



Senate Fiscal Agency
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BILL ANALYSIS

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House Bill 5063 (Substitute S-1 as reported)
Sponsor: Representative John Gleason
House Committee: Health Policy
Senate Committee: Health Policy

Date Completed: 3-7-06

RATIONALE

Chronic kidney disease (CKD) is serious and life-threatening. According to the National Kidney Foundation, CKD strikes one in nine adults—20 million Americans—and it is estimated that another 20 million are at increased risk of developing the disease. In addition to interfering with the kidneys' ability to filter wastes and fluids from the body, CKD can hinder the regulation of water and chemicals such as sodium, potassium, and phosphorus in the body; the removal of drugs and toxins; and the release of hormones that help regulate blood pressure, manufacture red blood cells, and maintain strong bones. In advanced cases, kidney disease patients need dialysis treatments or kidney transplants to survive. If it is caught early and treated, however, CKD can be prevented and the progression can be slowed. It has been suggested that referring specifically to the screening for and treatment of kidney disease among the services that Medicaid enrollees may receive could result in earlier diagnosis and referral to a specialist for appropriate treatment.

CONTENT

The bill would amend the Social Welfare Act to permit individuals enrolled in the Medicaid program to receive screening; laboratory, diagnostic, and early intervention services; and treatment for chronic kidney disease pursuant to guidelines established by the Department of Community Health (DCH).

Additionally, the bill would require a clinical laboratory performing a creatinine test on a Medicaid enrollee to include in the lab report the person's glomerular filtration rate (GFR)

and report it as a percent of kidney function remaining.

MCL 400.109

ARGUMENTS

(Please note: The arguments contained in this analysis originate from sources outside the Senate Fiscal Agency. The Senate Fiscal Agency neither supports nor opposes legislation.)

Supporting Argument

Early detection and treatment of kidney disease are critical to preventing its progression to kidney failure. Severe symptoms, however, often do not appear until the disease has reached an advanced stage. Although the services detailed in the bill already are covered benefits for Medicaid patients, including those services specifically could place added emphasis on the importance of testing for kidney disease and perhaps lead to a decline in the number of affected patients.

Additionally, the bill could result in lower health care costs as more individuals were diagnosed and received earlier treatment. According to the National Kidney Foundation, dialysis for one patient typically costs \$40,000 to \$50,000 per year. Controlling kidney disease before it requires this expensive procedure or an organ transplant could save the State money and lead to an improved quality of life for those with the disease.

Supporting Argument

Physicians often calculate a patient's glomerular filtration rate to measure his or her kidney function. The GFR generally is

estimated using a patient's creatinine level, as well as several other factors. (Creatinine is a waste product that the kidneys usually remove from the blood. High creatinine levels indicate impaired kidney function.) A Medicaid enrollee's GFR already is required to be reported under boilerplate language in the DCH's appropriation bill. It would be prudent to enact this requirement in statute, rather than including it in boilerplate language every year.

Response: Perhaps the State also should enact target rates for kidney disease screening, as it has for immunizations and blood lead testing for children in the Medicaid program.

Legislative Analyst: Julie Koval

FISCAL IMPACT

Victims of kidney disease who are Medicaid-eligible are already covered for the services specified in the bill. Therefore, the bill would have no fiscal impact. The creatinine reporting requirement is current Medicaid policy and would have no impact.

Fiscal Analyst: Steve Angelotti

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This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.