

- SUBJECT:** Continuing and modifying the Chronic Kidney Disease Task Force
- COMMITTEE:** Public Health — committee substitute recommended
- VOTE:** 10 ayes — Kolkhorst, Naishtat, Coleman, Collier, S. Davis, Guerra, S. King, Laubenberg, J.D. Sheffield, Zedler
- 0 nays
- 1 absent — Cortez
- WITNESSES:** For — Rita Littlefield, Chronic Kidney Disease Task Force; (*Registered, but did not testify*: Troy Alexander, Texas Medical Association; Jaime Capelo, DaVita; Melody Chatelle, Pfizer, United Ways of Texas; A. Osama Gaber, Kidney Disease Task Force; Rebecca Waldrop, Sanofi)
- Against — None
- On — (*Registered, but did not testify*: Richard Knopp, Texas Department of State Health Services)
- BACKGROUND:** The Chronic Disease Task Force was created by the 80th Legislature in 2007. Health and Safety Code, sec. 98.003 charges the task force with coordinating implementation of the state's plan for prevention, early screening, diagnosis, and management of chronic kidney disease, and for educating health care professionals on the use of appropriate clinical practice guidelines.
- Sec. 98.006 requires the task force to submit a report of its findings and recommendations no later than January 1, 2013. Sec. 98.009 abolishes the task force and expires chapter 98 of the Health and Safety Code on August 31, 2013.
- DIGEST:** CSHB 2042 would continue the Chronic Kidney Disease Task Force by repealing Health and Safety Code, sec. 98.009.
- The bill would require that the task force submit a report of its findings and recommendations no later than January 1 of each even-numbered year.

CSHB 2042 would modify the task force's composition. Changes would include:

- increasing its membership from 13 to 18;
- adding one primary care physician, renal dietician, nephrology nurse, health care system representative, Health and Human Services Commission Medicaid program worker, and an end stage renal disease expert;
- reducing from two to one the National Kidney Foundation representatives;
- specifying the Department of State Health Services' representative be from the department's Kidney Health Care Program; and
- specifying the state medical school's representative would be a nephrologist.

The bill would take effect September 1, 2013, and the governor would be required to appoint the additional members of the task force no later than January 1, 2014.