialysis in which a patient's blood is filtered to remove waste products and excess fluids, such as nitrogen waste (also referred to as urea), muscle waste (also referred to as creatinine), and various acids. This is a process that is performed naturally by the kidneys, but hemodialysis may be needed if a patient has a condition that prevents the kidneys from functioning properly.² Additionally, hemodialysis helps to ensure the patient's regulation of blood pressure and helps to maintain safe levels of minerals in the blood (such as potassium, calcium, sodium, and bicarbonate).³

In dialysis, a machine performs the function of the kidneys by filtering the blood. In order to get the blood to the machine, a surgeon may perform a minor surgery to make an opening in a blood vessel, typically in the patient's arm, referred to as a vascular access.⁴

The patient's blood is pumped out of the body and into a filtration device called a dialyzer, which removes impurities from the blood. The cleansed blood is then pumped back into the patient's body.⁵

Although some dialysis patients undergo treatment in the home, many patients receive treatment in an outpatient dialysis clinic three times a week. Each session lasts from three to four hours.⁶

There are two types of hemodialysis technicians that work within dialysis facilities: Nephrology Biomedical Technologists (NBTs) and Nephrology Clinical Technicians (NCTs).

² Cleveland Clinic. *Hemodialysis*. Retrieved September 5, 2025, from <https://my.clevelandclinic.org/health/treatments/24472-hemodialysis>

³ National Kidney Foundation. *Hemodialysis*. Retrieved September 5, 2025, from <https://www.kidney.org/kidney-topics/hemodialysis>

⁴ National Kidney Foundation. *Hemodialysis*. Retrieved September 5, 2025, from <https://www.kidney.org/kidney-topics/hemodialysis>

⁵ Cleveland Clinic. *Hemodialysis*. Retrieved September 5, 2025, from <https://my.clevelandclinic.org/health/treatments/24472-hemodialysis>

⁶ Cleveland Clinic. *Hemodialysis*. Retrieved September 5, 2025, from <https://my.clevelandclinic.org/health/treatments/24472-hemodialysis>

NBTs are responsible for maintaining the equipment utilized in hemodialysis treatments and may obtain national certification to demonstrate that they understand best practices and possess necessary skills to perform their work with minimal competency.⁷

NCTs provide necessary services to ensure that dialysis treatments are performed properly. The duties of an NCT typically include:⁸

- Setting the dialysis machine to meet the prescription provided by a Nephrologist,
- Monitoring the dialysis treatment,
- Recording the patient's health information every 30 minutes, and
- Ensuring that safety measures are in place during the treatment.

The federal Centers for Medicare and Medicaid Services (CMS) set standards for dialysis clinics and clinic personnel, including hemodialysis technicians.

For example, CMS requires hemodialysis clinics to maintain accurate and complete medical records,⁹ maintain elements of patient safety including infection control,¹⁰ water quality available at clinics,¹¹ and the physical environment within clinics.¹²

Under CMS rule, prospective hemodialysis technicians must complete specific requirements, including:¹³

- Possess a high school diploma or equivalency;
- Complete a training program approved by the medical director of the clinic under the direction of a registered nurse, which focuses on the operation of dialysis equipment, patient care, and interpersonal skills;
- Maintain certification with a state or national commercially available certification program; and
- Meet any state requirements regarding education, training, credentialing, competency, or standards of practice.

In Colorado, dialysis clinics are licensed to ensure that they meet both state and federal standards and requirements. Hemodialysis technicians are not regulated by the State, but their credentials are verified as a part of the clinic licensing process.

