



COMMONWEALTH of VIRGINIA

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May 19, 2023

MEMORANDUM

TO: The Honorable Glenn A. Youngkin
Governor of Virginia

The Honorable Janet D. Howell
Co-Chair, Senate Finance and Appropriations Committee

The Honorable George L. Barker
Co-Chair, Senate Finance and Appropriations Committee

The Honorable Barry D. Knight
Chair, House Appropriations Committee

The Honorable Terry L. Austin
Vice Chair, House Appropriations Committee

FROM: Karen Shelton, MD
State Health Commissioner, Virginia Department of Health

SUBJECT: Renal Disease Council Report

This report is submitted in compliance with the Virginia Acts of the Assembly – § 32.1-73.19, which states:

Submit annually by October 1 a report to the Governor and the General Assembly for publication as a report document as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents and reports. The annual report shall (i) describe the activities and recommendations of the Council and (ii) describe the status of funding available to the Council, including information regarding any grants applied for and received by the Council.

Should you have any questions or need additional information, please feel free to contact me at (804) 864-7002.

KS/AJ
Enclosure

Pc: The Honorable John Littel, Secretary of Health and Human Resources

2022 Report to the Governor and General Assembly

Renal Disease Council

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Executive Summary

The Renal Disease Council (the Council) is established under the Code of Virginia (Article 20, §32.1-73.18 through §32.1-73.20) for the purpose of (i) advising the Governor and the General Assembly on the needs of individuals with renal disease in the Commonwealth; (ii) identifying challenges that such individuals face and making recommendations for the improvement of the Commonwealth's kidney care system, particularly related to care coordination and prevention; (iii) funding research related to renal disease; (iv) funding supports for persons with renal disease in the Commonwealth; and (v) developing programs to educate medical professionals and the public about renal disease.

Member composition of the Council is outlined in the Code of Virginia, and formal gubernatorial appointments have not yet been made as of this report submission. The Council must report on activities to the Governor and General Assembly by October 1 of each year. This document serves as the required 2022 annual report.

Introduction

Chronic kidney or renal disease (CKD) is a condition characterized by a gradual loss of the ability of the kidney to filter blood. This process occurs slowly over a period of months to years with early stages being asymptomatic and symptoms including leg swelling, fatigue, vomiting, loss of appetite and confusion developing overtime. There are five recognized stages of CKD based on kidney function. During stages 1-3, the kidneys are still able to process waste from blood. In the later stages of CKD, stages 4-5, the kidneys struggle to effectively filter blood and may stop functioning resulting in a buildup of waste in the body. Stage 5, or end-stage renal disease, results when kidneys are very close to not working or have failed. Individuals at this stage require dialysis or a kidney transplant is needed for one to live (National Institutes of Health, 2022).

Preventative efforts can be implemented in stages 1-4 to slow down the progression of CKD and keep the kidneys working as long as possible. Diabetes, high blood pressure, heart failure, obesity and a family history of kidney failure are risk factors for CKD (National Institutes of Health, 2022).

As of 2022, it is estimated that approximately 1 of every 8 Virginians may be living with CKD but only 2 of every 100 Virginians are aware of the condition (The National Kidney Foundation, 2022). Many individuals who are at risk for renal disease are not routinely tested for CKD. Several tests are available including albumin-to-creatinine ratio (ACR), a urine test, and an estimated glomerular filtration rate (eGFR), a blood test. An ACR greater than 30 indicates that albumin has been found in the urine because of improperly functioning kidneys. An eGFR below 60 is a sign that the kidneys are not functioning properly. In addition to identifying CKD, these tests are also used to monitor the progression of CKD and to diagnose patients with end-stage renal disease (The National Kidney Foundation, 2022).

Legislative Mandate

The Council was established through the enactment of [Chapter 717](#) of the 2022 Acts of Assembly. The provisions of the Chapter require the Council to:

1. Within the first year, hold public hearings and make inquiries of and solicit comments from the public to assist the Council in understanding the scope of the challenges related to renal disease in the Commonwealth and the impact of renal disease on individuals in the Commonwealth.
2. Conduct research and consult with experts to develop policy recommendations related to the following:
 - a. Improving access to health care and other services for individuals with renal disease, including access to health insurance, specialists, health care services, and other necessary services for individuals with renal disease;
 - b. The impact of health insurance coverage, cost-sharing, tiers, or other utilization management procedures on access to health care and other necessary services; and
 - c. The impact of providing coverage under the state program for medical assistance services for approved health care services and medications for renal disease.
3. Publish a list of existing publicly accessible resources on research, diagnosis, treatment, and education relating to renal disease on the Council's webpage.
4. Submit annually by October 1 a report to the Governor and the General Assembly. The annual report shall (i) describe the activities and recommendations of the Council and (ii) describe the status of funding available to the Council, including information regarding any grants applied for and received by the Council.
5. Apply for, accept, and expend gifts, grants, and donations from public or private sources to enable the Council to better carry out its objectives.

The Council must include a total membership of 21 members that shall consist of 18 nonlegislative citizen members and three ex officio members. The Governor shall appoint a chairman and vice-chairman who shall be residents of the Commonwealth and shall not be employed by any federal or state government. Nonlegislative citizen members shall be appointed by the Governor and shall include, in addition to the chairman and the vice-chairman, one representative from an academic research institution in the Commonwealth that receives any grant funding for renal disease research; one registered nurse or advanced practice registered nurse licensed and currently practicing in the Commonwealth with experience in treating renal disease; two physicians with expertise in renal disease who are licensed and currently practicing medicine in the Commonwealth; one hospital administrator, or his designee, from a hospital in the Commonwealth that provides care to persons diagnosed with renal disease; one person who is a dialysis social worker; two persons who are 18 years of age or older who have been diagnosed with a renal disease; two caregivers of persons with renal disease; two representatives of renal disease patient organizations operating in the Commonwealth; one licensed pharmacist with experience with drugs used to treat renal disease; one representative from the biopharmaceutical industry; one representative from health plan companies; and one member from the scientific community who is engaged in renal disease research, which may include a medical researcher with experience conducting research on renal disease. The Commissioner of Health, the Director of the Department of Medical Assistance Services, and the Director of the Department of Health Professions, or their designees, shall serve ex officio with nonvoting privileges. The Virginia Department of Health (VDH) shall provide staff support to the Council.

Status Report on Council Activities

VDH staff, in collaboration with the National Kidney Foundation, completed activities to identify potential members of the Council. Member nominations were solicited from the National Kidney Foundation, and VDH provided the list of nominations to the Office of the Secretary of the Commonwealth. Council appointments are underway as of this report submission. The first meeting of the Council will be held within 45 days of obtaining the list of appointees.

The VDH Office of Family Health Services' Diabetes Program Supervisor will oversee programmatic support for the Council, and a Chronic Disease Coordinator will be contracted by VDH to support the Council and its associated activities. General funds in the amount of \$40,976 will be used to support the Chronic Disease Coordinator.

References

National Institutes of Health. National Institute of Diabetes and Digestive and Kidney Diseases. (2022). Kidney Disease | NIDDK. Retrieved 24 June 2022, from <https://www.niddk.nih.gov/health-information/kidney-disease>

The National Kidney Foundation. (2022). Retrieved 24 June 2022, from <https://www.kidney.org/>