

BILL ANALYSIS

C.S.H.B. 1876
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Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Constituents have raised concerns about the lack of a centralized resource center to provide proper resources and educational materials to patients and doctors on kidney disease. C.S.H.B. 1876 seeks to provide awareness, education, and resources at every level of chronic kidney disease for both the general population and for health care professionals by creating the Rita Littlefield Chronic Kidney Disease Centralized Resource Center within the Health and Human Services Commission.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

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

C.S.H.B. 1876 amends the Health and Safety Code to establish the Rita Littlefield Chronic Kidney Disease Centralized Resource Center within the Health and Human Services Commission (HHSC) to serve as a centralized system through which persons may do the following:

- request and obtain information on chronic kidney disease and related illnesses, including each clinical stage of kidney disease and end stage renal disease, and genetic testing and genetic counseling for genetic kidney diseases, including APOL1-mediated kidney disease; and
- register for inclusion in a kidney health clinical trials registry to receive information on clinical trials and clinical trial opportunities for chronic kidney disease and related illnesses.

C.S.H.B. 1876 requires HHSC to do the following:

- administer the resource center;
- structure and operate the resource center in a manner that provides a comprehensive approach for readily accessing information on and resources for chronic kidney disease and related illnesses, including for each clinical stage of kidney disease and end stage renal disease;
- establish a kidney health clinical trials registry to be maintained by the resource center through which patients and family members of those patients may register to receive educational information on clinical trials and clinical trial opportunities based on the clinical stage of a patient's chronic kidney disease or end stage renal disease; and

- ensure information provided by the resource center is available in both English and Spanish.

The comprehensive approach must allow individuals to request and obtain or to directly access certain aggregated information on patient and family resources; resources on chronic kidney disease treatment options and modalities; genetic testing and genetic counseling for genetic kidney diseases, including APOL1-mediated kidney disease; and chronic kidney disease awareness, prevention, and professional education opportunities.

C.S.H.B. 1876 requires HHSC to establish and the resource center to maintain, in collaboration with the chronic kidney disease task force, a website through which resource center employees and members of the public may directly communicate and exchange information on chronic kidney disease and related illnesses and individuals may register in the clinical trials registry.

C.S.H.B. 1876 authorizes HHSC to solicit and accept gifts, grants, and donations from any source to implement the bill's provisions.

EFFECTIVE DATE

September 1, 2025.

COMPARISON OF INTRODUCED AND SUBSTITUTE

While C.S.H.B. 1876 may differ from the introduced in minor or nonsubstantive ways, the following summarizes the substantial differences between the introduced and committee substitute versions of the bill.

Whereas both the introduced and substitute provide for a system by which a person may request and obtain certain chronic kidney disease information, the substitute requires information regarding genetic testing and counseling for genetic kidney diseases, including APOL1-mediated kidney disease, to be included in that information.

The substitute does not include a provision from the introduced conditioning implementation of the bill on a specific appropriation.