



Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

EIGHTEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 218

Introduced by Honorable Roberto “Robbie” V. Puno

EXPLANATORY NOTE

The Department of Health reported that one person dies every hour from kidney failure, which puts it as the ninth-leading cause of death among Filipinos today.

A person whose kidneys are failing need to undergo treatment, usually dialysis, in order to cleanse their blood of excess fluid, minerals, and wastes. According to the National Kidney and Transplant Institute, more than 5,000 Filipinos are presently undergoing dialysis and approximately 1.1 million worldwide are on renal replacement therapy and each year, and around 10,000 people need to have their kidney function replaced.

In light of the available treatment methods, kidney disease is no longer considered a death sentence. However, due to lack of access and high cost of treatment, most of those afflicted with the disease remains to be untreated.

Pursuant to the constitutional mandate of the State to protect and promote the right to health of the people and instill health consciousness among them, this measure intends to aid Filipinos suffering from renal failure by expanding the benefits for Renal Replacement Therapy: kidney transplantation, peritoneal dialysis, and hemodialysis.

This proposed legislation shall provide the highest benefit to kidney transplantation as the primary treatment for kidney disease. Philhealth benefit for kidney transplantation shall include evaluation and screening of kidney donors and recipients, transplant procedure, and post-transplant procedures and remedies. Patients shall also be encouraged to consider undergoing a kidney transplant during the first two (2) years of starting dialysis.

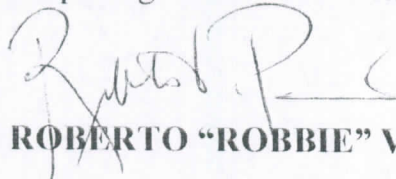
To improve access to treatment, all national, provincial and regional government hospitals, including all stand-alone dialysis facilities are hereby required to establish, operate and maintain a service dialysis facility in their hospital, including both peritoneal dialysis and hemodialysis.

The bill also increased the Philhealth package for peritoneal dialysis and hemodialysis, which shall also include the professional fee and hospital charges. Further, this measure directs the Philippine Charity Sweepstakes Office to provide for the remaining required sessions for dialysis after a patient consumes his Philhealth benefit package. To ensure treatment for all, dialysis treatment in all national, regional, and provincial government hospitals shall be provided free of charge to indigent patients.

Training of nephrologists, nurses, technicians, and other persons involved in treatment of renal diseases and education on prevention and health promotion to patients and their families are also mandated under this measure.

Through the passage of this bill, the financial burden of Filipinos suffering from renal diseases will be alleviated and the necessary treatment will be provided to them, thereby addressing the problem of renal diseases in the country.

In view of the foregoing, the passage of this bill is earnestly sought.

A handwritten signature in dark ink, appearing to read 'Robbie Puno', is written over the printed name.

ROBERTO "ROBBIE" V. PUNO

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

EIGHTEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 218

Introduced by Honorable Roberto “Robbie” V. Puno

**AN ACT PROVIDING A COMPREHENSIVE RENAL REPLACEMENT
THERAPY (RRT) FOR PATIENTS WITH END STAGE RENAL DISEASE
IN NATIONAL, REGIONAL, AND PROVINCIAL GOVERNMENT
HOSPITALS, INCREASING THE PHILHEALTH PACKAGE RATE FOR
RENAL REPLACEMENT THERAPY OF MEMBERS AND
APPROPRIATING FUNDS THEREFOR.**

*Be it enacted by the Senate and House of Representatives of the Philippines in
Congress assembled:*

CHAPTER I
GENERAL PROVISIONS

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

SEC. 2. Declaration of Policy. – It is a declared policy of the State to
adopt an integrated and comprehensive approach to health development that will
provide Comprehensive Renal Replacement Therapy (RRT) 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 starting of dialysis.

The State shall endeavor to make essential goods, health and other social
services available to all the people at affordable cost. There shall be a priority for
the needs of the underprivileged sick, elderly, disabled, women and children. The
State shall endeavor to [provide free medical care to paupers.

