

HOUSE RESOLUTION NO. 4661

103RD GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE HRUZA.

7534H.011

JOSEPH ENGLER, Chief Clerk

1 **WHEREAS**, an estimated 35.5 million adults in the United States, or fifteen percent,
2 have chronic kidney disease, and nine out of ten adults with kidney disease do not know they
3 have it; and

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5 **WHEREAS**, cardiovascular disease is the leading cause of death in the United States,
6 accounting for one in every three deaths, or a death due to cardiovascular disease every thirty-
7 four seconds; and

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9 **WHEREAS**, cardiovascular-kidney-metabolic syndrome is defined as a health
10 disorder due to connections among heart disease, kidney disease, diabetes, and obesity
11 leading to poor health outcomes; and

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13 **WHEREAS**, chronic kidney disease significantly increases the risk of heart attack,
14 stroke, and heart failure, and cardiovascular disease is the leading cause of death for
15 individuals with kidney disease; and

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17 **WHEREAS**, Medicare spends about \$130 billion on kidney disease, with forty-five
18 percent of dialysis patients being dually eligible for Medicare and Medicaid; and

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20 **WHEREAS**, cardiovascular disease cost about \$417.9 billion in health care services,
21 medicines, and loss of productivity due to death in 2020 and 2021 alone; and

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23 **WHEREAS**, in 2023, Medicaid per-person per-year spending was four hundred
24 twenty-five percent higher for adults under sixty-five years of age with chronic kidney
25 disease and heart failure (\$28,534) compared to those without chronic kidney disease or heart
26 failure (\$5,440), and dual-eligible spending was one hundred forty-six percent higher for
27 adults sixty-five years of age or older with chronic kidney disease and heart failure (\$56,045)
28 compared to those without chronic kidney disease or heart failure (\$22,803); and

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30 **WHEREAS**, geographic barriers and limited access to specialty care can delay
31 diagnosis of chronic kidney disease in rural and remote communities; and

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33 **WHEREAS**, targeted screening can support earlier identification and referral,
34 particularly in primary care settings; and

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36 **WHEREAS**, there are cost-effective, easily accessible blood and urine tests to
37 diagnose chronic kidney disease; and

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39 **WHEREAS**, failing to identify the presence of chronic kidney disease or
40 cardiovascular disease can lead to adverse health effects for patients and increased costs to
41 the health care system; and

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43 **WHEREAS**, early identification of kidney disease through routine screening,
44 particularly for individuals with hypertension, diabetes, cardiovascular disease, or a family
45 history of kidney disease, can dramatically slow disease progression and reduce
46 cardiovascular complications; and

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48 **WHEREAS**, community-based education, culturally appropriate care, and
49 coordinated management of kidney and heart health have been shown to improve
50 outcomes, reduce hospitalizations, and lower long-term health care costs:

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52 **NOW THEREFORE BE IT RESOLVED** that we, the members of the Missouri
53 House of Representatives, One Hundred Third General Assembly, Second Regular Session,
54 hereby encourage:

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56 (1) Continued evaluation of targeted screening approaches for at-risk populations,
57 particularly in rural and underserved areas of the state, to identify individuals with chronic
58 kidney disease;

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60 (2) The Missouri Department of Health and Senior Services to consider public-private
61 collaborations to educate patients and health care providers on the importance of urine
62 albumin-to-creatinine ratio screening to help uncover signs of early, and possibly treatable,
63 kidney damage that other routine screenings may miss; and

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65 (3) The Centers for Medicare and Medicaid Services to update recommendations or
66 guidelines to increase access to complete cardiovascular-kidney screening for at-risk

67 Medicare and Medicaid populations and ensure that screening and management translate into
68 improved clinical care through robust quality measurement and incentives.

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