

## **SENATE CONCURRENT RESOLUTION NO. 9**

Whereas, more than 1 in 7 (15% of US adults or 37 million people) are estimated to have chronic kidney disease (CKD) and as many as 9 in 10 adults with CKD do not know they have the disease;

Whereas, kidney disease disproportionately affects communities of color;

Whereas, African Americans are almost four times more likely and Hispanics are 1.3 times more likely to have kidney failure compared to white Americans;

Whereas, although they make up only 13.6% of the population, African Americans make up more than 35% of dialysis patients;

Whereas, 90% of patients with CKD stages 1-3 are undiagnosed and less than 3% of African Americans patients believe that they are at high risk for CKD;

Whereas, CKD, when diagnosed, is often diagnosed in late stages of the disease, after irreversible damage to the kidneys has already occurred;

Whereas, 15% of people diagnosed with CKD are unaware of the cause of their disease;

Whereas, the CDC reports 1,682 Missourians died from kidney disease in 2020;

Whereas, recent scientific advancements have shown that some of the health disparities in CKD have a genetic basis;

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

Whereas, these APOL1 risk variants are found exclusively in people of sub-Saharan African ancestry,

including people who identify themselves as African American, Afro-Caribbean, and Hispanic, as the risk variants originally offered protection from a parasitic disease known as African human trypanosomiasis;

Whereas, 13% of people of African descent carry two APOL1 risk variants, and estimates suggest that up to 1 in 5 people with two APOL1 risk variants will develop kidney disease;

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

Whereas, research has also shown that the course of kidney disease is more rapidly progressive in individuals with two APOL1 risk variants than in patients without them;

Whereas, the disease may eventually lead to kidney failure, requiring dialysis or a kidney transplant;

Whereas, there are simple tests to diagnose chronic kidney disease, including blood and urine tests, and a genetic test exists to identify the presence of APOL1 risk variants;

Whereas, it is imperative to improve diagnosis and treatment of CKD through community-based programs that address racial disparities in the awareness, diagnosis, and treatment of chronic kidney disease;

Now, Therefore, Be It Resolved that the members of the Missouri Senate, One Hundred Second General Assembly, First Regular Session, the House of Representatives concurring therein, affirm the importance of:

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

2. Expanding and improving disease education, access to care, and access to information and resources for CKD patients, caregivers, and family members; and

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

Be It Further Resolved, that the Department of Health of Senior Services and the Department of Social Services are encouraged to:

1. Provide information and education on CKD targeted towards patients, families, caregivers, and the general public;

2. Support CKD screening programs, referrals for follow up care, and genetic testing as appropriate; and

3. Solicit public feedback on CKD, especially from those who knowledge and experience of CKD, including patients, caregivers, patient advocacy organizations, nephrologists, and primary care providers; and

Be It Further Resolved that a properly inscribed copy of this resolution be transmitted to the Department of Health and Senior Services and the Department of Social Services.