

**HB484**

**Support**

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Good afternoon Madam Chair, members of the Committee. My name is Elaine Selby. I am testifying today in support of House Bill 484 (David Selby Dialysis Parity Act) and in memory of my husband who would have been spared a painful ordeal had such a bill been previously enacted into law. It is with the hope that others may be spared a similar ordeal that I speak before you today.

Regardless of the primary diagnosis requiring hospital admission for a kidney patient on dialysis, that patient must have his or her dialysis needs addressed by medical staff adequately trained in and experienced with the type of dialysis the patient is currently using. Of critical importance, is the fact that "In both therapies (hemodialysis and peritoneal dialysis), infection is the second most common cause of death."

Unlike the dialysis centers, where the Centers for Medicare and Medicaid Services have established standards for the training and experience of nurses providing peritoneal dialysis services, there is no regulatory body overseeing the practice of inpatient peritoneal dialysis in the State of Maryland.

Dave and I had been trained in performing home-based peritoneal dialysis treatments by dialysis center nurses who monitored his progress over more than three years. Treatment had been successful, with no incidence of serious dialysis-related infection, when he contracted pneumonia and was admitted to our local hospital's intensive care unit.

Dave's peritoneal dialysis treatments in the hospital were performed by any one of several staff nurses assigned to his case. I began to question the adequacy of peritoneal dialysis training and experience among the staff after observing lapses in procedure during some of those treatments.

I expressed my concerns. I knew the risks. "Peritonitis, which is an infection of the abdominal lining, is a common complication of peritoneal dialysis... The risk of infection is greater if the person doing the dialysis isn't adequately trained."

Twenty-six days after admission, Dave was transferred to a Washington D.C. Hospital's critical care unit with peritonitis and in septic shock. Prognosis was poor. It was a difficult time.

I thank you for this time.