1 It is also hereby declared as a policy to improve the delivery of health care
2 services to the people and to ensure hospital facilities are available, affordable, and
3 accessible to the people.
4

5 SEC. 3. **Definition of Terms.** – As used in this Act:

- 6 a. **Dialysis facility** refers to a health facility that provides treatment for ESRD
7 to indigent patients and disseminates information on the various forms of
8 RRT such as kidney transplantation, peritoneal dialysis, and hemodialysis;
9 b. **End Stage Renal Disease or ESRD** refers to the final stage of chronic
10 kidney disease in which the kidneys no longer function well enough to meet
11 the needs of daily life;
12 c. **Hemodialysis or HD** refers to a medical procedure to remove fluid and
13 waste products from the blood and to correct electrolyte imbalances. This is
14 accomplished using a synthetic membrane or dialyzer which is also referred
15 to as an “artificial kidney”;
16 d. **Indigent** refers to a patient who has no source of income or whose income is
17 not sufficient for family subsistence as identified by the Department of
18 Social Welfare and Development (DSWD) through the National Household
19 Targeting System (NHTS) for Poverty Reduction, or those patients who are
20 indigents but are not listed in the NHTS as assessed by the municipal social
21 development officer;
22 e. **Kidney Transplant or KT** refers to a medical procedure to place a kidney
23 from a live or deceased donor into a person whose kidneys no longer
24 function sufficiently to sustain the person’s life;
25 f. **National, Regional, and Provincial hospitals** refer to hospitals and stand
26 alone dialysis facilities operated and maintained either partially or wholly by
27 the national, regional, and provincial government or other political
28 subdivisions, or any department, division, board or other agency thereof;
29 g. **No Balance Billing** refers to the government policy of not charging the
30 medical expenses incurred over and beyond the PhilHealth package rates to
31 a PhilHealth member who has undergone medical treatment;
32 h. **Peritoneal Dialysis or PD** refers to a treatment of kidney failure and a type
33 of dialysis that uses the person’s peritoneum (lining of abdominal cavity) as
34 the membrane through which the fluid and toxic substances are exchanged
35 with blood;
36 i. **PD First Policy** refers to the policy where peritoneal dialysis, when feasible,
37 is offered as the first dialysis modality to RRT patients;

- 1 j. **Renal replacement therapy or RRT** refers to therapy that partially replaces
2 the functions of the normal kidney. This may be in the form of the kidney
3 transplantation, peritoneal dialysis and hemodialysis;
4

5 SEC. 4. **Establishment of Dialysis Services Wards or Units in**
6 **National, Regional, Provincial Government Hospitals.** – Within five (5) years
7 from the effectivity of this Act, all national, provincial and regional government
8 hospitals, including all stand-alone dialysis facilities are hereby required to
9 establish, operate and maintain a service dialysis facility in their hospital, including
10 both peritoneal dialysis and hemodialysis. The same hospitals and dialysis facilities
11 should also be mandated to train nephrologists, dialysis nurses, dialysis
12 technicians, and operating room nurses in both peritoneal dialysis and
13 hemodialysis.
14

15 All national, provincial and regional government hospitals, including stand-
16 alone dialysis facilities shall have a dialysis service area compliant with the
17 licensing and accreditation requirements imposed by the Department of Health
18 (DOH) and Philippine Health Insurance Corporation (PhilHealth), respectively, for
19 private dialysis clinics. It shall further be provided with the necessary personnel
20 and equipped with complete dialysis equipment and supplies for both hemodialysis
21 and peritoneal dialysis, as required by the DOH and the PhilHealth from private
22 dialysis clinics.
23

24 All patients diagnosed with ESRD must be referred to a DOH-accredited
25 transplant facility to attend a pre-transplant orientation and to be counseled on the
26 advantages of undergoing transplantation as the best treatment for kidney failure.
27 They will undergo medical evaluation for suitability for transplantation. For those
28 found medically suitable for transplantation, all potential organ donors of the
29 patient shall be evaluated to determine compatibility and medical suitability. If no
30 living donors are available then the patient will be enrolled in the deceased organ
31 donor waiting list. This will ensure that all patients with ESRD are offered the
32 option of kidney transplantation.
33

34 SEC. 5. **Chronic Kidney Disease (CKD) Prevention and Health**
35 **Promotion.** – All national, provincial, and regional government hospitals and
36 stand-alone dialysis facilities to establish CKD prevention strategies and health
37 promotion activities which include: advocacy activities targeting relatives of
38 dialysis patients who are at high risk for developing CKD themselves, the
39 provision of instructional materials and regular education activities on the common

1 symptoms of kidney disease such as its risk factors, healthy diet and lifestyle,
2 common tests to diagnose kidney disease, the most common causes of kidney
3 failure, and advisories on the appropriate protocols for the diagnostic evaluation of
4 possible kidney disease.

