



National Kidney Foundation
of HAWAII

February 23, 2008

Representative Marcus Oshiro, Chair
Representative Marilyn B. Lee, Vice Chair
Committee on Finance
Hawaii State Capitol
Conference Room 308
Honolulu, HI 96813

RE: H.B. No. 2913 – Relating to Kidney Disease

Dear Chairman Oshiro, Vice Chair Lee and members of the House Committee on Finance:

I am Glen Hayashida, CEO, National Kidney Foundation of Hawaii (NKFH). We support H.B. 2913, which provides funding for a program to address the dialysis and chronic kidney disease needs of patients in the remote areas of the State of Hawaii. The comprehensive bill is committed to the goals of better prevention, early detection, treatment, and expanded education efforts.

Worldwide there has been a staggering rise in the number of people with Chronic Kidney Disease (CKD), largely as a consequence of the aging population and the growing global epidemic of type 2 diabetes. In the U.S., there are over 26 million Americans that have CKD. That translates to over 150,000 people in Hawaii and over 100,000 more people at high-risk of CKD. Diabetes, hypertension, overweight/obesity constitute the key CKD causes and risk factors. Since these factors are largely life style related, it offers opportunities for effective CKD prevention. All kidney disease risk factors and causes are highly prevalent in

Hawaii, especially among certain ethnic groups, such as Hawaiians, Pacific Islanders, Filipinos, and persons of lower socioeconomic status.

It should also be noted that people with CKD suffer a 10-100 times greater incidence of death from cardiovascular disease (CVD) compared to the general population, regardless of age, race or gender.

CKD is a progressive illness that has a silent, symptom-less onset and is characterized by declining kidney function over years. During the later stages of kidney disease, referred to as End Stage Renal Disease (ESRD), patients will require dialysis treatment or kidney transplantation. Despite numerous guidelines to screen patients at high risk of CKD, many patients remain unscreened or are poorly characterized with respect to the extent of their kidney disease. Chronic non-communicable diseases (particularly cardiovascular disease, hypertension, diabetes mellitus and chronic kidney disease) have now replaced the communicable diseases as the leading threat to public health and health budgets worldwide.

Deaths claimed by infectious diseases will decline by 3% over the next decade. In marked contrast, chronic diseases - that already account for 72% of the total global burden of disease in people over 30 - will increase by 17%.

The cost of treating these chronic diseases, already 80% of many country's health care budgets, represents a leading threat to public health and healthcare resources worldwide. The only feasible global response to this pending health and socio-economic crisis is chronic disease prevention.

Chronic Kidney Disease (CKD) has recently become a major healthcare priority in the United States due to many factors including:

- the morbidity and mortality rates from people suffering from kidney failure remain high;
- the increasing number of people on dialysis (more than doubling every ten years);
- the high cost of providing dialysis and associated medical treatment (\$65,000 per patient per year);

In Hawaii, there are over 2300 people on dialysis. At \$65,000 per patient per year, we are spending over \$150,000,000 on medical related costs of patients on dialysis.

The growth in the number of people with kidney failure is due to the rapid increase in CKD and the progression of kidney disease. Unfortunately, this problem was not being detected due to the under diagnosis and under treatment of CKD.

The lack of awareness of the CKD epidemic has led to lost opportunities for aggressive treatment and prevention of complications in patients that are a direct result of or associated with CKD.

The National Kidney Foundation of Hawaii is looking forward to this collaboration with the St. Francis Healthcare System. Our work has just begun and the challenges ahead are great, but through this collaboration and with our existing relationships within our community, we will begin to accelerate the pace in addressing the needs of our aging population along with chronic kidney disease.

The National Kidney Foundation of Hawaii views H.B. 2913 as an opportunity to insure early detection and treatment of CKD to delay the progression of CKD, prevent and treat complications of CKD and produce better healthcare outcomes for the people of Hawaii.

February 24, 2008

Email: FINtestimony@Capitol.hawaii.gov

The Honorable Marcus R. Oshiro, Chair
The Honorable Marilyn B. Lee, Vice-Chair
House Committee on Finance

Re: **Testimony in Support of H.B. No. 2913, Relating to Kidney Disease**

Hearing: Monday, February 25, 2008 at 1:45 p.m.
Agenda #4, Committee on Finance
State Capitol, Conference Room 308

Testifying: Pamela Witty-Oakland
Chief Administrator
St. Francis Residential Care Community

On behalf of St. Francis Healthcare System of Hawaii, the following testimony is offered in **support** of HB 2913, Relating to Kidney Disease. The Sisters of St. Francis are humbled and proud to have served the health care needs of the people of Hawaii, and celebrate 125 years of service this year. Today, we continue the mission of Blessed Marianne Cope through this testimony.

The purpose of this bill is to establish a pro-active front in fighting a disease that has a profound effect on 20% of our population. Studies show that 1 person in 7 already have this disease, and another 1 in 7 have a predisposition to contract Chronic Kidney Disease ~ that is over 200,000 of our kama'aina, with annual increases affecting the lives of not just the patients, but also their 'ohana. I maintain that if we collectively take action today, we take a step toward a sustainable future of prosperity for Hawaii's children.

