

Kidney Disease Advisory Committee Brief

2021

Introduction

Senate Bill (SB) 341 amended Chapter 439 of the Nevada Revised Statutes during the 81st Legislative session to allow the Division of Public and Behavioral Health (DPBH) to apply for grants addressing health care disparities and outcomes based on race and color or other demographics. DPBH may also apply for grants to identify health disparities related to kidney disease based on race or different demographics. The bill also allows DPBH to establish and consult with an advisory committee to plan to increase education regarding kidney disease. To this end, DPBH Chronic Disease Prevention and Health Promotion (CDPHP) has been collaborating with the Nevada Office of Minority Health and Equity to consider the formation of a kidney disease advisory committee.

Chronic Kidney Disease (CKD)

In 2019, the percentage of adults in Nevada who reported being told by a health professional that they have kidney disease not including kidney stones, bladder infection or incontinence was three percent of the population. Nevada ranked 27th in the country along with California. This rate is slightly higher than the national average of 2.9 percent.¹ The Centers for Disease Control and Prevention (CDC) estimates that more than 1 in 7, or 15 percent of US adults have chronic kidney disease (CKD) and that as many as 9 in 10 adults with CKD do not know they have CKD.²

Although specific data for Nevada is not available, national data from the CDC

indicates that CKD is more common in people aged 65 years or older (38%) than any other age group. It is also more common in women (15%) than men (12%), non-Hispanic blacks (16%) than non-Hispanic whites (13%) or Asians (12%), and approximately 14% of Hispanics have CKD. Comorbidities including diabetes and hypertension affect 1 in 3 and 1 in 5 adults respectively.

End-Stage Kidney Disease (ESKD)

Some people living with CKD develop severe kidney damage and very low kidney function. If this condition progresses to the point where kidney dialysis or a kidney transplant is necessary for survival, the condition is called end-stage kidney disease (ESKD). Although women have a slightly higher rate of CKD, for every two (2) women who develop ESKD, three (3) men develop ESKD. African Americans are three (3) times more likely than whites to develop ESKD.³ The American Kidney Fund, using the US Renal Data System 2020 annual Data report, indicates 6,898 Nevada residents are living with ESRD.⁴

Recommendations

A request was made to consult CWCD regarding actioning a kidney care task force. CDPHP consulted with the assigned Deputy Attorney General (DAG) to explore this request and the impact of open meeting laws, effective date, number of members, and the overall function of the advisory committee. Guidance received is enumerated here for consideration.

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1. Regarding open meeting laws applying to this committee, per NRS 241.015(4), an advisory body established by the Division will constitute a "public body" subject to the Open Meeting Law.
2. Since SB 341 became effective on July 1, 2021, that is the effective date, and the Division is authorized to establish an advisory committee. However, the language is permissive and not mandatory. The Division is not mandated to create an advisory committee, but it is authorized to do so, to assist in the implementation of SB 341.
3. SB 341 does not specify how many members would make up an advisory committee, so it would be within the Division's discretion to decide the composition, so long as it is made up of "representatives of providers of health care and medical facilities who provide care for kidney disease, patients with kidney disease, organ procurement organizations, national kidney organizations and any other members that the Division deems appropriate."
4. Regarding what an advisory committee looks like in the eyes of the DAG: SB 341 authorizes the Division to create an advisory committee for the purpose assisting the Division in establishing "a sustainable plan to increase education concerning and awareness of kidney disease through which services supported by a grant obtained pursuant to **subsection 1** may, to the extent applicable and authorized by the terms of the grant, be delivered."
5. The DAG suggests brainstorming which types of healthcare professionals and other individuals/qualifications would assist in that goal. They also suggested drafting up bylaws for the committee (once appointed) to approve, which would set forth the authority of the committee, the composition, the terms of members, the rules of order, etc., so that the committee has a clear goal and clear format for its operation.
6. An existing advisory committee, such as Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease (CWCD) can serve as the Kidney Care Advisory Committee. The bylaws of an existing advisory committee would need to be updated to reflect NRS requirements that would satisfy the need for "*representatives of providers of health care and medical facilities who provide care for kidney disease, patients with kidney disease, organ procurement organizations, national kidney organizations and any other members that the Division deems appropriate*"

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3. National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK):
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4. United States Renal Data System (USRDS): <https://adr.usrds.org/2020/about-the-new-adr>