⁷ American Association of Kidney Patients. *Dialysis Technicians—an essential part of your healthcare team*. Retrieved September 9, 2025, from <https://aakp.org/dialysis-technicians-an-essential-part-of-your-healthcare-team>

⁸ American Association of Kidney Patients. *Dialysis Technicians—an essential part of your healthcare team*. Retrieved September 9, 2025, from <https://aakp.org/dialysis-technicians-an-essential-part-of-your-healthcare-team>

⁹ 42 C.F.R. § 494.170

¹⁰ 42 C.F.R. § 494.30

¹¹ 42 C.F.R. § 494.40

¹² 42 C.F.R. § 494.60

¹³ 42 C.F.R. § 494.140(e)

The ninth sunset criterion questions the economic impact of the program and, if national economic information is not available, whether the agency stimulates or restricts competition.

There are currently 83 licensed clinics operating in the state, with a total of 1,287 procedure stations, which include the dialysis machine and the chair in which dialysis is performed.

According to the American Kidney Fund, there were approximately 4,994 Colorado residents on dialysis as of 2021,¹⁴ and it is estimated that the annual Medicare spending per patient receiving dialysis was \$93,200 in 2018.¹⁵

¹⁴ American Kidney Fund. *Kidney Failure (ESRD) in Colorado*. Retrieved September 9, 2025, from <https://www.kidneyfund.org/sites/default/files/media/documents/Colorado-April-2021.pdf>

¹⁵ League, Riley J. et al. "Assessment of Spending for Patients Initiating Dialysis Care." *JAMA Network Open*, October 28, 2022.

Legal Framework

History of Regulation

In a sunset review, the Colorado Office of Policy, Research and Regulatory Reform (COPRRR) is guided by the sunset criteria located in section 24-34-104(6)(b), Colorado Revised Statutes (C.R.S.). The first and second sunset criteria question:

Whether regulation or program administration by the agency is necessary to protect the public health, safety, and welfare; and

Whether the conditions that led to the initial creation of the program have changed and whether other conditions have arisen that would warrant more, less or the same degree of governmental oversight.

One way that COPRRR addresses this is by examining why the program was established and how it has evolved over time.

Prior to the creation of the hemodialysis technician regulatory program, the Colorado Office of Policy, Research and Regulatory Reform (COPRRR) conducted four separate sunrise reviews of hemodialysis technicians. The 1992 report recommended establishing standards for hemodialysis technician education programs. The 1994, 1995, and 2006 sunset reports recommended against the imposition of any regulations for hemodialysis technicians, as it was determined that hemodialysis technicians work under supervision in highly regulated environments (i.e., dialysis clinics).

Then, in 2007, the General Assembly established basic requirements for hemodialysis technicians through the passage of House Bill 07-1131 (HB 1131), which established requirements for hemodialysis technicians as a part of the state's regulation of dialysis clinics. The bill also contained a component which required hemodialysis technicians to be credentialed by a national credentialing program, and work under the supervision of a licensed physician or licensed professional nurse (RN). The bill further directed the State Board of Health to promulgate rules regarding a process for the Colorado Department of Public Health and Environment (CDPHE) to verify that all hemodialysis technicians meet those requirements.

After the 2011 sunset review was conducted, the General Assembly extended the regulation of hemodialysis technicians for seven years and added statutory language to clarify that CDPHE is required to verify the credentials of hemodialysis technicians as a part of its routine surveys of dialysis clinics.

Most recently, the sunset review of hemodialysis technicians conducted in 2018 concluded that the regulation of these technicians be continued indefinitely. Subsequently, the General Assembly continued the regulation of dialysis clinics and hemodialysis technicians for seven years, until 2026.

Legal Summary

The third, fourth, and fifth sunset criteria question:

Whether the existing statutes and regulations establish the least restrictive form of governmental oversight consistent with the public interest, considering other available regulatory mechanisms;

Whether agency rules enhance the public interest and are within the scope of legislative intent; and

Whether the agency operates in the public interest and whether its operation is impeded or enhanced by existing statutes, rules, procedures, and practices and any other circumstances, including budgetary, resource, and personnel matters.

A summary of the current statutes and rules is necessary to understand whether regulation is set at the appropriate level and whether the current laws are impeding or enhancing the agency's ability to operate in the public interest.

