

CHAPTER 230

AN ACT establishing the New Jersey Chronic Kidney Disease Task Force.

BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey:*

1. The Legislature finds and declares that:
 - a. Chronic kidney disease, or CKD, includes conditions that damage the kidneys and decrease their ability to keep a person healthy by performing their normal functions;
 - b. Experts believe that many persons with kidney disease never progress to renal dialysis because they die from other conditions such as cardiovascular disease that are associated with kidney disease;
 - c. CKD can lead to complications such as high blood pressure, anemia, weak bones, poor nutritional health, and nerve damage, and increases a person's risk of having heart and blood vessel disease;
 - d. When kidney disease progresses, it may eventually lead to kidney failure, which requires dialysis or a kidney transplant to maintain life;
 - e. The two main causes of CKD are diabetes and high blood pressure, which are responsible for up to two-thirds of the cases;
 - f. Many persons with CKD may not have any severe symptoms until their kidney disease is advanced; however, symptoms may include: fatigue; difficulty concentrating; poor appetite; difficulty sleeping; muscle cramping at night; swollen feet and ankles; puffiness around the eyes, especially in the morning; dry, itchy skin; and the need to urinate frequently, especially at night;
 - g. Anyone can develop CKD at any age; however, those who may be at increased risk for kidney disease include persons who: have diabetes, high blood pressure, or a family history of CKD; are older; or belong to a population group that has a high rate of diabetes or high blood pressure, such as African Americans, Hispanic Americans, Asians, Pacific Islanders, and American Indians;
 - h. Some 20 million Americans, or one in nine adults nationwide, have CKD, and another 20 million more are at increased risk;
 - i. Heart disease is the major cause of death for all people with CKD; however, early detection can help prevent the progression of kidney disease to kidney failure, and three simple tests can detect CKD: blood pressure; urine albumin; and serum creatinine;
 - j. Initiatives and organizations such as Healthy People 2010, the National Kidney Foundation, and the National Institute of Diabetes & Digestive & Kidney Diseases have identified CKD as a public health issue and are advocating early diagnosis and treatment;
 - k. Unmanaged and undetected CKD manifests itself in increased health care expenditures, increased hospitalizations, more rapid progression of cardiovascular disease, increased mortality, and earlier initiation of renal dialysis;
 - l. Early diagnosis of CKD and treatment of its co-morbid conditions will lead to better identification of high-risk patients, improved patient outcomes, and cost savings through reduced need for high-cost health care services; and
 - m. It is in the public interest for the State to provide for a comprehensive review and recommendations concerning cost-effective means to enhance early screening, diagnosis, and treatment of CKD and its complications.
2. a. There is established the New Jersey Chronic Kidney Disease Task Force in the Department of Health and Senior Services.

The purpose of the task force shall be to:

(1) develop a plan to educate the public and health care professionals about the advantages and methods of early screening, diagnosis, and treatment of chronic kidney disease and its complications based on kidney disease outcomes, evidence-based clinical practice guidelines for chronic kidney disease, or other medically recognized clinical practice guidelines;

(2) make recommendations on the implementation of a cost-effective plan for early screening, diagnosis, and treatment of chronic kidney disease Statewide; and

(3) identify barriers to the adoption of best practices and potential public policy options to address these barriers.

b. The task force shall consist of 13 members as follows:

(1) the Director of the Office of Minority and Multicultural Health in the Department of Health and Senior Services, who shall serve ex officio;

(2) 10 public members, who shall be appointed by the Commissioner of Health and Senior Services no later than the 60th day after the effective date of this act, as follows: six licensed physicians practicing in this State, including two nephrologists, one of whom is a pediatric nephrologist, two family physicians, and two pathologists; one person who represents the State affiliate of the National Kidney Foundation; one person who represents providers of private renal dialysis services in this State; one person who represents owners or operators of licensed clinical laboratories in this State; and one person who has a chronic kidney disease and is not in one of the previous membership categories set forth in this paragraph; and

(3) two public members with a demonstrated expertise in issues relating to the work of the task force, one of whom shall be appointed by the President of the Senate and one of whom shall be appointed by the Speaker of the General Assembly.

Vacancies in the membership of the task force shall be filled in the same manner provided for the original appointments.

c. The task force shall organize as soon as practicable following the appointment of its members and shall select a chairperson and vice-chairperson from among the members. The chairperson shall appoint a secretary who need not be a member of the task force.

d. The public members shall serve without compensation, but shall be reimbursed for necessary expenses incurred in the performance of their duties and within the limits of funds available to the task force.

e. The task force shall be entitled to call to its assistance and avail itself of the services of the employees of any State, county or municipal department, board, bureau, commission or agency as it may require and as may be available to it for its purposes.

f. The task force may meet and hold hearings as it deems appropriate.

g. The Department of Health and Senior Services shall provide staff support to the task force.

3. The task force shall report its findings and recommendations to the Governor, and to the Legislature pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), along with any legislative bills that it desires to recommend for adoption by the Legislature, no later than 12 months after the initial meeting of the task force.

4. This act shall take effect immediately and shall expire upon the issuance of the task force report.

Approved January 16, 2010.