# ASSEMBLY, No. 5530 STATE OF NEW JERSEY 219th LEGISLATURE

INTRODUCED MARCH 25, 2021

Sponsored by: Assemblyman HERB CONAWAY, JR. District 7 (Burlington) Assemblywoman ANGELA V. MCKNIGHT District 31 (Hudson) Assemblyman DANIEL R. BENSON District 14 (Mercer and Middlesex)

Co-Sponsored by: Assemblymen Dancer, Caputo and Verrelli

# SYNOPSIS

Establishes the "Kidney Disease Prevention and Education Task Force."

### **CURRENT VERSION OF TEXT**

As introduced.



(Sponsorship Updated As Of: 5/5/2021)

1 AN ACT establishing the "Kidney Disease Prevention and Education 2 Task Force." 3 4 **BE IT ENACTED** by the Senate and General Assembly of the State 5 of New Jersey: 6 7 1. The Legislature finds and declares that: Chronic kidney disease is the ninth leading cause of death in 8 a. 9 the United States and among New Jersey residents, with about 10 1,600 deaths occurring in the State each year. 11 b. An estimated 37 million people in the United State have 12 chronic kidney disease and over 200,000 people in the State of New 13 Jersey are living with the disease. c. African-Americans develop kidney failure at a rate of nearly 14 15 four to one compared to Caucasians, and Hispanics have a 30 16 percent higher risk of developing kidney failure compared to 17 Caucasians. 18 d. Early stage chronic kidney disease has no signs or symptoms 19 and without early detection, can progress to kidney failure. 20 e. Although dialysis is a life-extending treatment, the best and 21 most cost-effective treatment for kidney failure is a kidney 22 transplant. Currently, the average waiting time for a transplant can 23 last upwards of three to five years at most transplant centers; and 24 nationally, 12 people die each day from kidney disease while 25 waiting. 26 If chronic kidney disease is detected early and managed f. 27 appropriately, the individual can receive treatment sooner to help protect the kidneys, slow or even stop deterioration in kidney 28 29 function, and reduce the risk of associated cardiovascular 30 complications. In light of the coronavirus disease 2019 (COVID-19) 31 g. pandemic and the increased risk of infection for patients with pre-32 33 existing conditions and of COVID-19 patients developing acute 34 kidney disease, it is imperative to provide support to individuals 35 with kidney disease. 36 37 2. a. There is established in the Department of Health, the "Kidney Disease Prevention and Education Task Force." 38 The 39 purpose of this task force is to: 40 (1) develop and implement a public awareness campaign about 41 the benefits of the early detection and treatment of kidney disease 42 that includes, but is not limited to, health education programs, preventative screenings, and social media, television, and radio 43 44 outreach; 45 (2) examine racial disparities in the rates of chronic kidney 46 disease, kidney transplantations, and living and deceased kidney donations and identify opportunities to promote health equity; and 47

#### A5530 CONAWAY, MCKNIGHT

1 (3) make recommendations in the implementation of a cost-2 effective plan for early screening, diagnosis, and treatment of 3 chronic kidney disease Statewide.

4 b. The task force shall consist of 11 members as follows:

5 (1) one member of the General Assembly, appointed by the 6 Speaker of the General Assembly, who shall serve as co-7 chairperson;

8 (2) one member of the General Assembly, appointed by the9 Assembly Minority Leader;

(3) one member of the Senate, appointed by the President of theSenate, who shall serve as co-chairperson;

(4) one member of the Senate, appointed by the Senate MinorityLeader;

14 (5) the Commissioner of Health or the commissioner's designee,15 who shall serve ex officio;

16 (6) the Director of the Office of Minority and Multicultural17 Health or the director's designee, who shall serve ex officio; and

five public members, who shall be appointed by the 18 (7)Governor, as follows: one nephrologist; one primary care 19 20 physician; one member who is a pharmaceutical representative that 21 works with existing kidney medication; one member who is a 22 representative from a leading dialysis center; and one member who 23 has chronic kidney disease between Stages 2-4 that is healthy 24 enough to participate and is not in one of the previous membership 25 categories set forth in this paragraph. Vacancies in the membership 26 of the task force shall be filled in the same manner provided for the 27 original appointments.

c. The members of this task force shall be appointed within 30
days after the effective date of this act. The task force shall
organize as soon as practicable following the appointment of its
members. The presence of six members shall constitute a quorum.

d. The task force will meet regularly as the task force
determines, or at the call of a majority of the task force's
membership.

e. All meetings of the task force shall be open to the public.
Agendas, minutes, documents, and testimony from all meetings
shall be posted on the Department of Health's Internet website.

f. The public members shall serve without compensation.

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39 g. The Department of Health shall provide stenographic, 40 clerical, and other administrative assistants and professional staff as 41 the task force requires to carry out its work. The task force shall be 42 entitled to call to its assistance and avail of the services of the 43 employees of any State, county, or municipal department, board, 44 bureau, commission, or agency as the task force may require and as 45 may be available for the task force's purposes.

# **A5530** CONAWAY, MCKNIGHT 4

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The task force shall present a report of its findings and
 recommendations to the Governor and, pursuant to section 2 of
 P.L.1991, c.164 (C.52:14-19.1), to the Legislature no later than two
 years after the organization of the task force.

6 4. This act shall take effect immediately, and the task force7 shall expire 30 days after the issuance of its report.

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# STATEMENT

12 This bill establishes the Kidney Disease Prevention and13 Education Task Force. The purpose of this task force is to:

14 1) develop and implement a public awareness campaign about
15 the benefits of the early detection and treatment of kidney disease
16 that includes, but is not limited to, health education programs,
17 preventative screenings, and social media, television, and radio
18 outreach;

(2) examine racial disparities in the rates of chronic kidney
disease, kidney transplantations, and living and deceased kidney
donations and identify opportunities to promote health equity; and

(3) make recommendations in the implementation of a costeffective plan for early screening, diagnosis, and treatment of
chronic kidney disease Statewide.

25 The task force will consist of 11 members as follows: one 26 member of the General Assembly, appointed by the Speaker of the 27 General Assembly, who shall serve as co-chairperson; one member 28 of the General Assembly, appointed by the Assembly Minority 29 Leader; one member of the Senate, appointed by the President of 30 the Senate, who shall serve as co-chairperson; one member of the 31 appointed by the Senate Minority Leader; Senate, the 32 Commissioner of Health or the commissioner's designee, who shall 33 the Director of the Office of Minority and serve ex officio; 34 Multicultural Health or the director's designee, who shall serve ex officio; and five public members, who will be appointed by the 35 Governor, that include: one nephrologist; one primary care 36 37 physician; one member who is a pharmaceutical representative that 38 works with existing kidney medication; one member who is a 39 representative from a leading dialysis center; and one member who 40 has chronic kidney disease between Stages 2-4 that is healthy 41 enough to participate and is not already in one of the previous 42 membership categories listed.

The task force will present a report of its findings and
recommendations to the Governor to the Legislature no later than
two years after the organization of the task force. The task force
will expire 30 days after the issuance of its report.