The federal laws governing hemodialysis technicians are located in Title 42 of the Code of Federal Regulations. Under federal law, all hemodialysis technicians must:¹⁶

- Meet all applicable state requirements for education, training, credentialing, competency, standards of practice, certification, and licensure in the state in which they are employed;
- Possess a high school diploma or equivalency; and
- Have completed a training program—approved by the medical director and governing body and directed by an RN—that focuses on the operation of kidney dialysis equipment and machines, providing direct patient care, and communication and interpersonal skills, including patient sensitivity training and care of difficult patients. The training program must include the following subjects:
 - Principles of dialysis;
 - Care of patients with kidney failure, including interpersonal skills;
 - Dialysis procedures and documentation, including initiation, proper cannulation techniques, monitoring, and termination of dialysis;
 - Possible complications of dialysis;
 - Water treatment and dialysate preparation;
 - Infection control;
 - Safety; and
 - Dialyzer reprocessing, if applicable.

¹⁶ 42 C.F.R. § 494.140

Additionally, the candidate must be certified under a state certification program or a national commercially available certification program within 18 months of being hired as a dialysis patient care technician.

Colorado law requires hemodialysis technicians to be credentialed by a national credentialing program and to work under the supervision of a licensed physician or an RN who has training or experience in dialysis treatment.¹⁷

State law provides an exemption for technicians providing dialysis care either to themselves or to friends or family members, as long as such people provide the care free of charge and do not represent themselves as hemodialysis technicians.¹⁸ Participants in a hemodialysis technician training program may work as hemodialysis technicians as long as they are under the direct supervision of a physician or a licensed professional nurse with dialysis training or experience. The supervising physician or licensed professional nurse must be on the premises and available for prompt consultation or treatment.¹⁹

Section 25-1.5-103, C.R.S., grants CDPHE the authority to regulate dialysis treatment clinics. Under Colorado law, licensed dialysis treatment clinics cannot allow anyone to work as a hemodialysis technician unless they have obtained the required credential,²⁰ except that people enrolled in a hemodialysis technician training program may work as hemodialysis technicians for up to 18 months without being certified.²¹ Clinics must comply with this requirement as a condition of licensure, and CDPHE is responsible for verifying clinics' compliance.²²

Dialysis treatment clinics must also maintain records documenting the credentials of all the hemodialysis technicians they employ. At the time of initial licensure, re-licensure, and upon request, clinics must provide a list to CDPHE of all the technicians on staff, their dates of hire, and the name of each applicable certification organization. For employees who are enrolled in a hemodialysis technician training program and are not yet certified, clinics must provide the date they entered the technician training program.²³

If a dialysis treatment clinic were to fail to ensure its technicians meet the certification requirement, CDPHE can revoke, suspend, or impose conditions on the clinic's license. Typically, when CDPHE finds a clinic is not in compliance with applicable laws and rules, it issues a public report citing the clinic for deficiencies. The clinic then has a specified time period within which to correct the deficiencies.

¹⁷ § 25-1.5-108(3)(a), C.R.S.

¹⁸ § 25-1.5-108(3)(c)(I), C.R.S.

¹⁹ § 25-105-108(3)(c)(II), C.R.S.

²⁰ § 25-1.5-108(3)(b), C.R.S.

²¹ § 25-1.5-108(3)(c)(II)(B), C.R.S.

²² § 25-1.5-108(4), C.R.S.

²³ 6 CCR § 1011-1-5.6.2, Standards for Hospitals and Health Facilities, Chapter XV, Dialysis Treatment Clinics.

Program Description and Administration

In a sunset review, the Colorado Office of Policy, Research and Regulatory Reform (COPRRR) is guided by sunset criteria located in section 24-34-104(6)(b), Colorado Revised Statutes (C.R.S.). The fifth and sixth sunset criteria question:

Whether the agency operates in the public interest and whether its operation is impeded or enhanced by existing statutes, rules, procedures, and practices and any other circumstances, including budgetary, resource, and personnel matters; and

Whether an analysis of agency operations indicates that the agency or the agency's board or commission performs its statutory duties efficiently and effectively.

