

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

EIGHTEENTH CONGRESS
First Regular Session

251
HOUSE BILL No. _____



Introduced by
BAYAN MUNA Party-List Representatives FERDINAND R. GAITE,
CARLOS ISAGANI T. ZARATE, and EUFEMIA C. CULLAMAT,
ACT TEACHERS Party-List Representative FRANCE L. CASTRO, GABRIELA
Women's Party Representative ARLENE D. BROSAS,
and KABATAAN Party-List Representative SARAH JANE I. ELAGO

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

EXPLANATORY NOTE

Renal disease is one of the top ten (10) causes of death among Filipinos, according to the Department of Health. Seven thousand patients die annually due to kidney malfunction in the country. There are at least 120,000 cases of kidney failure each year, according to Antonio Paraiso, DOH program manager for the Philippine Network for Organ Sharing. Some sixty percent (60%) of patients with chronic kidney failure are service patients, said a study conducted by the Philippine Society of Nephrology¹.

Every year, the number of patients undergoing dialysis is increasing. From 4,000 dialysis patients in 2004 recorded by DOH, the number rose to 23,000 by 2013. For two-to-three times dialysis sessions a week, a patient has to spend P25,000 to P46,000 a month or P300,000 to P552,000 a year. On top of this, maintenance medication also costs about P20,000 a month.² With an average monthly income of only P4,838.16, most of patients with chronic renal disease could not afford treatment, according to a research conducted by Dr. Romina Danguilan.

In 2015, some 691,489 claims were filed for hemodialysis, the most among procedures covered by PhilHealth. The total benefits paid were P4.67 billion. Yet, patients with PhilHealth coverage can only claim half of the cost of their treatment. According to the National Kidney and

¹ <http://www.filipinostarnews.net/health/renal-patients-seek-relief-from-high-cost-of-dialysis.html>

² <http://www.chdphilippines.org/2015/06/the-worsening-problem-of-renal-diseases/>

Transplant Institute (NKTi), only 15% of the partially-subsidized patients are PhilHealth members³.

Because of the high cost of hemodialysis, poor patients had to beg around for funds to pay for their treatment. Many of them regularly solicit funds at the offices of the members of Congress at the House of Representatives, Philippine Charity Sweepstakes Office, and offices of political parties and charitable organizations. Poor kidney patients survive, either in deep debt or in begging around.

Dialysis services are inadequate especially in regions and far flung areas. Even NKTi, the government's specialty health facility for kidney transplant and kidney-related diseases, was only able to serve 27% or 723 service patients while 1,971 or 73% were pay patients out of the total 2,694 out patients served in January 2015. NKTi said that with limited income and resources, it can hardly afford to expand its services. While there are regional or provincial hospitals with a dialysis facility, most are presumably just like in NKTi, where there is no "free treatment" for renal diseases

In 2015, during the 16th Congress, the House of Representatives approved House Bill 5956 mandating the Philippine Health Insurance Corporation to increase the coverage for dialysis treatment to ninety (90) sessions per year. PhilHealth accordingly issued Circular No. 024-2015 dated August 27, 2015 that increased the dialysis sessions covered by Philhealth from 45 to 90 sessions per year and pegged hemodialysis cost to P2,600 per session from the previous P4,000 per session. The new hemodialysis package includes facilities and dialysis machine use, drugs and medicine (0.9 sodium chloride, heparin, bicarbonate or acetate hemodialysis solution, e cart drugs), supplies and others (fistula kits, blood tubing, dialyzer (low flux), syringe, and gauze) and professional fee. However, the new package no longer includes the injection of epoetin alpha or beta previously included in the old Philhealth's case rate for hemodialysis.

