

Sunset Public Hearing Questions for
Renal Disease Advisory Committee
Created by Section 68-35-102, *Tennessee Code Annotated*
(Sunset termination June 2015)

- 1. Provide a brief introduction to the Renal Disease Advisory Committee, including information about its purpose, statutory duties, staff, and administrative attachment. Also describe the Renal Disease Program, its major activities and staffing.**

The Renal Advisory Committee was established in 1971 to consult with the Department of Health for establishing a Renal Disease Program. The Committee assisted with the development of standards for determining eligibility for care and treatment of persons suffering from end stage renal disease. Also included was the development and expansion of programs for the care and treatment of persons suffering from chronic renal diseases. Care and treatment included dialysis and medical procedures and techniques having a lifesaving effect on persons suffering from these diseases. Financial guidelines were developed for assistance to persons suffering from chronic renal diseases in obtaining the medical, pharmaceutical, and technical services necessary in caring for such diseases. Services included assisting with the renting of home dialysis equipment equipping dialysis centers, and instituting an educational program. The education portion was for physicians, hospitals, public health departments, and the public. Information included the dissemination of information and the conducting of educational programs concerning the prevention of chronic renal diseases and the methods for the care and treatment of persons suffering from these diseases.

The Committee consists of eleven members appointed by the Commissioner of Health for four-year terms and until their successors are appointed, representing hospitals and medical schools which establish dialysis centers, voluntary agencies interested in kidney disease, local public health agencies, physicians licensed to practice medicine in all of its branches, and the general public. The committee shall meet as frequently as the Commissioner deems necessary, but not less than once each year. The Department provides administrative support.

The Renal Program, 100% State funded, provides financial assistance to persons suffering from end stage renal disease. This assistance covers medication (prescription and non-prescription) that are directly related to renal disease, nutritional supplements, dialysis treatments for those without medical insurance, Medicare premiums if eligible, and dental care. Participants must be financially eligible (200% at or below the Federal Poverty Guideline) and meet the medical criteria.

The Program is staffed by a Registered Nurse who serves as Program Director, an Administrative Services Assistant 3, and an Administrative Assistant 1.

2. Provide a list of current members of the committee. For each member please indicate who appointed the member, how the member's presence on the committee complies with Section 68-35-102, Tennessee Code Annotated, and the member's county of principal residence. Please indicate each member's race and gender and which members, if any, are 60 years of age or older. Are there any vacancies on the committee? If so, what is being done to fill those vacancies?

| <u>MEMBER</u> | <u>Race/Gender</u> | <u>REPRESENTATION</u> |
|---|--------------------|-----------------------|
| Ms. Nancy Whitman Sumner County | C/F | Voluntary Agency |
| Ms. Rebecca Dockery Knox County | C/ F | Voluntary Agency |
| Barbara Roller Warren County | C/F | Local Public Agency |
| Mabel Barringer Shelby County | AA/F over 60 | General Public |
| Mr. Timothy Magsby Davidson County | AA/M | General Public |
| Ms. Heather Harrison Rutherford County | C/F | General Public |
| Lucius Wright, MD Madison County | C/M over 60 | Dialysis Center |
| David Lloyd Collier, MD Bureau of TennCare | C/M | Physician |
| Ralph Atkinson, MD Davidson County | C/M | Physician |
| Carol Headley, DNSc, RN VA Medical Center Shelby County | C/F | Hospitals |
| Marquetta Faulkner, MD Meharry Medical College | C/F | Medical School |

3. How many times did the committee meet in fiscal years 2008 - 2013, and how many members were present at each meeting?

The Committee has met five times since 2008. Members attending were as follows:
2008- four members which was not a quorum, 2009- six members, 2010-seven members, 2011-eight members, and 2013- six members. In 2012 a quorum could not be present so the meeting was canceled.

4. What per diem or travel reimbursement do members of the committee receive? How much was paid to committee members during fiscal years 2008 - 2013?

Members are reimbursed, as stated in TCA 68-35-102, in accordance with the State Comprehensive Travel Regulations. Approximately \$500.00 has been spent for travel in the past 6 years.

5. What were the committee's revenues (by source) and expenditures (by object) for fiscal year 2013? Does the committee carry a fund balance and, if so, what is the total of that fund balance? If expenditures exceeded revenues, and the committee does not carry a fund balance, what was the source of the revenue for the excess expenditures?

The Committee has no revenue or expenditures.

6. Is the committee subject to Sunshine law requirements (Section 8-44-101 et seq., *Tennessee Code Annotated*) for public notice of meetings, prompt and full recording of minutes, and public access to minutes? What procedures does the committee have for informing the public of its meetings and making its minutes available to the public?

The Committee is subject to Sunshine law requirements. A notice of a meeting, which includes the agenda, is provided to the Department's Public Information Office for publication the month preceding the meeting. The minutes are kept on file in the Department of Health and available to anyone upon request.

7. Describe the nature and extent of the committee's activities and any major accomplishments of the past two years. Specifically, describe the committee's actions in advising the Department of Health on the areas detailed in Section 68-35-103.

There has been no activity other than meeting attendance as detailed in #3 above. Each meeting was called by the Program Director not by the Chair of the Committee. Program staff gave reports of ongoing Program activities.

- 8. How does the committee ensure that its members and staff are operating in an impartial manner and that there are no conflicts of interest? If the committee operates under a formal conflict of interest policy, please attach a copy of that policy.**

Committee members are requested to sign a conflict of interest statement.

- 9. Has the committee set goals and measured its performance compared to the goals? What performance indicators or goals does management use to measure the effectiveness and efficiency of the committee? How well has the committee performed based on those performance indicators?**

No goals have been set since 2008.