5
6 Patients and their relatives should be informed about the availability of the
7 proper medicines from the government health centers such as those for diabetes
8 and hypertension, and the importance of the regular intake of medicines and
9 monitoring of kidney function through regular laboratory testing and regular clinic
10 follow-up with a qualified physician.

11
12 **SEC. 6. *Quality Standards of Dialysis Services and Transplant Facilities.***

13 – Hospitals, dialysis centers for both hemodialysis and peritoneal dialysis, and
14 transplant facilities shall comply with the safety and quality standards of dialysis or
15 transplant services which shall be strictly monitored by the PhilHealth and the
16 Health Facilities and Services Regulatory Bureau of the DOH.

17
18 **SEC. 7. *Philippine Renal Disease Registry.*** – Private and public hospitals,
19 dialysis centers for both hemodialysis and peritoneal dialysis, and transplant
20 facilities shall be mandated to report to the Philippine Renal Disease Registry of
21 the DOH the incidence and prevalence of patients receiving peritoneal dialysis or
22 hemodialysis treatment, and who have received a kidney transplant as a
23 requirement for the renewal of their respective DOH licenses to operate a dialysis
24 center or transplant facility. Registration of all dialysis patients in the PhilHealth
25 dialysis database will be required prior to the availing of benefits for both
26 peritoneal dialysis and hemodialysis.

27
28 **SEC. 8. *PhilHealth Benefit for Kidney Transplantation.*** – The PhilHealth
29 benefit for kidney transplantation from living donors shall be expanded
30 accordingly. This shall include the cost of laboratory work-up for both recipient
31 and donor candidate, hospitalization for the transplant operation including
32 induction immunosuppression, machine perfusion of procured organs, the cost for
33 organ retrieval, all medication required during the hospital stay, as well as post
34 discharge laboratories up to 1 month for the recipient, and up to 1 year for the
35 donor.

36
37 The cost for organ retrieval and machine perfusion will be established by the
38 DOH-Philippine Organ Donation Program for all organ procurement organizations.
39

1 The PhilHealth benefit package for kidney transplantation shall cover the
2 evaluation and screening of the kidney donor and recipient up to the transplant
3 procedure and post-transplantation procedures and remedies. This is inclusive of
4 both pre- and post-kidney transplantation measures for the benefit of End Stage
5 Renal Disease patients.

6
7 In order to support kidney transplantation as the best treatment option that
8 provides the highest quality of life for End Stage Renal Disease patients and
9 ensures the return of the patient to full rehabilitation, the PhilHealth and the
10 Philippine Charity Sweepstakes Office (PCSO) shall provide support for all
11 maintenance immunosuppression for the lifetime of the transplant patient, as long
12 as the transplanted organ is functioning and the patient remains dialysis-
13 independent.

14
15 All renal replacement therapy facilities shall be required to engage in regular
16 organ donation advocacy activities that will provide education for all Filipinos to
17 carry the organ donor card. Facilities will likewise establish a potential deceased
18 organ donor referral system that will identify all potential deceased organ donors to
19 the Philippine Network for Organ Sharing.

20
21 **SEC. 9. *PhilHealth Benefit for Dialysis Treatment.*** – The PhilHealth shall
22 increase the Z-benefit package rate for the principal member and each of one's
23 qualified dependent on maintenance dialysis per year for peritoneal dialysis for
24 three (3) peritoneal dialysis exchanges per day for three hundred sixty five (365)
25 days, while the package rate for hemodialysis treatment shall be increased annually
26 to cover a span of ninety (90) hemodialysis sessions per year. The professional fee
27 for the attending physician and hospital charges shall be included in the PhilHealth
28 benefits for dialysis treatment.

29
30 The remaining sessions for both peritoneal dialysis and hemodialysis shall
31 be paid for by the Philippine Charity Sweepstakes Office.

32
33 For purposes of providing optimal financial risk protection to the most
34 vulnerable groups including the poorest of the poor, the "No Balance Billing
35 Policy" of the government is hereby provided for indigents.

