

June 4, 2014

From: Rita Littlefield, Texas Renal Coalition

To the Texas Sunset Commission Staff

In Re: Sunset Review of Health and Human Services Agencies

Specifically we would like to ask that the Sunset Commission recommend continuing HHSC and the Department of State Health Services, and making recommendations in support of the various programs and initiatives that help kidney patients. As well, we would support the ongoing role of the State, through the HHSC, in maintaining access to an open pharmaceutical formulary. We believe the Vendor Drug Program's Pharmaceutical and Therapeutics Committee, and other processes, gives stakeholders such as the Texas Renal Coalition an opportunity to give input and to have the process be a transparent one. The open formulary system also requires prior authorizations of much-needed medicines to be handled within 24 hours or gives the patient access to a 72 hour emergency supply of their medicine if the prior authorization is not able to be turned around in 24 hours. We believe that the current process best protects the patient/provider relationship, which is critical in good healthcare outcomes, and prohibits unnecessary steps patients must try before they receive the medication their doctor has prescribed for them. Thus we encourage you to recommend retaining the current open formulary process.

Texas has the largest end-stage renal disease (ESRD) population among all US states. Average per patient per year (PPPY) costs are \$75,000, ranging from \$32,000 for transplant patients to \$88,000 PPPY expenditures for those on dialysis. The use of proper medication to mitigate adverse outcomes will not only help to improve the patient's quality of life but will also save Texas millions of dollars. Of course preventing new cases of ESRD would have the greatest impact on the Texas health care system. This can only be accomplished through patient and provider education on the importance of early detection, management and treatment of kidney disease to slow its progression and reduce associated costs. Chronic kidney disease (CKD) has historically been marginalized as a by-product of diabetes or hypertension, when in fact it is itself a risk multiplier for other chronic diseases, particularly cardiovascular disease. More CKD patients die from a cardiovascular event than reach ESRD. It is increasingly recognized that kidney disease is a major public health problem worldwide, in the US and particularly in Texas. The TRC is committed to working with HHSC and DSHS to promote and further efforts to prevent CKD and ESRD through its prevention and education initiatives, such as the successful Love Your Kidneys and Save Their Kidneys campaign. (www.lovekidneys.com; www.savekidneys.com)

As a long-time advocate for kidney patients and their families on behalf of my daughter, Jackie, and as a founding member of the Texas Renal Coalition (TRC), please accept my thanks for your hard work on the review of the HHS agencies, including the Texas Health and Human Services Commission and the Department of State Health Services. We are here to be of help and support in any way. The mission of the Texas Renal Coalition is to lead in the prevention and mitigation of risks, effects, and burdens of Chronic Kidney Disease through advocacy and education. The Coalition has represented patients and families with kidney disease for over 16 years, providing public awareness of the disease, promoting educational resources among the numerous councils, agencies, and legislative bodies involved with kidney and related issues, and advocating change where needed of state and federal programs. The TRC does this through a network of partners and voluntary leadership.

Thank you for your review of this Email. As stated, we are here to help in any way. I can be reached at

Rita Littlefield, A founding Member, Texas Renal Coalition