In part, COPRRR utilizes this section of the report to evaluate the agency according to these criteria.

The Acute Care Section within the Division of Health Facilities and Emergency Medical Services (Division) at the Colorado Department of Public Health and Environment oversees the Dialysis Treatment Clinic Program (Program) which licenses hemodialysis treatment clinics to ensure that the facilities meet both state and federal standards and requirements. Hemodialysis technicians are not regulated by the State, but their credentials are verified as a part of the clinic licensing process.

Table 2 highlights the total expenditures and the number of full-time equivalent (FTE) employees dedicated to the Program for fiscal years 19-20 through 23-24.

Table 2
Program Expenditures and FTE

Fiscal Year	Total Program Expenditures	FTE
FY 19-20	\$214,628	Not available
FY 20-21	\$282,761	Not available
FY 21-22	\$236,461	Not available
FY 22-23	\$221,455	Not available
FY 23-24	\$231,672	Not available

Program staff allocation is not tracked by the Division in a way that allows for calculation regarding the verification of dialysis technician credentials or dialysis treatment clinic licensing. Dialysis treatment care clinic oversight and any related surveys are the responsibility of Health Compliance Inspectors staffed within the Division's Acute Care Section, which performs surveys related to hospitals, ambulatory

surgical centers, freestanding emergency departments, birth centers, and community clinics in addition to dialysis treatment clinics. Therefore, a specific FTE calculation is not available.

Certification of Hemodialysis Technicians

A dialysis technician is defined in rule as,

A person who is not a physician or a registered nurse and who provides dialysis care.²⁴

Any person performing services as a hemodialysis technician must first be credentialed by a national credentialing program and be under the supervision of a physician or a registered nurse experienced or trained in dialysis treatment.²⁵

Additionally, “national credentialing programs” are any that are utilized for credentialing or determining competency of a hemodialysis technician recognized by the National Association of Nephrology Technicians/Technologists (NANT) or successor organization.²⁶ These include the Certified Clinical Hemodialysis Technician (CCHT) examination offered by the Nephrology Nursing Certification Commission and the Certified Hemodialysis Technologist/Technician (CHT) examination offered by the Board of Nephrology Examiners for Nursing and Technology (BONENT).

CCHT Examination

In order to be eligible for the CCHT examination, an applicant must meet certain eligibility requirements, including, but not limited to:²⁷

- Possess a high school diploma or equivalent;
- Demonstrate successful completion of a clinical hemodialysis training program, which includes both classroom instruction and supervised clinical experience; and
- Provide the number of hours spent providing clinical hands-on patient care obtained as a part of a training program if the applicant has not yet obtained a position as a clinical hemodialysis technician.

²⁴ 6 CCR § 1101-1-2.2.7. Department of Public Health and Environment, Health Facilities and Emergency Management Services Division. Standards for Hospitals and Health Facilities: Chapter 15 - Dialysis Treatment Clinics.

²⁵ 6 CCR § 1101-1-5.5.1. Department of Public Health and Environment, Health Facilities and Emergency Management Services Division. Standards for Hospitals and Health Facilities: Chapter 15 - Dialysis Treatment Clinics.

²⁶ § 25-1.5-108(1)(d), C.R.S.

²⁷ Nephrology Nursing Certification Commission. *CCHT*. Retrieved October 7, 2025, from <https://www.nncc-exam.org/certification/ccht>

Further, the applicant must be in compliance with federal and state regulations related to the practice of hemodialysis patient care technicians.

The CCHT examination contains 150 questions which must be completed within a three-hour examination period, and the examination fee is \$225.²⁸

CHT Examination

In order to be eligible for the CHT examination, an applicant must meet certain eligibility requirements, including, but not limited to:²⁹

- Possess a high school diploma or equivalent; and
- Demonstrate a minimum of six months of experience in nephrology patient care and current active participation in a dialysis facility.