36
37 The breakdown of the PHIC hemodialysis benefit package shall include HD
38 standard treatment inclusive of the dialyzer and all other supplies needed as well as
39 the minimum basic laboratory tests consisting of complete blood count, creatinine,

1 calcium, phosphorus, potassium, albumin, hepatitis B surface antigen (HBsAG)
2 and anti-hepatitis C virus (Anti-HCV). The laboratory tests shall be done at a
3 frequency of at least four (4) tests per year for the first six (6) tests, and twice a
4 year for the least two (2) tests. The schedule of these tests shall be determined by
5 the attending physician during the course of the annual dialysis treatment sessions.
6

7 SEC. 10. *Periodic Assessment and Benefit Package Adjustments for End*
8 *Stage Renal Disease Patients.*— A periodic assessment and reasonable adjustments
9 of the benefit package for dialysis and transplants patients shall be made by the
10 PhilHealth after taking into consideration its financial sustainability and changes in
11 the socio-economic conditions of the country.
12

13 SEC. 11. *Free Dialysis Treatment to Indigent Patients.* – Dialysis
14 treatment in all national, regional, and provincial government hospitals shall be
15 provided free of charge to indigent patients as identified by the Department of
16 Social Welfare and Development using the National Household Targeting System
17 for Poverty Reduction. A PD First Policy shall be established to all indigent
18 patients, unless there is a contraindication to its use in a particular patient.
19

20 SEC. 12. *Treatment Options.* – The PhilHealth shall develop a package
21 that will provide the highest benefit for kidney transplant, followed by peritoneal
22 dialysis, then hemodialysis.
23

24 The benefit package shall include a screening test for both the donor and
25 recipient. The screening test for possible kidney transplantation of both the donor
26 and recipient shall include the following:
27

- 28 1) For the donor, the screening test shall include blood typing, complete blood
29 count, fasting blood sugar, creatinine, hepatitis B surface antigen, anti-
30 hepatitis C antibody, urinalysis, chest x-ray and ultrasound of the kidneys,
31 ureter, and urinary bladder.
- 32 2) For the recipient, cardiac evaluation and many other tests as needed.
33

34 During the availment of full benefits of dialysis within the first two (2) years
35 of dialysis initiation, the cost of dialysis treatment shall be paid for by the
36 PhilHealth and the PCSO as described in Section 8.
37

38 If the patient passes the criteria for the PhilHealth benefit package for
39 transplantation, the expenses for the lab work-up shall be reimbursed to the patient

1 by the healthcare institution after the PhilHealth pays the benefit to the healthcare
2 institution.

3
4 The cost of the operation for transplantation shall be included in the
5 PhilHealth Z-benefit package which includes a month of post-hospital discharge
6 laboratory tests for the recipient and one (1) year follow up of laboratory tests for
7 the donor. The Z-benefit shall be expanded accordingly.

8
9 The immunosuppression medication needed by the transplant patient, if
10 there is no graft rejection, shall be lifelong. For PhilHealth patients, these
11 medicines shall be provided for one (1) year by PCSO. After the first year, the
12 patient may reapply with the PCSO for assistance for such medications.

13
14 SEC. 13. **Rehabilitation Program.** – The DOH, in coordination with the
15 Department of Labor and Employment, Technical Education and Skills
16 Development Authority, and the DSWD and other pertinent agencies, shall
17 establish a comprehensive rehabilitation program for ESRDtr patients who have
18 undergone kidney transplant in order to help them reach their fullest physical,
19 psychological, social, vocational, avocational, and educational potential consistent
20 with their physiologic or anatomic condition, environmental limitations, life plans
21 and desires.

22
23 SEC. 14. **Dialysis Facility.** - A dialysis facility shall be compliant with the
24 licensing requirements imposed under DOH Administrative Order no. 2012-0001
25 dated January 26, 2012 for hemodialysis, and PhilHealth-Accreditation for
26 peritoneal dialysis facilities. Hospitals without dialysis facilities first put up the
27 necessary equipment and qualified staff to perform peritoneal dialysis services. For
28 hospitals with existing hemodialysis facilities, a peritoneal dialysis unit shall be
29 established immediately so that this more cost-effective dialysis option can be
30 made available to patients. Hospitals shall preferentially be provided with the
31 necessary personnel, equipment and supplies as required by PhilHealth for
32 accredited facilities.

33
34 SEC. 15. **Training for Peritoneal and Hemodialysis Treatment and**
35 **Services.** – The DOH, National Kidney and Transplant Institute (NKTi) and the
36 Philippine Society of Nephrology (PSN) shall provide training for medical
37 personnel such as physicians to take charge of the hemodialysis and peritoneal
38 dialysis centers, hemodialysis and peritoneal dialysis nurses, hemodialysis and
39 peritoneal dialysis technicians, operating room nurses, transplant ward nurses,

1 transplant coordinators, and non-medical barangay health workers to support home
2 based peritoneal dialysis. The NKTl shall accredit the centers that can provide the
3 training for the above personnel and training should include hands-on workshops
4 for dialysis.

