

FIRST REGULAR SESSION

# HOUSE CONCURRENT RESOLUTION NO. 10

102ND GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE BOSLEY.

2112H.011

DANA RADEMAN MILLER, Chief Clerk

1           **WHEREAS**, more than one in seven people (fifteen percent of adults in the United  
2 States, or thirty-seven million people) are estimated to have chronic kidney disease (CKD)  
3 and as many as nine in ten adults with CKD do not know they have the disease; and  
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5           **WHEREAS**, kidney disease disproportionately affects communities of color; and  
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7           **WHEREAS**, African Americans are almost four times more likely and Hispanics are  
8 one and three-tenths times more likely to have kidney failure compared to White Americans;  
9 and  
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11           **WHEREAS**, although they make up only thirteen and six-tenths percent of the  
12 population, African Americans make up more than thirty-five percent of dialysis patients; and  
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14           **WHEREAS**, ninety percent of patients with CKD in stages one to three are  
15 undiagnosed and less than three percent of Black patients believe they are at high risk for  
16 CKD; and  
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18           **WHEREAS**, CKD, when diagnosed, is often diagnosed in late stages of the disease,  
19 after irreversible damage to the kidneys has already occurred; and  
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21           **WHEREAS**, fifteen percent of people diagnosed with CKD are unaware of the cause  
22 of their disease; and  
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24           **WHEREAS**, the Centers for Disease Control and Prevention reports one thousand six  
25 hundred eighty-two Missourians died from kidney disease in 2020; and  
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27           **WHEREAS**, recent scientific advancements have shown that some of the health  
28 disparities in CKD have a genetic basis; and

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30           **WHEREAS**, this genetic risk factor for CKD was discovered in 2010 when scientists  
31 learned that people who inherit two variants of the APOL1 gene are at significantly increased  
32 risk of developing kidney disease; and

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34           **WHEREAS**, these APOL1 risk variants are found exclusively in people of sub-  
35 Saharan African ancestry, including people who identify as African American, Afro-  
36 Caribbean, and Hispanic, as the risk variants originally offered protection from a parasitic  
37 disease known as African human trypanosomiasis; and

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39           **WHEREAS**, APOL1-mediated kidney disease causes high levels of protein in the  
40 urine, or proteinuria. This can lead to various symptoms, including swelling in the legs or  
41 feet or both, fatigue, and weight gain; and

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43           **WHEREAS**, research has also shown that the course of kidney disease is more  
44 rapidly progressive in individuals with two APOL1 risk variants than in patients without  
45 them; and

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47           **WHEREAS**, CKD may eventually lead to kidney failure, requiring dialysis or a  
48 kidney transplant; and

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50           **WHEREAS**, there are simple tests to diagnose CKD, including blood and urine tests,  
51 and a genetic test exists to identify the presence of APOL1 risk variants; and

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53           **WHEREAS**, it is imperative to improve diagnosis and treatment of CKD through  
54 community-based programs that address racial disparities in the awareness, diagnosis, and  
55 treatment of CKD:

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57           **NOW THEREFORE BE IT RESOLVED** that the members of the House of  
58 Representatives of the One Hundred Second General Assembly, First Regular Session, the  
59 Senate concurring therein, hereby affirm the importance of:

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61           (1) Timely screening of high-risk individuals for chronic kidney disease as well as  
62 genetic testing for individuals diagnosed with CKD as appropriate;

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64 (2) Expanding and improving disease education, access to care, and access to  
65 information and resources for CKD patients, caregivers, and family members; and

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67 (3) Addressing financial, logistical, and other barriers for CKD patients and their  
68 families that may prevent patients from accessing needed care; and

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70 **BE IT FURTHER RESOLVED** that the Missouri Department of Health and Senior  
71 Services and the Missouri Department of Social Services are encouraged to:

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73 (1) Provide information and education on chronic kidney disease targeted toward  
74 patients, families, caregivers, and the general public;

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76 (2) Support CKD screening programs, referrals for follow-up care, and genetic testing,  
77 as appropriate; and

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79 (3) Solicit public comments on issues related to CKD, especially from those with  
80 knowledge and experience of CKD, including patients, caregivers, patient advocacy  
81 organizations, nephrologists, and primary care providers; and

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83 **BE IT FURTHER RESOLVED** that the Chief Clerk of the Missouri House of  
84 Representatives be instructed to prepare a properly inscribed copy of this resolution for the  
85 Missouri Department of Health and Senior Services and the Missouri Department of Social  
86 Services.

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