If the applicant does not possess experience as a patient care technician/technologist, they may also apply to complete the examination within two years of completion of a BONENT-approved program.

The CHT examination contains 150 multiple-choice questions which must be completed within a three-hour examination period,³⁰ and the application fee is \$235.³¹

Verification of Hemodialysis Technician Credentials

Individual hemodialysis technicians are not required to apply to CDPHE for licensure or certification, and CDPHE does not maintain a registry of credentialed technicians. Rather, dialysis treatment clinics are responsible for employing only those hemodialysis technicians who have met the credentialing requirement.³² CDPHE must verify that licensed clinics are in compliance with this requirement as part of its regulation of such clinics.³³

The Division does not charge a fee for verification of the credentials of dialysis technicians, but the costs associated with staff time in order to verify credentials are included in the facility's licensing fees.

²⁸ Nephrology Nursing Certification Commission. *CCHT*. Retrieved October 7, 2025, from <https://www.nncc-exam.org/certification/ccht>

²⁹ Board of Nephrology Examiners Nursing and Technology. *Eligibility and Fees*. Retrieved October 7, 2025, from <https://bonent.org/eligibility-fees/>

³⁰ Board of Nephrology Examiners Nursing and Technology. *Eligibility and Fees*. Retrieved October 7, 2025, from <https://bonent.org/certified-hemodialysis-technologist-technician-cht/>

³¹ Board of Nephrology Examiners Nursing and Technology. *Eligibility and Fees*. Retrieved October 7, 2025, from <https://bonent.org/eligibility-fees/>

³² § 25-1.5-108(3)(b), C.R.S.

³³ § 25-1.5-108(2), C.R.S.

Licensing

The eleventh and twelfth sunset criteria question whether the scope of practice of the regulated occupation contributes to the optimum use of personnel and whether entry requirements encourage equity, diversity and inclusivity.

In part, COPRRR utilizes this section of the report to evaluate the program according to these criteria.

The Division oversees the licensure of the dialysis treatment clinics that employ dialysis technicians. There are currently 83 licensed dialysis treatment clinics, with a total of 1,287 procedure stations, which include the dialysis machine and the chair in which dialysis is performed.

Table 3 details the dollar amount charged for each license type during fiscal years 19-20 through 24-25. All fees are rounded to the nearest dollar.

Table 3
Dialysis Treatment Clinic Licensure Fees

License Fee Types	FY 19-20	FY 20-21	FY 21-22	FY 22-23	FY 23-24	FY 24-25
Initial License Fee	\$5,303	\$5,372	\$5,372	\$5,372	\$5,372	\$5,802
1-12 Stations	\$1,651	\$1,672	\$1,672	\$1,672	\$1,672	\$1,806
13-23 Stations	\$2,600	\$2,634	\$2,634	\$2,634	\$2,634	\$2,844
24+ Stations	\$3,544	\$3,590	\$3,590	\$3,590	\$3,590	\$3,877

Facility licenses are renewed on an annual basis, and fees are based upon the size of the facility (the number of stations within a facility).

According to the Division, the stress placed upon the overall healthcare system led to a suspension of fee increases during fiscal years 21-22 through 23-24 and fee increases were re-implemented in fiscal year 24-25. Further, license fees increased by an additional eight percent on July 1, 2025.

Once a hemodialysis clinic obtains a license, it must be posted in a public location in a clear, unambiguous manner indicating that the clinic is licensed, regulated, and subject to inspection by the Division.³⁴

Hemodialysis clinics are required to maintain a variety of standards and protocols in order to maintain licensure. These elements include, but are not limited to:

³⁴ 6 CCR § 1101-1-4.2.1. Department of Public Health and Environment, Health Facilities and Emergency Management Services Division. Standards for Hospitals and Health Facilities: Chapter 15 - Dialysis Treatment Clinics.

