

BILL ANALYSIS

C.S.H.B. 1252
By: Guillen
Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Chronic renal failure affects more than 2 out of 1,000 people in the United States and an estimated 44,200 Texans. Diabetes and Hypertension are the two of the most common causes and account for approximately two thirds of the cases of chronic kidney failure. The substitute establishes services under a medical assistance program which the health and human services commission currently offers to individuals with chronic health conditions such as heart disease, respiratory illness, diabetes, end-stage renal disease, HIV infection, and AIDS.

If the Health and Human Services Commission (HHSC) finds it cost effective, then the bill will require the early screening, diagnosis, and treatment of chronic kidney disease. It will require medical diagnostic labs, which already analyze these tests, to perform a basic calculation using data already in the test to determine if individuals are in danger of developing acute kidney disease. Early treatment will reduce future healthcare costs.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

The substitute includes chronic kidney disease failure with other diseases already covered by special disease management programs. The substitute establishes a chronic kidney disease management initiative that would provide screening, diagnosis and treatment under the health and human services commission medical assistance program. The program must use generally recognized clinical practice guidelines and laboratory assessments that identify chronic kidney disease on the basis of impaired kidney function or the presence of kidney damage.

The HHSC may modify an existing contract between the commission and a provider of a disease management program under the medical assistance program to provide program services to persons with chronic kidney disease.

EFFECTIVE DATE

September 1, 2005.

COMPARISON OF ORIGINAL TO SUBSTITUTE

The substitute removes requirements of the Chronic Kidney Disease Management Initiative to identify, evaluate, and classify recipients of medical assistance who have been diagnosed with kidney disease or precursors diabetes, hypertension or family history of kidney disease. Eliminates the requirement in the original bill for HHSC to contract with providers of disease management services to provide program services to recipients with chronic kidney disease and eliminates language regarding a separate procurement for disease management services. The bill makes conforming and technical changes. The substitute removes language that requires the program to provide diagnostic tests and health care service if the recipients physician certifies that tests and services will control factors that increase the recipients risk for impaired kidney function or bone or cardiovascular disease associated with chronic kidney disease, speed the progression of kidney disease towards kidney replacement, or improve nutrition or correct anemia related to the chronic kidney disease.

C.S.H.B. 1252 79(R)