



# HHSC: Chronic Kidney Disease Task Force

**June 14, 2021**



In January 2020 Governor Greg Abbott appointed Mary Albin, Dany Anchia, Bruce Brockway, M.D., Roberto Collazo, M.D., Amie Duemer, A. Osama Gaber, M.D., Richard Gibney, M.D., Anne Ishmael, Nichole Jefferson, Tiffany Jones-Smith, Rita Littlefield, Anil T. Mangla, Ph.D., M. Reza “Hamed” Mizani, M.D., Navid Saigal, M.D., Leslie Weisberg, M.D., and Francis Wright, M.D. to the Chronic Kidney Disease Task Force for terms at the pleasure of the Governor. The task force coordinates the implementation of the state’s plan for prevention, early screening, diagnosis, and management of chronic kidney disease and educates health care professionals. Not all members are included above.

**Call to order.** The Chair called the Task Force to order

**Member roll call.** A Quorum was present

**Consideration of March 1, 2021, minutes for approval.** The minutes were approved as written

### **Legislative update – 87th Legislative Session**

**HB4015 (Did not Pass)** HB4015, Committee Report 1st House, Substituted: The LBB reported a negative impact of (\$1,524,000) through the biennium ending August 31, 2023. There was no Senate companion.

The Health and Human Services Commission is required to implement this Act only if the legislature appropriates money specifically for that purpose. If the legislature does not appropriate money specifically for that purpose, the commission may, but is not required to, implement the Act using other appropriations available for the purpose. The bill would have required the Health and Human Services Commission (HHSC) to establish the Rita Littlefield Chronic Kidney Disease Centralized Resource Center (the Center). HHSC would be required to structure and operate the Center and establish and maintain a kidney health clinical trials registry.

The bill would have also required HHSC to collaborate with the Chronic Kidney Disease Task Force to establish and for the Center to maintain an Internet website through which individuals can directly communicate and exchange information on chronic kidney disease and related illnesses and register in a kidney health clinical trials registry.

HHSC would be able to solicit and accept gifts, grants, and donations from any source to implement the provisions of the bill. The bill would take effect September 1, 2023.

This LBB analysis assumed 4.0 IT Staff Augmentation Contractors would be needed to establish an Internet website where individuals can communicate and exchange certain information and register in a kidney health clinical trials registry in fiscal years 2022 and 2023. The total estimated cost in General Revenue to hire 4.0 IT Staff Augmentation Contractors would be \$0.6 million in fiscal years 2022 and 2023.

This analysis assumed full-time equivalents (FTEs) would be hired in fiscal year 2024 to establish and maintain the Center. According to information provided by HHSC, 2.0 Program Specialist V FTEs, 1.0 Nurse II FTE, 1.0 Information Specialist IV FTE, 1.0 Programmer III FTE, and 1.0 Systems Analyst IV FTE would be needed to establish

and maintain the Center, coordinate with the Chronic Kidney Disease Task Force, coordinate with administrators of clinical trials, and maintain an internet website where individuals can communicate and exchange certain information and register in a kidney health clinical trials registry. The total estimated cost in General Revenue to hire 6.0 FTEs would be \$0.7 million in fiscal year 2024, and \$0.6 million in fiscal years 2025 and 2026.

There was discussion about how to garner more support prior to the next legislative session. The comments included the need to find the money to fund the fiscal not prior to 2023.

**HB317** Relating to prohibiting discrimination against living organ donors by certain insurers. The bill amends the Insurance Code relating to prohibiting discrimination against living organ donors by certain insurers. Based on information provided by the Texas Department of Insurance, this analysis assumes that the duties and responsibilities associated with implementing the provisions of the bill could be accomplished by utilizing existing resources.

**SB3, Subsection J.** Was attached to the infrastructure bill providing accounts for power and water, hospitals, nursing homes and one for dialysis units. This item was eventually stripped from the bill.

**Discuss strategies to gain support for Task Force post COVID-19 pandemic,**

- Contact members
- Use social media more effectively
- Have legislators hear from people who are directly impacted
- Develop a petition for people to sign in support of legislation
- Determine how COVID increased the need for dialysis
- The pandemic postponed getting dialysis and this could present the need for additional patients post COVID
- Early prevention is critical
- Determine from discussions with legislators how the bill can be improved and garner more support

**Task Force recommendation implementation post 87th Legislative Session.**

- Educate the public through social media
- Should hospitals implement a root cause analysis related to donors
- Putting the OPOs together in a meeting
- Look to foundations
- Engage private insurance companies
- Send the report and recommendations to Nephrologists.
- Talk to different medical societies to engage other colleagues (specialties) in collaboration
- Use the personal social media platforms of members of the task force.
- There has to be a common message



A web search found the following report from 2009. [Addressing Chronic Kidney Disease in Texas: Report of the Chronic Kidney Disease Task Force](#)

**Public comment.** No public comment was offered

**Review of action items and agenda items for future meeting.**

- Follow up on the items discussed above
- EGFR and how it relates to African Americans
- Potential Dates for meeting in September are yet to be decided. Members will be polled to determine the date.

**Adjourn.** There being no further business, the meeting was adjourned.

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*This summary contains supplemental information from third-party sources where that information provides clarity to the issues being discussed. Not every comment or statement from the speakers in these summaries is an exact transcription. For the purpose of brevity, their statements are often paraphrased. These documents should not be viewed as a word-for-word account of every meeting or hearing, but a summary. Every effort has been made to ensure the accuracy of these summaries. The information contained in this publication is the property of Texas Insight and is considered confidential and may contain proprietary information. It is meant solely for the intended recipient. Access to this published information by anyone else is unauthorized unless Texas Insight grants permission. If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted in reliance on this is prohibited. The views expressed in this publication are, unless otherwise stated, those of the author and not those of Texas Insight or its management.*

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