

and appropriate management of risk factors can improve health conditions and prolonged kidney function, thereby delaying disease progression to End Stage Renal Disease in those individuals identified with CKD. DHMH should also continue to prepare information for physicians and other health care providers regarding generally accepted standards of clinical care in the clinical management of high risk individuals and should report to the budget committees by January 1, 2006 on projected cost savings and health outcomes that result from early identification and clinical management of individuals at highest risk for CKD. The DHMH report should consider the practicality of calculating the kidney function known as glomerular filtration rate (GFR) when the blood test for creatinine is done.

Further provided that \$443,000,000 of this appropriation may not be expended for any program or purpose except that the funds may be used for payments to nursing homes

1,975,642,489
1,932,292,489
 1,930,142,489

Special Fund Appropriation.....

81,800,000

Federal Fund Appropriation, ~~provided that \$18,500,000 of this appropriation may only be expended for rate increases for physician services for the medical specialties of obstetrics, neurosurgery, orthopedics, surgery and emergency medicine.~~ provided that \$3,150,000 of this appropriation may not be expended for any program or purpose except that the funds may be expended to purchase case management services for individuals with conditions that meet the medical eligibility criteria that were utilized in fiscal 2005 for the Rare and Expensive Case Management Program (REM). Further provided that no funds in this appropriation may be expended for