St. Francis is developing the "Stay Healthy at Home" program to meet the needs of our expanding older adult population and patients of chronic diseases. The goal is to empower both populations to stay healthy at home for as long as possible. To accomplish this, our concept is to bring health care to the people right where they live; in their communities and in their homes.

Within the "Stay Healthy at Home" program St. Francis is unveiling a major health care initiative in the area of chronic kidney disease through a four-year demonstration project to:

- Address health care access issues for chronic kidney disease patients located in target rural areas of Hawaii based on need and demographics which will include prevention, intervention, surveillance through screenings, patient education, case management and treatment;

February 24, 2008

- Develop a research program for chronic kidney disease with the use of an Electronic Health Record system focusing on the development of treatment protocols to stabilize and slow down the progression of this disease with the National Kidney Foundation in conjunction with the University of Hawaii John A. Burns School of Medicine; and
- Develop a proving model for a Modified Home Hemodialysis Program in rural areas to acquire sustainable reimbursements from the Centers for Medicare and Medicaid Services.

We are very confident in the positive effect this program will have on the lives of our constituencies. We have put forth the right team to carry out the mission and have raised \$1,000,000 of seed money to initiate the project: \$500,000 from St. Francis and \$500,000 from the National Kidney Foundation of Hawaii.

While we appreciate the competing needs within the State of Hawaii and under your purview, we challenge you to support this request to insure a positive and profound impact in the fight for a sustainable quality of life for future generations. Please help to make this public/private partnership a reality.

Respectfully,

Sister Agnelle Ching, OSF
Chief Executive Officer

FINtestimony

From: Gary Simon [GarySimon@hawaii.rr.com]
Sent: Monday, February 25, 2008 6:54 AM
To: FINtestimony
Cc: Solidum, Toby; Witty-Oakland, Pamela; Wegner, Eldon; Lum, Wes L. W.; Simon, Gary
Subject: Testimony in Support of House Bill 2913; Hearing Date & Time: Monday, February 25, 2008, 1:45 p. m.

To: **House Committee on Finance**
Representative Marcus R. Oshiro, Chair, Committee on Finance
Representative Marilyn B. Lee, Vice Chair, Committee on Finance

From: Gary Simon
Chair
Legislative Committee
Policy Advisory Board for Elder Affairs
Email: GarySimon@hawaii.rr.com

I am submitting written testimony only.

The Committee is requesting two copies of the testimony.

Date and Time of Hearing: Monday, February 25, 2008, 1:45 p. m.

Position: Support for House Bill 2913, Relating to Kidney Disease

I am Gary Simon, Chair of the Legislative Committee of the Policy Advisory Board for Elder Affairs (PABEA), which is an appointed board tasked with advising the Executive Office on Aging (EOA).

I am testifying as an individual who has worked in healthcare for over twenty years, and I am offering testimony on behalf of PABEA.

My testimony does not represent the views of the EOA but of PABEA.

On behalf of PABEA, I am pleased to state our strong support of House Bill 2913, which awards a grant to St. Francis Healthcare System to support the modified home care and community health demonstration project.

The citizens of our State are fortunate to anticipate the longest life expectancy in our nation.

) Unfortunately, up to ten percent of our State population have chronic kidney disease. The size of this segment of our population forces us to confront and address the challenge of providing the best care to those of our fellow citizens with chronic kidney disease.

To face challenge, our State needs to serve as the catalyst to develop innovative programs to meet these challenges. The modified home care and community health demonstration project for chronic kidney disease patients proposed by St. Francis Health Care System is multi-disciplinary, encompassing the compassion, expertise, and skills of both professionals and para-professionals in the fields of medicine, nursing, social work, nutrition, and spiritual services. The establishment of the project will:

- Promote an enhanced quality of life for those with chronic kidney disease and for their loved ones.
- Promote collaboration between the private and public sectors for the benefit of our communities at large.
- Identify the needs of those with chronic kidney disease in an ever-changing society and develop policies in support of responding to these needs.

Two of my immediate relatives have died from end stage renal disease. Both lived in urban Honolulu and were able to receive care, services, and dialysis within their own communities, decreasing the physical burden upon their frail bodies.

In order to reduce their pain and suffering, those chronic kidney disease patients living in remote areas also need to receive care and services in their own communities.

State funding for the establishment of the major chronic kidney disease health care demonstration project will allow the needs of those with chronic kidney disease and their families to be addressed in short due course.

The development and implementation of this modified home care and community health demonstration project is a good program (support to those with chronic kidney disease and to their caregivers) based upon good policy (enhancing the welfare of our citizens). We wish to see the establishment of the program in our remote communities for the benefit of these patients and their families.

We urge you to support House Bill 2913 and to recommend its passage, and we thank you for seriously considering the Bill.