5
6 **SEC. 16. *Establishing a Chronic Kidney Disease (CKD) Counseling Clinic.*** –
7 All RRT facilities shall establish a chronic kidney disease (CKD) counseling clinic
8 with separate personnel trained to engage patients and explain to them the normal
9 functions of the kidney, the stages of CKD, the laboratories routinely performed
10 for CKD patients, the common medications required that can control the
11 progression of kidney disease, the metabolic complications of ESRD, and the
12 indications for renal replacement. These clinics shall monitor the kidney function
13 of patients so that a timely referral to a nephrologist or internist/pediatrician with
14 specialized training in CKD can be made, with the timely initiation of Renal
15 Replacement Therapy to prevent requiring emergency treatment.

16
17 The NKTl shall provide education and training modules for the medical staff
18 of CKD counseling clinics.

19
20 **SEC. 17. *Creation of a Renal Disease Control Program (REDCOP).*** – All
21 RRT facilities shall create a Renal Disease Control Program (REDCOP), following
22 the model of the NKTl, that shall promote the early recognition of kidney disease,
23 identify persons at high risk for the development of the kidney disease and initiate
24 preventive strategies to either prevent the development of kidney disease (i.e. from
25 diabetes to hypertension) or to delay its progression to end stage renal disease. The
26 DOH will establish a database of these patients to ensure that they are regularly
27 monitored for disease progression and that they are receiving appropriate treatment
28 for CKD.

29
30 **SEC. 18. *Authority to Receive Donations and Exemptions from Donor's***
31 ***Taxes, Customs and Tariff Duties*** – The DOH shall be authorized to receive
32 donations, gifts, and bequests in order to augment the funding for the establishment
33 of the dialysis wards/units created in accordance with this Act. All donations,
34 contributions, or endowments which may be made by persons or entities to the
35 dialysis wards/units in national, regional and provincial hospitals and the
36 importation of the medical equipment and machineries, spare parts and other
37 medical equipment used solely and exclusively by the dialysis wards or units shall
38 be exempt from income or donor's taxes, any direct or indirect taxes, wharfage
39 fees and other charges and restrictions.

1
2 SEC. 19. **Penalty.** – Any hospital chief, administrator, or officer-in-charge
3 of hospitals, dialysis centers and health facilities who fails to comply with this Act
4 shall be meted with a fine of Fifty thousand pesos (P50,000.00) but not more than
5 One hundred thousand pesos (P100,000.00).
6

7 Likewise, persons receiving free treatment of medicines for End Stage Renal
8 Disease or PD or HD services from government hospitals and its agencies (ie.
9 PCSO, PHIC) who are found selling these medications instead of selling them for
10 their own treatment, shall be penalized with the suspension of their PhilHealth
11 membership and shall be ineligible for assistance from PCSO and other
12 government agencies for a period of one (1) year. If these persons are found to be
13 engaged in the selling of medications or services allotted for their care for the
14 second time, they shall be permanently ineligible to receive government assistance.
15

16 SEC. 20 **Appropriations.** – The initial amount necessary to implement the
17 provisions this Act shall be charged against the current year's appropriation of the
18 DOH. Thereafter, such sum as may be necessary for the continued implementation
19 of this Act shall be included in the annual General Appropriations Act.
20

21 SEC. 21. **Implementing Rules and Regulations.** – Within sixty (60) days
22 from the effectivity of this Act, the Secretary of Health, in coordination with the
23 President of the PhilHealth, the Executive Director of the NKTl, and other relevant
24 stakeholders, shall issue the implementing rules and regulations to implement the
25 provisions of this Act.
26

27 SEC. 22. **Separability Clause.** If any provision or part hereof is held invalid
28 or unconstitutional, the remainder of the law or the provision not otherwise
29 affected shall remain valid and subsisting.
30

31 SEC. 23. **Repealing Clause.** Any law, presidential decree or issuance,
32 executive order, letter of instruction, administrative order, rule or regulatory
33 contrary to or inconsistent with the provisions of this Act are hereby repealed,
34 modified, or amended accordingly.
35

36 SEC. 24. **Effectivity.** This Act shall take effect fifteen (15) days after its
37 publication in the Official Gazette or in a newspaper of general circulation.
38

39 Approved,