

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2005

S

D

SENATE DRS75524-LN-347A* (5/17)

Short Title: Funds/Chronic Disease Task Force. (Public)

Sponsors: Senator Purcell.

Referred to:

A BILL TO BE ENTITLED

AN ACT TO ESTABLISH THE CHRONIC KIDNEY DISEASE TASK FORCE, AND
TO APPROPRIATE FUNDS THEREFOR.

The General Assembly of North Carolina enacts:

SECTION 1.(a) There is created in the Department of Health and Human Services, Division of Public Health, the Chronic Kidney Disease Task Force. The Task Force shall be comprised of 15 members, one of whom must be the Secretary of the Department of Health and Human Services, or a designee, who shall serve as chairman of the Task Force. Remaining members shall be appointed as follows:

- (1) The Governor shall appoint six physicians from lists submitted by the North Carolina Medical Association, two of whom shall be family practitioners, two of whom shall be nephrologists, two of whom shall be pathologists, and one member who represents the State affiliate of the National Kidney Foundation.
- (2) The Speaker of the House of Representatives shall appoint one member who is a representative of the Department of Nephrology at each of the following medical schools: University of North Carolina at Chapel Hill School of Medicine, Duke University School of Medicine, Bowman Gray School of Medicine at Wake Forest University, and the Brody School of Medicine at East Carolina University.
- (3) The President Pro Tempore of the Senate shall appoint one member who represents owners/operators of clinical laboratories in the State, one member who represents a private renal care provider, one member who is a dietitian licensed by the State of North Carolina, and one member who is a registered nurse practicing in the renal field.

SECTION 1.(b) The Department of Health and Human Services shall provide all necessary staff, research, and meeting facilities for the Task Force.

1 **SECTION 2.** The Task Force shall:

- 2 (1) Develop a plan to educate the public and health care professionals
3 about the advantages and methods of early screening, diagnosis, and
4 treatment of chronic kidney disease and its complications based on
5 Kidney Disease Outcomes Quality Initiative Clinical Practice
6 Guidelines for chronic kidney disease or other medically recognized
7 clinical practice guidelines.
- 8 (2) Develop a plan to educate health care professionals about early renal
9 replacement therapy education for patients (including in-center
10 dialysis, home hemodialysis, peritoneal dialysis as well as vascular
11 access options and transplantation) prior to the onset of ESRD when
12 kidney function is declining.
- 13 (3) Make recommendations on the implementation of a cost-effective plan
14 for early screening, diagnosis, and treatment of chronic kidney disease
15 and its complications for the State's population.
- 16 (4) The Chronic Kidney Disease Task Force shall submit its report and
17 recommendations to the 2007 General Assembly upon its convening,
18 and to the chairs of the Senate Health Committee, the House of
19 Representatives Health Committee, the House Aging Committee, and
20 the Governor. Upon submission of this report, the Task Force shall
21 terminate.

22 **SECTION 2.** This act is effective when it becomes law.