- 10. Describe any items related to the committee that need legislative attention and your proposed legislative changes.**

There are no items for legislative attention.

- 11. Should the committee be continued? To what extent and in what ways would the absence of the committee affect the public health, safety, or welfare?**

The Department recommends that TCA 68-35-103 be allowed to sunset as scheduled. The absence of the Committee would not affect the public health, safety, or welfare of the citizens of Tennessee. When the Committee was established in 1971, the Department relied on the Committee for recommendations of policies, eligibility and treatment of persons with Renal Disease. Medical consultation is currently accessible within the Department: physicians, dieticians, pharmacists, nurses, and laboratory personnel. Published Standards of Care are now readily available. Adjustments in financial eligibility standards follow the Federal Poverty Guideline.

The Department of Health consistently provides necessary recommendations to the Commissioner and Governor

Questions 12 – 18 do not apply to the Renal Advisory Committee

- 12. Please list all committee programs or activities that receive federal financial assistance and, therefore are required to comply with Title VI of the Civil Rights Act of 1964. Include the amount of federal funding received by program/activity.**

[Federal financial assistance includes:

- (1) Grants and loans of Federal funds,
- (2) The grant or donation of Federal Property and interests in property,
- (3) The detail of Federal personnel,

(4) The sale and lease of, and the permission to use (on other than a casual or transient basis), Federal property or any interest in such property without consideration or at a nominal consideration, or at a consideration which is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale or lease to the recipient, and

(5) Any federal agreement, arrangement, or other contract which has as one of its purposes the provision of assistance.

28 C.F.R. Sec. 42.102(c)]

[The term recipient means any State, political subdivision of any State, or instrumentality of any State or political subdivision, any public or private agency, institution, or organization, or other entity, or any individual, in any State, to whom Federal financial assistance is extended, directly or through another recipient, for any program, including any successor, assign, or transferee thereof, but such term does not include any ultimate beneficiary under any such program.

28 C.F.R. Sec. 42.102(f)]

If the committee does receive federal assistance, please answer questions 13 through 20. If the committee does not receive federal assistance, proceed directly to question 19.

13. Does your committee prepare a Title VI plan? If yes, please provide a copy of the most recent plan.
14. Does your committee have a Title VI coordinator? If yes, please provide the Title VI coordinator's name and phone number and a brief description of his/her duties. If not, provide the name and phone number of the person responsible for dealing with Title VI issues.
15. To which state or federal agency (if any) does your committee report concerning Title VI? Please describe the information your committee submits to the state or federal government and/or provide a copy of the most recent report submitted.
16. Describe your committee's actions to ensure that committee staff and clients/program participants understand the requirements of Title VI.
17. Describe your committee's actions to ensure it is meeting Title VI requirements. Specifically, describe any committee monitoring or tracking activities related to Title VI, and how frequently these activities occur.
18. Please describe the committee's procedures for handling Title VI complaints. Has your committee received any Title VI-related complaints during the past two years? If yes, please describe each complaint, how each complaint was investigated, and how each complaint was resolved (or, if not yet resolved, the complaint's current status).

19. Please provide a breakdown of current committee staff by title, ethnicity, and gender.

The committee has no staff solely dedicated to its activities. Donna Hurst, Nursing Consultant and Assistant to CHS Medical Director, is Caucasian, Female.

20. Please list all committee contracts, detailing each contractor, the services provided, the amount of the contract, and the ethnicity of the contractor/business owner.

The committee has no contracts.

Supplemental Questions Regarding the Renal Advisory Committee

The Renal Advisory Committee was established in 1971 to consult with the Department of Health for establishing a Renal Disease Program. The Committee assisted with the development of standards for determining eligibility for care and treatment of persons suffering from end stage renal disease. Also included was the development and expansion of programs for the care and treatment of persons suffering from chronic renal diseases. Care and treatment included dialysis and medical procedures and techniques having a lifesaving effect on persons suffering from these diseases. Financial guidelines were developed for assistance to persons suffering from chronic renal diseases in obtaining the medical, pharmaceutical, and technical services necessary in caring for such diseases. Services included assisting with the renting of home dialysis equipment equipping dialysis centers, and instituting an educational program. The education portion was for physicians, hospitals, public health departments, and the public. Information included the dissemination of information and the conducting of educational programs concerning the prevention of chronic renal diseases and the methods for the care and treatment of persons suffering from these diseases.

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The absence of the Committee would not affect the public health, safety, or welfare of the citizens of Tennessee. When the Committee was established in 1971, experts in the areas of End Stage Renal Disease were not available within the Department of Health. At that time the Department relied on the Committee for recommendations of policies, eligibility and treatment of persons with Renal Disease. There is now an array of expertise within the Department concerning all aspects of health care from the level of Chief Medical Officer, Division Medical Director, Program Director, Dieticians, Pharmacists and Laboratory providers.

The Department of Health consistently provides necessary recommendations to the Commissioner and Governor.

1. What are your key measures for ensuring that your organization is meeting its goals?

N/A

2. What are the statistical reliability and accuracy (for objective measures) or validity and repeatability (for subjective measures) of your key measures?

N/A

3. What is the record (over time) of those key measures in relation to what they should be to accomplish the goal of the organization? (I would like to see charts that have a performance mean and 3-standard deviation limits marked on them for these measures. Note: if these cannot be provided, I would like a valid explanation and a plan for future implementation.)

N/A

4. Explain any excessive variation in your key measures.

N/A

5. What unique events or special causes have driven your key measures beyond 3 standard deviations from the mean in the past and what have done about them?

N/A

6. What impediments, if any, prevent you from driving those key measures to the desired point?

N/A

7. How are you addressing/correcting the impediments, if any, that prevent you from driving those key measures to the desired point?

N/A