



# House of Representatives

## File No. 441

General Assembly

February Session, 2006

**(Reprint of File No. 120)**

House Bill No. 5616  
As Amended by House Amendment  
Schedule "A"

Approved by the Legislative Commissioner  
April 7, 2006

### **AN ACT CONCERNING SCREENING FOR KIDNEY DISEASE.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective from passage*) (a) As used in this section,  
2 "clinical laboratory" has the same meaning as provided in section 19a-  
3 30 of the general statutes, and "patient" does not include any person  
4 under eighteen years of age.

5 (b) Beginning September 1, 2006:

6 (1) Each physician licensed under chapter 370 of the general statutes  
7 shall order a serum creatinine test as part of each patient's annual  
8 physical examination if the patient has not submitted to such test  
9 within the one-year period preceding the annual physical examination.  
10 The order shall include a notification that the test is being ordered  
11 pursuant to the provisions of this subdivision.

12 (2) Each hospital licensed in this state shall order a serum creatinine  
13 test for each patient admitted to the hospital at least once during such  
14 patient's hospital stay. The order shall include a notification that the

15 test is being ordered pursuant to the provisions of this subdivision.

16 (3) Any person, firm or corporation operating a clinical laboratory  
17 licensed in this state shall ensure that when the clinical laboratory tests  
18 a specimen to determine a patient's serum creatinine level, as ordered  
19 or prescribed by a physician or hospital pursuant to subdivision (1) or  
20 (2) of this subsection, the clinical laboratory shall (A) calculate the  
21 patient's estimated glomerular filtration rate using the patient's age  
22 and gender, which information shall be provided to the clinical  
23 laboratory by the physician or hospital, and (B) include the patient's  
24 estimated glomerular filtration rate with its report to the physician or  
25 hospital.

26 (4) A person, firm or corporation operating a clinical laboratory  
27 licensed in this state shall be deemed in compliance with subdivision  
28 (3) of this subsection if the clinical laboratory makes available to the  
29 ordering physician or hospital test order codes for serum creatinine  
30 that include eGFR.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

**OFA Fiscal Note**

**State Impact:**

Agency Affected	Fund-Effect	FY 07 \$	FY 08 \$
UConn Health Ctr.	GF - Cost & Revenue Gain	Indeterminate	Indeterminate
Comptroller Misc. Accounts (Fringe Benefits)	Various - See Below	See Below	See Below
Social Services, Dept.	GF - See Below	See Below	See Below
Public Health, Dept.	GF - None	None	None

Note: GF=General Fund

**Municipal Impact:**

Municipalities	Effect	FY 07 \$	FY 08 \$
Various Municipalities	See Below	See Below	See Below

**Explanation**

This bill requires each hospital in the state to order a serum creatinine test for each patient (eighteen years or older) admitted to the hospital. It also requires each physician to order a serum creatinine test for each similar patient as part of an annual physical examination if the patient has not submitted to a serum creatinine test within the preceding twelve months.

John Dempsey Hospital at the University of Connecticut Health Center (UCHC) will incur an unknown additional cost to conduct these tests (in FY 05, there were 9,845 admissions). The individual cost of each test cannot be quantified at this time. These costs would likely be partially offset by revenue generated by billing patients, state health programs, or third party payers.

The UCHC will incur minimal costs to comply with the bill’s reporting requirement concerning estimated glomerular filtration rates.

It is anticipated that state and municipal employee health insurance plans, as well as medical assistance programs administered by the Department of Social Services, will provide coverage of such tests in accordance with plan or program provisions.

Passage of this bill will result in no fiscal impact to the Department of Public Health.

House "A" adds provisions requiring physicians and hospitals to order serum creatinine for patients under certain specified conditions. This results in an indeterminate cost and revenue gain to Dempsey Hospital, as discussed above.

### ***The Out Years***

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

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**OLR Bill Analysis****HB 5616 (as amended by House "A")*****AN ACT CONCERNING SCREENING FOR KIDNEY DISEASE.*****SUMMARY:**

This bill imposes certain requirements, beginning September 1, 2006, on licensed physicians, hospitals, and clinical laboratories concerning testing of patients age 18 and older for kidney disease.

It requires physicians to order a serum creatinine test as part of the patient's annual physical examination if the patient has not had such a test within the preceding 12 months. (Creatinine is a breakdown product of creatine, which is an important part of muscle. A serum creatinine test measures the amount of creatinine in the blood.) The physician's test order must include a notification that it is being done according to the bill's provisions.

The bill requires hospitals to order this test for each patient admitted to the hospital, at least once during the patient's stay. The test order must include the notification. Under the bill, a clinical laboratory, when it tests a specimen to determine a patient's serum creatinine level as ordered by a physician or hospital, must: (1) calculate the patient's estimated glomerular filtration rate (eGFR) using the patient's age and gender which the physician or hospital must provide and (2) include the patient's eGFR with its report to the physician or hospital. GFR is a measure of how effectively the kidneys are removing waste and excess fluid from the blood. It is calculated based on a blood test for creatinine.

\*House Amendment "A" adds the requirement that physicians and hospitals order the testing and that their orders include a notification,

and eliminates a provision in the original bill (File 120) specifying that the bill did not apply to testing that was part of a clinical trial or research.

EFFECTIVE DATE: Upon passage

**CLINICAL LABORATORY**

Under the bill, a “clinical laboratory” is any facility or other area used for microbiological, serological, chemical, hematological, immunohematological, biophysical, cytological, pathological, or other examinations of human body fluids, secretions, excretions, or excised or exfoliated tissues, to provide information for the (1) diagnosis, prevention, or treatment of any human disease or impairment, (2) assessment of human health, or (3) presence of drugs, poisons, or other toxicological substances (CGS § 19a-30).

The bill specifies that a person, firm, or corporation operating a clinical laboratory is deemed in compliance with the bill’s provisions if the laboratory makes available to the ordering physician or hospital test order codes for serum creatinine that include eGFR.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable

Yea 22 Nay 4 (03/10/2006)