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- **Water supply** - The clinic's water supply must be from a municipal water supply system that meets the requirements of the Water Quality Control Commission and must be further treated for use in dialysis machines;³⁵
 - **Clinical laboratories** - Clinical laboratory services must be available onsite within the hemodialysis clinic and must be under the supervision of a physician certified in clinical pathology on a full-time, part-time, or consultative basis. Emergency laboratory services must be available whenever required, and all laboratory work must be ordered by a physician or other person authorized by law to do so;³⁶
 - **Medical records** - A complete medical record must be maintained for each patient registered for treatment within the hemodialysis clinic.³⁷ All orders for any diagnostic treatments or procedures must be signed by the physician submitting them,³⁸ and each hemodialysis clinic must have a record room with adequate supplies and equipment, and medical records must be stored safely to provide protection from damage, loss, or unauthorized use;³⁹ and
 - **Infection control** - Each hemodialysis clinic must have a multi-disciplinary infection control committee, responsible for the clinic's policies and procedures related to infection control.⁴⁰

All hemodialysis treatment clinics are surveyed as part of their application and approval for their initial license and will also receive additional periodic surveys to ensure compliance with applicable laws and regulations.

The following are descriptions of each survey type conducted:

- **Initial** - These are conducted when a facility receives its first license. The survey would include a review of personnel credentials, including hemodialysis technicians;
- **Renewal** - A routine survey is conducted to ensure that licensed facilities meet licensing standards. Additionally, staff credentials are reviewed as part of the survey conducted, including dialysis technicians;

³⁵ 6 CCR § 1101-1-6.1.1. Department of Public Health and Environment, Health Facilities and Emergency Management Services Division. Standards for Hospitals and Health Facilities: Chapter 15 - Dialysis Treatment Clinics.

³⁶ 6 CCR § 1101-1-6.1.2. Department of Public Health and Environment, Health Facilities and Emergency Management Services Division. Standards for Hospitals and Health Facilities: Chapter 15 - Dialysis Treatment Clinics.

³⁷ 6 CCR § 1101-1-6.3.2. Department of Public Health and Environment, Health Facilities and Emergency Management Services Division. Standards for Hospitals and Health Facilities: Chapter 15 - Dialysis Treatment Clinics.

³⁸ 6 CCR § 1101-1-6.3.3. Department of Public Health and Environment, Health Facilities and Emergency Management Services Division. Standards for Hospitals and Health Facilities: Chapter 15 - Dialysis Treatment Clinics.

³⁹ 6 CCR § 1101-1-6.3.5. Department of Public Health and Environment, Health Facilities and Emergency Management Services Division. Standards for Hospitals and Health Facilities: Chapter 15 - Dialysis Treatment Clinics.

⁴⁰ 6 CCR § 1101-1-6.4.1 and 6.4.2. Department of Public Health and Environment, Health Facilities and Emergency Management Services Division. Standards for Hospitals and Health Facilities: Chapter 15 - Dialysis Treatment Clinics.

- Complaint - A survey is conducted if a complaint is filed;
- Infection Control - A targeted survey focused on the clinic's infection control practices. This survey type does not include general verification of staff credentials;
- Focused Vaccination Survey - A targeted survey focused on the clinic's compliance with COVID-19 vaccination requirements. This survey type does not include general verification of hemodialysis technician credentials; and
- Revisit - A follow-up survey that can be conducted relating to any other survey type to ensure the clinic has corrected any citations found during the related survey.

Table 4 provides the number of surveys performed by the Division for each survey type during fiscal years 19-20 through 23-24.

