BILL ANALYSIS

Senate Research Center
81R31729 E

C.S.H.B. 2330
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Health & Human Services
5/7/2009
Committee Report (Substituted)

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Chronic kidney disease (CKD) is recognized as a major public health threat worldwide. Texas has the second-highest prevalence of CKD in the nation. CKD, if not maintained, results in end-stage renal disease which requires the use of renal replacement therapy. In Texas, there are 42,000 residents receiving lifesaving renal replacement therapy which can cost up to $70,000 a year. Early detection and management of CKD can delay disease progression and decrease complications and comorbidities, but CKD remains underdiagnosed. The National Kidney Foundation has concluded that calculating a person's estimated glomerular filtration rate (GFR) is the best method for estimating kidney function and determining the current stage of kidney disease. GFR helps determine which patients with chronic kidney disease (CKD) will develop end-stage renal disease and helps physicians identify patients at high risk of serious kidney trouble so that they may intervene at an early stage.

C.S.H.B. 2330 relates to laboratory tests measuring kidney function.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Section 42.002, Health and Safety Code, by adding Subdivisions (3) and (4), to define "serum creatinine test" and "estimated glomerular filtration rate."

SECTION 2. Amends Chapter 42, Health and Safety Code, by adding Section 42.0047, as follows:

> Sec. 42.0047. ESTIMATED GLOMERULAR FILTRATION RATE REPORTING. (a) Requires a laboratory that performs a serum creatinine test on a sample from a person 18 years of age or older, at the discretion of the physician, to also calculate and include in the reported results the person's estimated glomerular filtration rate if the laboratory receives along with the sample all relevant clinical information about the person necessary to calculate the person's estimated glomerular filtration rate.
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> (b) Provides that the requirements under Subsection (a) do not apply to a laboratory that uses equipment to perform serum creatinine tests that cannot be reprogrammed to calculate the estimated glomerular filtration rate or a laboratory performing a serum creatinine test on a sample taken from a patient who is being treated in a hospital.

SECTION 3. Makes application of this Act prospective.

SECTION 4. Effective date: September 1, 2009.