House Resolution No. 31

Introduced by Assembly Member De La Torre

June 10, 2010

House Resolution No. 31—Relative to the Legislative Task Force on Chronic Kidney Disease.

WHEREAS, Kidney disease is the ninth leading cause of death in the United States; and

WHEREAS, One out of every eight Americans, more than 26 million individuals, suffers from disease of the kidney and urinary tract; and

WHEREAS, Presently 78,244 patients nationwide are waiting for kidney transplants. Yet, there is a critical shortage of organ donors. Only half of those waiting for a life-saving transplant will receive one; and

WHEREAS, Twenty percent of all Americans suffering from chronic renal failure might have prevented their disease had they followed recommendations for treatment of high blood pressure; and

WHEREAS, African Americans between 30 and 49 years of age develop kidney failure related to high blood pressure eight times more often than Caucasians of the same age range; and

WHEREAS, The number of diagnoses of those with a form of chronic kidney disease (CKD) is rising, including persons with seriously reduced kidney function that may progress to end stage renal disease (ESRD), requiring kidney dialysis or a kidney transplant. ESRD is usually the result of years of CKD, the primary causes of which are diabetes, high blood pressure, or a family history of CKD; and

WHEREAS, Recognizing that the treatment of CKD is a tremendous expense and that the early diagnosis and effective treatment of CKD can prolong lives and delay high-cost medical treatment, including dialysis or transplantation, and that there are existing, cost-effective laboratory tests that can assist in the early diagnosis of CKD, it is necessary to establish a Legislative Task Force on Chronic Kidney Disease; now, therefore, be it

Resolved by the Assembly of the State of California, That the Assembly recommends the establishment of the Legislative Task Force on Chronic Kidney Disease consisting of the following members, to be appointed by the Speaker of the Assembly:

(a) Two members of the Assembly.

(b) One family practitioner.

(c) One nephrologist.

(d) One representative from the National Kidney Foundation.

(e) One registered nurse.

(f) One renal social worker.

(g) One private renal care provider; and be it further

Resolved, That the Legislative Task Force on Chronic Kidney Disease should be permitted to use existing resources to support its activities, but should be allowed to solicit funding from public and private foundations, and make use of available federal funds; and be it further

Resolved, That the Legislative Task Force on Chronic Kidney Disease should:

(a) Develop a plan to educate health care professionals about the advantages and methods of early screening, diagnosis, and treatment of CKD and its complications based on the Kidney Disease Outcomes Quality Initiative (KDOQI) Clinical Practice Guidelines for Chronic Kidney Disease or other medically recognized clinical practice guidelines and develop a plan to educate health care professionals about the advantages of ESRD modality education, including peritoneal dialysis, prior to the onset of ESRD when kidney function is declining.

(b) Make recommendations on the implementation of a cost-effective plan for early screening, diagnosis, and treatment of CKD for the state’s population.

(c) Study factors contributing to an increasing rate of CKD among minority groups.

(d) Issue a report to the State Department of Health Care Services no later than December 31, 2011; and be it further

Resolved, That the Chief Clerk of the Assembly transmit copies of this resolution to the author for appropriate distribution.

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