## A BILL FOR AN ACT

RELATING TO KIDNEY DISEASE.

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

- 1 SECTION 1. (a) More than a century ago, Mother Marianne
- 2 Cope and six Sisters of the Third Franciscan Order of Syracuse,
- 3 New York, arrived in the islands in response to an urgent plea
- 4 for their assistance in caring for the victims of Hansen's
- 5 Disease. Mother Marianne and the Sisters began their service at
- 6 the Branch Leper Hospital in Honolulu and five years later began
- 7 serving in the Leper Settlement at Kalaupapa on Molokai. Since
- 8 1883, the Sisters of St. Francis' mission as advocates for the
- 9 poor and disadvantaged continues through the work of the St.
- 10 Francis Healthcare System and its staff, fulfilling their
- 11 historic role as visionaries and risk-takers. The St. Francis
- 12 Healthcare System's history is filled with inventive methods for
- 13 addressing health care needs, including organ transplants,
- 14 hemodialysis, home care, and hospice programs.
- 15 The St. Francis Healthcare System is developing an
- 16 innovative concept for the residents of Hawaii with Stay Healthy
- 17 at Home, a program for Hawaii's expanding older adult population
- 18 and patients with chronic diseases. This program provides



# H.B. NO. H.D.

| 1  | services  | that allow these patients to stay at home for as long   |  |  |  |  |
|----|---|---|--|--|--|--|
| 2  | as possib   | le and brings health care to patients right where they  |  |  |  |  |
| 3  | live. St  | ay Healthy at Home is modeled after a successful Boston |  |  |  |  |
| 4  | program t   | hat offers services on a fee-for-service basis. Stay    |  |  |  |  |
| 5  | Healthy at Home will promote independent living and arrange a |   |  |  |  |  |
| 6  | host of individualized supportive care services on an à la    |   |  |  |  |  |
| 7  | carte, fe   | e-for-service basis in the person's home. The general   |  |  |  |  |
| 8  | concept o   | f the program includes:                                 |  |  |  |  |
| 9  | (1)   | Ongoing training and educational sessions for chronic   |  |  |  |  |
| 10 |   | disease self-management that targets the appropriate    |  |  |  |  |
| 11 |   | population;   |  |  |  |  |
| 12 | (2)   | Wellness promotion by providing individuals with        |  |  |  |  |
| 13 |   | support services required at various levels of aging,   |  |  |  |  |
| 14 |   | such as medication management oversight by a            |  |  |  |  |
| 15 |   | pharmacist and registered nurse; and                    |  |  |  |  |
| 16 | (3)   | Case management for specific health issues, such as     |  |  |  |  |
| 17 |   | chronic heart disease, diabetes, and kidney disease     |  |  |  |  |
| 18 |   | with referrals to community resources and support       |  |  |  |  |
| 19 |   | services.   |  |  |  |  |

| 1 | of | chronic | kidney | disease | through | а | four-year | demonstration |
|---|----|---------|--------|---------|---------|---|-----------|---------------|
|   |    | •       |        |         |         |   |           |               |

- 2 project to:
- 3 (1) Address health care access issues for chronic kidney
  4 disease patients located in target rural areas of
  5 Hawaii based on need and demographics;
- 6 (2) Develop a proving model for a modified home
  7 hemodialysis program in rural areas for sustainable
  8 reimbursements from the Centers for Medicare and
  9 Medicaid Services; and
- 10 (3) Develop a research program with the National Kidney
  11 Foundation in conjunction with the University of
  12 Hawaii John A. Burns school of medicine that focuses
  13 on stabilizing and slowing down the progression of
  14 chronic kidney disease.
- 15 (c) The legislature finds that chronic kidney disease,
  16 which is divided into five stages, affects all age groups.
- 17 Patients at the last stage, or end-stage renal disease, require
- 18 dialysis or kidney transplantation. The cost of treatment and
- 19 care for end-stage renal disease patients is much higher than
- 20 for patients at the earlier stages.
- It is estimated that ten per cent of Hawaii's population,
- 22 or 100,000 individuals, are afflicted with chronic kidney

- 1 disease. Approximately 2,000 of these patients have end-stage
- 2 renal disease. The prevalence rate of end-stage renal diseases
- 3 in Hawaii is 1,502 per million, which is forty-four per cent
- 4 higher than the national rate of 1,040 per million. The number
- 5 of end-stage renal disease patients in Hawaii is increasing at
- 6 an annual rate of five per cent, while the national rate has
- 7 declined to one per cent. The current cost of caring for end-
- 8 stage renal disease patients in the State is \$125,000,000, and
- 9 that cost is projected to reach \$144,000,000 by 2011.
- 10 The legislature further finds that the St. Francis
- 11 Healthcare System is developing a major chronic kidney disease
- 12 health care demonstration project to address health care access
- 13 issues for patients with end-stage renal disease in remote areas
- 14 of Hawaii. It is also developing a research program to help
- 15 care for patients with chronic kidney disease. The focus of the
- 16 demonstration project is to promote education, detection,
- 17 prevention, medical management, and treatment for those with
- 18 chronic kidney disease through a modified home care and
- 19 community health program. Under this program, patients in
- 20 various stages of chronic renal disease would be able to visit a
- 21 common site within their own community to receive necessary
- 22 care.