Patients complained of increased out-of-pocket expenses in the form of co-pay mechanisms and injections and laboratory procedures which they now have to shoulder. According to Hemodialysis Patient Organization, the co-pay charge per session was increased by P350- P550 per hemodialysis session. Injection of epoetin drug costs P1,200-2,400 per session, bringing the cash-out of patients to P1,500 to P3,000 per hemodialysis session. In 2016, the monthly cash-out of patients can run as high as P 13,752-P19,054. The amount does not even include the laboratory procedure expenses. According to NKTi⁴, the hospital has to charge co-pay otherwise it would incur losses as a result of the reduction of PhilHealth benefits;

In response to the clamor of dialysis patients, Bayan Muna Party-List representatives filed House Resolution No. 1761 to investigate the plight of peritoneal dialysis patients during the 16th Congress, and a similar House Resolution No. 244 during the 17th Congress. HR 244 became one of the measures consolidated into House Bill 9156 or Comprehensive Renal Replacement Therapy bill whih in turn was passed on Third Reading.

Accessibility and affordability of dialysis treatment and renal transplantation may spell the difference between life and death for many end stage renal disease patients especially the indigents. This bill thus provides comprehensive, accessible and free dialysis and transplantation, and preventive measures and treatment for chronic kidney diseases with the hope of saving as many lives as possible.

Immediate passage of this bill, thus, is earnestly sought.

³ Ibid.

⁴ Letter addressed to Bayan Muna Rep. Neri Colmenares signed by NKTi Executive Director Jose Dante P. Dator dated January 27, 2016

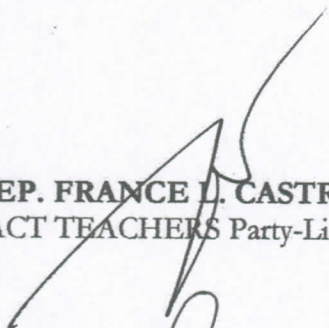
Approved,



REP. FERDINAND R. GAITE
BAYAN MUNA Partylist

Cullamat
REP. EUFEMIA C. CULLAMAT
BAYAN MUNA Partylist


REP. CARLOS ISAGANI T. ZARATE
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REP. FRANCE L. CASTRO
ACT TEACHERS Party-List


REP. ARLENE D. BROSAS
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REP. SARAH JANE I. ELAGO
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Be it enacted by the Senate and the House of Representatives of the Philippines in Congress assembled:

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, and specifically, 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 will be provided in the form of peritoneal dialysis as the first option to attain adequate dialysis, followed by hemodialysis. Transplant facilities will be provided in strategic areas in the country and hospital facilities equipped to provide peritoneal dialysis and hemodialysis will be made available, affordable and accessible to the people.

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

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

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

- a. **Dialysis facility** refers to a health facility that provides treatment for ESRD to indigent patients and disseminates information on the various forms of RRT such as kidney transplantation, peritoneal dialysis and hemodialysis;
- b. **End Stage Renal Disease or ESRD** refers to the final stage of chronic kidney disease in which the kidneys no longer function well enough to meet the needs of daily life;
- c. **Hemodialysis or HD** refers to a medical procedure to remove fluid and waste products from the blood and to correct electrolyte imbalances. This is accomplished using a synthetic membrane or dialyzer which is also referred to as an “artificial kidney”;
- d. **Indigent** refers to a patient who has no source of income or whose income is not sufficient for family subsistence. An indigent is identified by the Department of Social Welfare and Development (DSWD) through the National Household Targeting System (NHTS) for Poverty Reduction or those patients who are indigents but are not listed in the NHTS as assessed by the municipal social development officer;
- e. **Kidney transplant or KT** refers to a surgical procedure to place a kidney from a live or deceased donor into a person whose kidneys no longer function sufficiently to sustain the person’s life;
- f. **National, Regional and Provincial hospitals** refer to hospitals and stand-alone dialysis facilities operated and maintained either partially or wholly by the national, regional and provincial government or other political subdivision, or any department, division, board or other agency thereof;
- g. **No Balance Billing** refers to the government policy of not charging the medical expenses incurred over and beyond the PhilHealth package rates to a PhilHealth member who has undergone medical treatment;
- h. **Peritoneal dialysis or PD** refers to a treatment for kidney failure and a type of dialysis that uses the person’s peritoneum (lining of abdominal cavity) as the membrane through which fluid and toxic substances are exchanged with the blood;
- i. **Renal replacement therapy or RRT** refers to therapy that partially replaces the functions of the normal kidney. This may be in the form of kidney transplantation, peritoneal dialysis and hemodialysis.

