A BILL FOR AN ACT

RELATING TO CHRONIC KIDNEY DISEASE.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

- 1 SECTION 1. (a) The legislature finds that chronic kidney disease, which is divided into five stages, affects all age 2 groups. Patients at the last stage, or end stage renal disease, 3 require dialysis or kidney transplantation. The cost of 4 treatment and care for end stage renal disease patients is much 5 higher than for patients at the earlier stages. Currently, 6 Hawaii has about two thousand end stage renal disease patients, 7 which is a forty-four per cent higher prevalence rate than the 8 rest of the nation with one 1,502 per million compared to 1,040 9 per million nationwide. The number of such patients in Hawaii 10 is increasing at a five per cent rate annually while the 11 national rate has declined to one per cent. It is estimated 12 that ten per cent of the State's population, or one hundred 13 thousand individuals, are afflicted with chronic kidney disease. 14 The current cost of caring for end stage renal disease in the 15 State has reached \$125,000,000 and that cost is projected to
 - SB LRB 07-1298.doc

reach \$144,000,000 by 2011.

16

17

```
1
         The legislature further finds that the St. Francis
    Healthcare Foundation, in conjunction with the office of
2
    Hawaiian affairs and Papa Ola Lokahi, is developing a major
3
    chronic kidney disease health care demonstration project to
4
    address health care access issues for end stage renal disease in
5
    remote areas of Hawaii and to develop a research program to help
6
    care for chronic kidney disease. The focus of the demonstration
7
    project is to promote education, detection, prevention, and
8
    medical management and treatment for those with chronic kidney
9
10
    disease through a modified home care and community health
11
    program. Under this model, patients in various stages of
    chronic renal disease would be able to visit a common site
12
    within their own community to receive necessary care. Locating
13
14
    a treatment and care site within the patients' own community
    will greatly improve patients' quality of life, especially those
15
    with end stage renal disease. Such patients, especially those
16
    who live in remote areas of the State, would not have to endure
17
    the physical punishment of enduring long commutes to a dialysis
18
    facility. For example, patients living in Hana on the island of
19
    Maui presently need to travel a tortuous two-and-a-half hours to
20
    a dialysis clinic. After four hours of dialysis, they need to
21
    endure the two-and-a-half-hour return trip. In order to live,
22
```



- 1 they must endure this three times a week. The same situation
- 2 applies to end stage renal disease patients who live on the
- 3 north shore of Oahu, in the Kau district of the Big Island, and
- 4 various other remote areas.
- 5 Hemodialysis, or home dialysis, is not practical because of
- 6 logistics issues such as allocating at least one hundred square
- 7 feet of space in a patient's home, the need for reliable
- 8 electric and water service, and proper disposal of waste.
- 9 Furthermore, many end stage renal disease patients live in
- 10 multi-generational households where space and privacy are at a
- 11 premium.
- 12 Constructing full-scale dialysis facilities within
- 13 communities is not cost-effective. An estimate minimum of sixty
- 14 patients would be needed for such a facility to break even. The
- 15 costs of start-up and maintenance of such a full-scale facility
- 16 in remote areas would be prohibitive and unrealistic.
- 17 The first model of the demonstration project proposes two
- 18 initial facilities in Kahuku on Oahu and Hana on Maui. The
- 19 model uses a modified home care and community health approach
- 20 that will allow dialysis patients to place their personal
- 21 dialysis machines within a common facility. These facilities
- 22 will have the necessary infrastructure and logistics to



```
accommodate the machines, and trained personnel will be
1
2
    available to administer and monitor treatment. At the same
    facility, a multidisciplinary chronic kidney disease team will
3
    deliver various services including:
4
5
         (1) Patient education;
6
         (2)
             Dietary counseling;
7
         (3) Psychosocial counseling;
         (4)
             Laboratory screening;
8
         (5) Preventive vaccinations and primary care physician
9
10
              consultation;
         (6) Evaluation and treatment of co-morbid conditions such
11
              as hypertension, diabetes mellitus, and
12
              hyperlipidemia;
13
14
         (7)
              End stage renal disease counseling;
              Early referral to nephrologists and vascular surgeons;
15
         (8)
              End stage renal disease social worker psychological
16
         (9)
              evaluation and counseling; and
17
              Education to address patient and family financial
18
        (10)
19
              issues.
20
         (b) The first model involves:
              Construction of a permanent community center to care
21
         (1)
22
              for chronic disease patients;
```

SB LRB 07-1298.doc

6

7

19

S.B. NO. 1258

1	(2)	Providing and underwriting equipment, supplies,
2		caregivers, and dialysis treatment for end stage renal
3		disease patients;
4	(3)	Providing and underwriting community health
5		screenings;

- (4) Establishing a chronic kidney disease treatment program for the community;
- 8 (5) Establishing an information technology infrastructure9 and database on chronic kidney disease research; and
- 10 (6) Establishing and developing a chronic kidney disease
 11 research program with the University of Hawaii school
 12 of medicine.
- 13 (c) In the second model of the demonstration project,
 14 patients living in remote areas who have available space in
 15 their homes for hemodialysis will have the opportunity to have a
 16 trained caregiver work with them. These patients may also use
 17 the screenings offered by the National Kidney Foundation and be
 18 referred to the nearest chronic kidney disease clinic for
- (d) The purpose of this Act is to appropriate funds tosupport the modified home care and community health
- 22 demonstration project for chronic kidney patients.

SB LRB 07-1298.doc

treatment and monitoring.

12

1	SECTION 2. There is appropriated out or the general
2	revenues of the State of Hawaii the sum of \$, or so much
3	thereof as may be necessary for fiscal year 2007-2008, and the
4	same sum, or so much thereof as may be necessary for fiscal year
5	2008-2009, as a grant pursuant to chapter 42F, Hawaii Revised
6	Statutes, to the St. Francis Healthcare Foundation to support
7	the modified home care and community health demonstration
8	project.
9	The sums appropriated shall be expended by the department
10	of health for the purposes of this Act.
11	SECTION 3. This Act shall take effect on July 1, 2007.

INTRODUCED BY:

SB LRB 07-1298.doc

Report Title:

Chronic Kidney Disease; Modified Home Care & Community Health Demonstration Project

Description:

Appropriates \$\frac{1}{2007-2008} \text{ and FY 2008-2009 for a grant pursuant to chapter 42F, Hawaii Revised Statutes, to the St. Francis Healthcare Foundation to support the modified home care and community health demonstration project to address chronic kidney disease, particularly end stage renal disease for patients living in remote areas of the State.