Table 4
Dialysis Licensure Clinic Surveys

Survey Type	FY 19-20	FY 20-21	FY 21-22	FY 22-23	FY 23-24
Initial	2	1	2	2	1
Renewal	4	3	4	18	41
Complaint	3	6	5	8	3
Infection Control	0	6	2	0	0
Focused Vaccination Survey	0	0	41	0	0
Revisit	4	10	7	13	32

The COVID-19 pandemic disrupted the normal conduct of surveys due to limited staffing resources but then returned to standard survey practice during fiscal year 23-24.

Complaints

The eighth and tenth sunset criteria requires COPRRR to examine whether regulatory oversight can be achieved through a director model, and whether complaint, investigation and disciplinary procedures adequately protect the public and whether final dispositions of complaints are in the public interest or self-serving to the profession or regulated entity.

In part, COPRRR utilizes this section of the report to evaluate the program according to these criteria.

No non-compliance issues related to hemodialysis clinics were identified during the years under review, and none of the complaints received by the Division during that time frame were specific to dialysis technician credentialing.

However, section 25-1-124, C.R.S., requires licensed health facilities to self-report occurrences, which are statutorily specified results or outcomes, including brain or spinal cord injury, drug diversion within the facility, or equipment malfunctions. The Division investigates each occurrence reported, including the response regarding the occurrence provided by the dialysis clinic. Table 5 indicates the total number of occurrences reported by licensed dialysis treatment clinics for fiscal years 19-20 through 23-24.

Table 5
Reported Occurrences

Fiscal Year	Number of Occurrences
FY 19-20	42
FY 20-21	18
FY 21-22	9
FY 22-23	9
FY 23-24	3

None of the occurrences reported in the table above related to whether an individual dialysis technician maintained the required credentials. According to the Division, fiscal years 21-22 through 23-24 occurrences were substantiated, while the earlier reported occurrences included all that were reported, whether they actually fit the definition of an occurrence in accordance with statute, or whether an investigation had been performed by the Division.

Disciplinary Activity

The tenth sunset criterion requires COPRRR to examine whether complaint, investigation and disciplinary procedures adequately protect the public and whether final dispositions of complaints are in the public interest or self-serving to the profession or regulated entity.

In part, COPRRR utilizes this section of the report to evaluate the program according to this criterion.

No disciplinary action occurred related to hemodialysis clinics during the years under review.

Analysis and Recommendations

The final sunset criterion questions whether administrative and statutory changes are necessary to improve agency operations to enhance the public interest. The recommendations that follow are offered in consideration of this criterion, in general, and any criteria specifically referenced in those recommendations.

Recommendation 1 – Continue the regulation of hemodialysis clinics and technicians for 11 years, until 2037.

The Division of Health Facilities and Emergency Medical Services (Division) within the Colorado Department of Public Health and Environment oversees the Dialysis Treatment Clinic Program (Program) which licenses hemodialysis treatment clinics to ensure that the facilities meet both state and federal standards and requirements. Hemodialysis technicians are not regulated by the State, but their credentials are verified as a part of the clinic licensing process.

In Colorado, there are currently 83 licensed clinics, with a total of 1,287 procedure stations, which include the dialysis machine and the chair in which hemodialysis is performed.

For patients utilizing hemodialysis services, the ability to receive treatment is life-sustaining, and for many, the lack of access to this type of care could be fatal in a matter of days or weeks. As a result, it is critical that hemodialysis services be readily available, consistent, and safe.

The Division's administration of the Program protects consumers from harm by imposing clinic licensure requirements and verifying technician credentials to ensure that hemodialysis services continue to be delivered with minimal competency and maintain alignment with federal requirements. The Division also administers and enforces applicable laws by reviewing complaints and may discipline licensed clinics for violations including potential revocation for severe violations.

The first sunset criterion asks if regulation is necessary to protect the public health, safety, and welfare. Through the application of the regulatory framework established, the Division provides effective oversight in order to protect the public interest. Therefore, the General Assembly should continue the regulation of hemodialysis clinics and technicians for 11 years, until 2037. Due to the lack of issues raised during this sunset review, an 11-year continuation is justified.