
Health Care Committee

HB 2792

Brief Description: Describing how medical test sites must calculate glomerular filtration rates.

Sponsors: Representatives Kenney, Hinkle, Kessler, Ericksen, Hasegawa, Morris, Bailey and Talcott.

Brief Summary of Bill

- Requires medical test sites to calculate the estimated glomerular filtration rate of a patient when testing his or her serum creatinine level.

Hearing Date: 1/31/06

Staff: Chris Blake (786-7392).

Background:

Creatinine is a waste product that is formed by the normal breakdown of muscle cells. When kidneys are healthy, they filter creatinine from an individual's blood and send it out of the body as urine. Individuals with kidney disease are not able to filter the blood properly and creatinine accumulates in the blood.

To test how well a patient's kidneys are working, health care providers may look at creatinine levels in the blood as well as protein levels in the urine, high blood pressure, and history of diabetes. When measuring creatinine levels in the blood, a medical laboratory may also calculate an estimate of the amount of blood filtered by the kidneys per minute. This calculation, known as the "estimated glomerular filtration rate," ascertains one's kidney function as a percent of normal. It is determined by calculating several factors including blood creatinine levels, weight, height, age, gender, and sometimes race.

Summary of Bill:

When a medical test site conducts a test to determine a patient's serum creatinine level, it must also calculate the patient's estimated glomerular filtration rate. The test site must include the patient's estimated glomerular filtration rate in its report to the patient's health care provider.

Appropriation: None.

Fiscal Note: Requested on January 27, 2006.

Effective Date: The bill takes effect 90 days after adjournment of session in which bill is passed.