1 The legislature further finds that locating a treatment and 2 care site within patients' own communities will greatly improve 3 their quality of life, especially patients with end-stage renal 4 disease. End-stage renal disease patients, especially those who 5 live in remote areas of the State, would not have to bear the 6 physical punishment of enduring long commutes to a dialysis 7 facility. For example, many end-stage renal disease patients 8 living in rural communities presently must travel several hours 9 to a dialysis clinic for treatment. After four hours of 10 dialysis, they must endure the return trip home. To live, these 11 patients must tolerate this tortuous ordeal three times a week. 12 Logistical challenges, such as allocating adequate space in a 13 patient's home, the need for reliable electric and water service, and proper medical waste disposal, make home dialysis 14 impractical. Furthermore, many end-stage renal disease patients 15 16 live in multi-generational households where space and privacy 17 are at a premium. 18 The legislature further finds that constructing full-scale 19 dialysis facilities within isolated rural communities would not 20 be cost-effective. An estimated minimum of 60 patients would be 21 needed for such a facility to break even. The costs of start-up

- 1 and maintenance of full-scale facilities in remote areas would 2 be prohibitive and unrealistic. 3 (d) The demonstration project proposes a facility located 4 in a rural community to be selected based on need and 5 demographics. The project would use a modified home care and 6 community health approach that would allow dialysis patients to 7 place their personal dialysis machines within a common facility. 8 These facilities would have the necessary infrastructure and 9 logistics to accommodate the machines, and trained personnel would be available to administer and monitor treatment. At the 10 11 same facility, a multidisciplinary chronic kidney disease team would deliver various services, including: 12 (1) Patient education; 13 14 (2) Dietary counseling; Psychosocial counseling; 15 (3) Laboratory screening; 16 (4)17 Preventive vaccinations and primary care physician (5) 18 consultation: 19 (6) Evaluation and treatment of co-morbid conditions such as hypertension, diabetes mellitus, and 20
- 22 (7) End-stage renal disease counseling;

hyperlipidemia;

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| 1  | (8)       | Early referral to nephrologists and vascular surgeons; |
|----|-----------|--|
| 2  | (9)       | End-stage renal disease social worker psychological    |
| 3  |           | evaluation and counseling; and                         |
| 4  | (10)      | Education to address patient and family financial      |
| 5  |           | issues.  |
| 6  | (e)       | The first stage of the project would involve:          |
| 7  | (1)       | Construction of a permanent community center to care   |
| 8  |           | for chronic disease patients;                          |
| 9  | (2)       | Providing and underwriting equipment, supplies,        |
| 10 |           | caregiver positions, and dialysis treatment for end-   |
| 11 |           | stage renal disease patients;                          |
| 12 | (3)       | Providing and underwriting community health            |
| 13 |           | screenings;  |
| 14 | (4)       | Establishing a chronic kidney disease treatment        |
| 15 |           | program for the community;                             |
| 16 | (5)       | Establishing an information technology infrastructure  |
| 17 |           | and database on chronic kidney disease research; and   |
| 18 | (6)       | Establishing and developing a chronic kidney disease   |
| 19 |           | research program with the John A. Burns school of      |
| 20 |           | medicine.  |
| 21 | In th     | he second stage of the demonstration project, patients |
| 22 | living in | remote areas who have available space in their homes   |
|    |           |  |

- 1 for hemodialysis would have the opportunity for a trained
- 2 caregiver to work with them.
- 3 (f) The legislature finds that the St. Francis Healthcare
- 4 System meets the requirements of a grant recipient under section
- 5 42F-103, Hawaii Revised Statutes, and that a grant to the St.
- 6 Francis Healthcare System to develop and implement the modified
- 7 home care and community health demonstration project for chronic
- 8 kidney disease patients is in the public interest and for the
- 9 public health, safety, and general welfare.
- 10 The purpose of this Act is to award a grant to the St.
- 11 Francis Healthcare System to develop and implement the modified
- 12 home care and community health demonstration project to provide
- 13 necessary treatment for chronic kidney patients and end-stage
- 14 renal disease patients in rural areas of the State.
- 15 SECTION 2. There is appropriated out of the general
- 16 revenues of the State of Hawaii the sum of \$ or so
- 17 much thereof as may be necessary for fiscal year 2008-2009 as a
- 18 grant pursuant to chapter 42F, Hawaii Revised Statutes, to the
- 19 St. Francis Healthcare System to develop and implement the
- 20 modified home care and community health demonstration project;
- 21 provided that no funds shall be released pursuant to this Act
- 22 unless matched with \$1,000,000 by the St. Francis Healthcare

- 1 System, the National Kidney Foundation of Hawaii, federal funds,
- 2 other private funds, or a combination thereof.
- 3 The sum appropriated shall be expended by the department of
- 4 health for the purposes of this Act.
- 5 SECTION 3. This Act shall take effect on July 1, 2008.

### Report Title:

Health; Chronic Kidney Disease

### Description:

Awards a grant to St. Francis Healthcare System to support the modified home care and community health demonstration project; requires \$1,000,000 in matching funds. (SD1)