

Republic of the Philippines  
House of Representatives  
Quezon City, Metro Manila

SEVENTEENTH CONGRESS  
Second Regular Session

HOUSE BILL NO. **6356**



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Introduced by Rep. LINABELLE RUTH R. VILLARICA  
4th DISTRICT, BULACAN

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#### EXPLANATORY NOTE

Every hour, a Filipino dies of End Stage Renal Disease (ESRD). In 2015, 18,603<sup>1</sup> new patients started dialysis and in December 2015 there were a total of 32,077 patients on dialysis treatment all over the country. Diabetes and Hypertension are the leading causes of ESRD with patients aged 50 to 70 comprising 50% of the dialysis population.

There are 3 types of renal replacement therapy which are hemodialysis, peritoneal dialysis and kidney transplantation. Kidney transplantation and peritoneal dialysis provide a higher quality of life and are more cost-effective therapy options. Kidney transplantation affords the highest quality of life and the longest survival with 1- and 3- year graft survival was 98.7% and 92.3%<sup>2</sup>, respectively. Unfortunately, however, majority of Filipinos are only aware of hemodialysis as a treatment option. In dialysis cases, this bill promotes peritoneal dialysis as the first option to attain adequate dialysis, followed by hemodialysis.

The proposed bill seeks to establish a comprehensive renal replacement therapy facility for patients with ESRD. Kidney transplantation facilities will enable this life-saving therapy to be more accessible to Filipinos. Dialysis serves as the 'bridge' while preparing for a kidney transplantation. Peritoneal dialysis, in particular, allows the provision of adequate dialysis therapy that is sustainable without an exponential increase in Philhealth expenditure. Peritoneal dialysis would shift the provision of ESRD care to a less capital-intensive therapy.

Support for the enactment of this measure is earnestly requested.

A handwritten signature in black ink, appearing to read "L. Villarica".

Rep. LINABELLE RUTH R. VILLARICA

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<sup>1</sup> Philippine Renal Disease Registry (PRDR) Annual Report, 2015

<sup>2</sup> 2008-2011 Data from National Kidney and Transplant Institute

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**AN ACT PROVIDING FOR THE ESTABLISHMENT OF A COMPREHENSIVE RENAL REPLACEMENT THERAPY FOR PATIENTS WITH END STAGE RENAL DISEASE, ESTABLISHING FOR THE PURPOSE RENAL REPLACEMENT THERAPY FACILITIES IN HOSPITALS NATIONWIDE, COMPLIANT WITH THE LICENSING REQUIREMENTS OF THE DEPARTMENT OF HEALTH AND APPROPRIATING FUNDS THEREFORE.**

**SECTION 1. *Short Title.*** This Act shall be known as the "*Comprehensive Renal Replacement Therapy Act*".

**SEC. 2. *Declaration of Policy.*** It is the declared policy of the State to improve the delivery of health care services to patients diagnosed with End Stage Renal Disease (ESRD), and to encourage them to have a kidney transplant primarily within the first two (2) years of starting dialysis. Dialysis shall be provided in the form of peritoneal dialysis as the first option to attain adequate dialysis, followed by hemodialysis. Transplant facilities shall be provided in strategic areas in the country and hospital facilities equipped to provide peritoneal dialysis shall be made available, affordable and accessible to the people.

**SEC. 3. *Definition of Terms.*** For purposes of this Act, the following terms shall mean:

- a) "*End Stage Renal Disease (ESRD)*" shall refer to the final stage of chronic kidney disease in which the kidneys no longer function well enough to meet the needs of daily life.
- b) "*Renal replacement therapy (RRT)*" shall refer to therapy which replaces some or most of the functions of the normal kidney which includes fluid removal and/or solute clearance. This may be in the form of kidney transplantation, peritoneal dialysis and hemodialysis.
- c) "*Kidney transplant*" shall refer to a surgical procedure to place a healthy kidney from a live or deceased donor into a person whose kidneys no longer function properly.

- d) "*Peritoneal dialysis*" shall refer to a treatment for kidney failure and a type of dialysis that uses the peritoneum in a person's abdomen as the membrane through which fluid and dissolved substances are exchanged with the blood.
- e) "*Hemodialysis*" shall refer to a medical procedure to remove fluid and waste products from the blood and to correct electrolyte imbalances. This is accomplished using a machine and a dialyzer which is also referred to as an "artificial kidney."
- f) "*Dialysis Facility*" shall refer to a facility that provides treatment for chronic kidney disease to indigent patients and disseminate information on its prevention.
- g) "*National Government Hospital*" shall refer to a hospital operated and maintained either partially or wholly by the national government or by any department, division, board or other agency thereof.
- h) "*Regional Government Hospital*" shall refer to a hospital operated either partially or wholly by the national government or by any department division, board or other agency and maintained by the Regional Offices.
- i) "*Provincial Government Hospital*" shall refer to a hospital operated and maintained either partially or wholly by the provincial government or other political subdivision, or by any department division, board or other agency thereof.
- j) "*Indigent Patient*" shall refer to a patient who has no source of income or whose income are not sufficient for family subsistence. They are identified by the Department of Social Welfare and Development (DSWD) through the National Household Targeting System for Poverty Reduction.

