

AMENDED IN ASSEMBLY JUNE 21, 2010

CALIFORNIA LEGISLATURE—2009–10 REGULAR SESSION

House Resolution

No. 31

Introduced by Assembly Member ~~De La Torre~~ Eng

June 10, 2010

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

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

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

6 WHEREAS, Presently—~~78,244~~ *more than 85,000* patients
7 nationwide are waiting for kidney transplants. Yet, there is a critical
8 shortage of organ donors. Only half of those waiting for a
9 life-saving transplant will receive one; and

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

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

17 WHEREAS, The number of diagnoses of those with a form of
18 chronic kidney disease (CKD) is rising, including persons with
19 seriously reduced kidney function that may progress to end stage
20 renal disease (ESRD), requiring kidney dialysis or a kidney
21 transplant. ESRD is usually the result of years of CKD, the primary

1 causes of which are diabetes, high blood pressure, or a family
2 history of CKD; and

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

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

- 14 (a) Two members of the Assembly.
- 15 (b) One family ~~practitioner~~ physician.
- 16 (c) One nephrologist.
- 17 (d) One representative from the National Kidney Foundation.
- 18 (e) One registered nurse.
- 19 (f) One renal social worker.
- 20 (g) One private renal care provider; and be it further

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

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

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

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

- 1 (c) Study factors contributing to an increasing rate of CKD
- 2 among minority groups.
- 3 (d) Issue a report to the State Department of Health Care
- 4 Services no later than December 31, 2011; and be it further
- 5 *Resolved*, That the Chief Clerk of the Assembly transmit copies
- 6 of this resolution to the author for appropriate distribution.

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