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## 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  
2 disease, which is divided into five stages, affects all age  
3 groups. Patients at the last stage, or end stage renal disease,  
4 require dialysis or kidney transplantation. The cost of  
5 treatment and care for end stage renal disease patients is much  
6 higher than for patients at the earlier stages. Currently,  
7 Hawaii has about two thousand end stage renal disease patients,  
8 which is a forty-four per cent higher prevalence rate than the  
9 rest of the nation with one 1,502 per million compared to 1,040  
10 per million nationwide. The number of such patients in Hawaii  
11 is increasing at a five per cent rate annually while the  
12 national rate has declined to one per cent. It is estimated  
13 that ten per cent of the State's population, or one hundred  
14 thousand individuals, are afflicted with chronic kidney disease.  
15 The current cost of caring for end stage renal disease in the  
16 State has reached \$125,000,000 and that cost is projected to  
17 reach \$144,000,000 by 2011.



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



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



1 accommodate the machines, and trained personnel will be  
2 available to administer and monitor treatment. At the same  
3 facility, a multidisciplinary chronic kidney disease team will  
4 deliver various services including:

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



- 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;
- 6           (4) Establishing a chronic kidney disease treatment  
7                    program for the community;
- 8           (5) Establishing an information technology infrastructure  
9                    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  
19 treatment and monitoring.
- 20          (d) The purpose of this Act is to appropriate funds to  
21 support the modified home care and community health  
22 demonstration project for chronic kidney patients.



1 SECTION 2. There is appropriated out of 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.  
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INTRODUCED BY:

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**Report Title:**

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

**Description:**

Appropriates \$            in FY 2007-2008 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.