#### **SEC. 4. Establishment, Operation and Maintenance of the Renal Replacement Therapy Facilities**

The hospitals compliant with the licensing requirements of the Department of Health (DOH) shall within two (2) years from the effectivity of this Act, operate and maintain a renal replacement therapy facility in such hospitals.

**4.1. Transplant Facility.** The Transplant Facility shall be provided with the necessary personnel and have complete equipment as identified by the DOH checklist for transplant facilities under DOH Administrative Order No. 81, series 2003. It shall have a dialysis facility as well to support patients with End Stage Renal Disease (ESRD), compliant with the Licensing Requirements imposed DOH. These hospitals may partner with DOH-identified reference laboratories for Human Leucocyte Antigen (HLA) tissue typing, Panel Reactive Antibody (PRA) testing and capability for therapeutic drug monitoring.

**4.2. Dialysis Facility.** The dialysis facility shall be compliant with the Licensing Requirements imposed by the DOH under DOH Administrative Order No. 2012-0001 dated January 26, 2012. For hospitals without dialysis facilities as yet, facilities for **peritoneal dialysis** shall be established first as it is less capital-intensive and has less maintenance expenses. For hospitals with existing hemodialysis facilities, a

peritoneal dialysis unit should be established immediately so that this more cost-effective dialysis option can be made available to patients. Hospitals shall preferentially be provided with the necessary personnel, equipment and supplies as provided for in the PHILHEALTH Accreditation Requirements for peritoneal dialysis under Philhealth Circular No. 021-2015 dated July 30, 2015

All renal replacement therapy facilities shall engage in regular organ donation advocacy activities that will provide education for all Filipinos to carry the organ donor card. Facilities will likewise establish a potential deceased organ donor referral system that will identify all potential organ donors to the Philippine Network for Organ Sharing (PhilNOS).

**SEC. 5. *Training for Peritoneal Dialysis Service Treatment.*** Dialysis facilities will provide training for medical personnel (i.e. nurses, dialysis technician) and non medical barangay health workers to support home based PD. The National Kidney and Transplant Institute (NKTi) will regulate the training for dialysis for nurses, operating room nurses, transplant nurses and non medical barangay health workers.

**SEC. 6. *Social Health Insurance for Renal Replacement Therapy.***

**6.1. *Kidney Transplant.*** PHIC will provide the Z-benefit for Kidney Transplantation to include benefits for the immunosuppression medications after transplant. The Philippine Charity Sweepstakes Office (PCSO) and Philippine Amusement and Gaming Corporation (PAGCOR) will augment the benefits for immunosuppression medications after transplant. Patients who are not medically suitable for kidney transplantation, as assessed by their physician, will be provided for by PHIC Z-benefit for Peritoneal Dialysis.

**6.2 *Dialysis.*** If the patient does not get a kidney transplant within the first two (2) years, the provision of peritoneal dialysis will be completely provided for by PHIC at three (3) PD exchanges per day. If the patient opts for hemodialysis, ninety (90) sessions will be provided for by PHIC, and an additional fourteen (14) sessions will be provided by PCSO. This policy will encourage more patients to have a kidney transplant and attain full rehabilitation.

**SEC. 7. *Coverage of the Renal Replacement Therapy program.*** The program shall be implemented in three (3) phases to include training and establishment of PD centers in government hospitals in the National Capital Region (Phase I), nationwide (Phase II) and monitoring and evaluation of the program (Phase III).

**SEC. 8. *Donor's Tax Exemption.*** All grants, bequests, endowments, donations and contributions made to the NKTi to be used actually, directly and exclusively for the establishment, operation and maintenance of the renal replacement therapy facilities under Section 4 shall be exempt from donor's tax and the same shall be allowed as deduction from the gross income of the donor for purposes of computing the taxable income of the donor, in accordance with the provisions of the National Internal Revenue Code of 1997, as amended.

**SEC. 9. *Implementing Rules and Regulations.*** The DOH thru the National Kidney and Transplant Institute shall promulgate the necessary rules and regulations to implement the provisions of this Act.

**SEC. 10. *Appropriations.*** The initial amount necessary to implement the provision of this Act shall be charged against the current year's appropriation of the DOH. Thereafter, such sum as may be necessary for the continued implementation of this Act shall be included in the Annual General Appropriations Act.

**SEC. 11. *Separability Clause.*** If any provision or part hereof is held invalid or unconstitutional, the remainder of the law or the provision not otherwise affected shall remain valid and subsisting.

**SEC. 12. *Repealing Clause.*** Any law, presidential decree or issuance, executive order, letter of instruction, administrative order, rule or regulation contrary to or inconsistent with the provisions of this Act are hereby repealed, modified or amended accordingly.

**SEC. 12. *Effectivity.*** This Act shall take effect fifteen (15) days after its publication in at least two (2) newspapers of general circulation.

Approved,