

## **BILL ANALYSIS**

C.S.H.B. 1373  
By: Guillen  
Public Health  
Committee Report (Substituted)

### **BACKGROUND AND PURPOSE**

Chronic Kidney Disease is known as a silent disease, leaving many people unaware they have the condition until it is too late to slow or arrest irreversible damage to their kidneys. Without early recognition of the symptoms by individuals and by members of the medical profession, the outcome is certain kidney failure, which has 3 possible outcomes: dialysis for the remainder of the person's life; a kidney transplant; or death - usually while a teenager or young adult.

Members of the medical profession and patient advocates know they must bring voice to this silent disease, which is growing at a disturbing rate. For example, there were 27,000 dialysis patients in Texas in 2002. That a number is expected to rise to 48,000 dialysis patients by 2010, according to the Texas Renal Coalition. Early identification of individuals with Chronic Kidney Disease (CKD), combined with appropriate intervention, can delay the progression of kidney disease. The results will be less suffering; fewer deaths, especially among young people; and a reduction in health care costs.

CSHB 1373 is the starting point to reverse the escalation of CKD in Texas. The bill creates a task force composed of:

- legislators (Senate and House)
- physician experts in the diagnosis and treatment of CKD
- renal care providers, clinical laboratories and health insurance providers
- DSHS
- patient advocates

The task force will be chartered with developing a plan to:

- educate individuals with CKD and health care professionals about care options - before the patient's kidney functions are declining
- educate health care professionals about early screening and diagnosis
- promote CKD awareness, leading to improving the rate of early diagnosis, and
- make recommendations on the implementation of a cost-effective plan for early screening, diagnosis, and treatment in Texas.

### **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**

CSHB 1373 creates the Chronic Kidney Disease Task Force (task force). The bill sets forth the membership, duties, and allowable reimbursements of the task force. The bill authorizes the task force to accept certain sources of funding and requires the Department of State Health Services (DSHS) to investigate potential federal funding. It also requires DSHS to provide administrative support to the task force.

**ANALYSIS, cont.**

Not later than January 1, 2009, the task force is required to submit its findings and recommendations to the governor, lieutenant governor, and speaker of the house of representatives and the presiding officers of the Senate Committee on Health and Human Services and the Public Health Committee of the house of representatives, or the appropriate committees of the 81st Legislature. The bill establishes that the task force is abolished on September 1, 2009.

**EFFECTIVE DATE**

Upon passage, or, if the Act does not receive the necessary vote, the Act takes effect September 1, 2007.

**COMPARISON OF ORIGINAL TO SUBSTITUTE**

The committee substitute expands the size of the task force from nine members to thirteen. The substitute adds to the task force membership a pediatrician in private practice, a kidney transplant surgeon, a representative of the Texas Renal Coalition, and two representatives from different Texas affiliates of the National Kidney Foundation (NKF), rather than one representative of NKF or its state affiliate, as provided in the introduced bill.

The substitute provides that at the discretion of DSHS, a task force member is entitled to reimbursement for actual and necessary expenses in performing certain duties, whereas the original provided that the member was entitled to the reimbursement.