SEC. 4. Establishment of Dialysis Services Wards or Units in National, Regional, Provincial Government Hospitals. - Within five (5) years from the effectivity of this Act, all national, provincial, and regional government hospitals, including all stand-alone dialysis facilities are hereby required to establish, operate and maintain a dialysis service facility in their hospital, including both peritoneal dialysis and hemodialysis. The same hospitals and dialysis facilities

should also be mandated to train nephrologists, dialysis nurses, dialysis technicians, and operating room nurses in both peritoneal dialysis and hemodialysis.

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

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

SEC. 5. *Chronic Kidney Disease (CKD) Prevention and Health Promotion.* - All national, provincial, and regional government hospitals, and stand-alone dialysis facilities should establish CKD prevention strategies and health promotion activities which include: advocacy activities targeting relatives of dialysis patients who are at high risk for developing CKD themselves, the provision of instructional materials and regular educational activities on the common symptoms of kidney disease such as its risk factors, healthy diet and lifestyle, common tests to diagnose kidney disease, the most common causes of kidney failure, and advisories on the appropriate protocols for the diagnostic evaluation of possible kidney disease.

Patients and their relatives should be informed about the availability of the proper medicines from government health centers such as medicines for diabetes and hypertension, and the importance of the regular intake of medicines and monitoring of kidney function through regular laboratory testing and regular clinic follow-up with a qualified physician. All activities pertaining to the aforementioned programs should be documented accordingly.

SEC. 6. *Quality Standards of Dialysis Services and Transplant Facilities.* - Hospitals, dialysis centers for both hemodialysis and peritoneal dialysis, and transplant facilities shall comply with the safety and quality standards of dialysis or transplant services which shall be strictly monitored by the PhilHealth and the Health Facilities and Services Regulatory Bureau of the DOH.

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

SEC. 8. *PhilHealth Benefit for Kidney Transplantation* - The PhilHealth benefit for a Kidney Transplantation from living donors shall be expanded accordingly. This includes the cost of laboratory work-up for both recipient and donor candidate, hospitalization for the transplant operation including induction immunosuppression and maintenance oral immunosuppression, to machine perfusion of procured organs and the cost for organ retrieval, all medications required during the hospital stay, as well as post discharge laboratories up to 1 month for the recipient and up to 1 month for the recipient, and up to 1 year for the donor.

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

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

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

All renal replacement therapy facilities shall be required to 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 deceased organ donors to the Philippine Network for Organ Sharing.

SEC. 9. *PhilHealth Benefit for Dialysis Treatment* - PhilHealth shall increase the Z-benefit package rate for the principal member and each of one's qualified dependent on maintenance dialysis per year for peritoneal dialysis covering three (3) peritoneal dialysis exchanges per day for 365 days, while the package rate for hemodialysis treatment shall be increased annually covering a span of one hundred fifty-six (156) hemodialysis sessions per year. The professional fee of the attending physician and hospital charges shall be included in the PhilHealth benefits for dialysis treatment. The remaining sessions for both peritoneal dialysis and hemodialysis shall be provided by the Philippine Charity Sweepstakes Office.

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

The breakdown of the PHIC hemodialysis benefit package shall include standard HD treatment inclusive of the dialyzer and all other supplies needed as well as the minimum basic laboratory tests consisting of complete blood count, creatinine, calcium, phosphorus, potassium, albumin, hepatitis B surface antigen (HBsAg) and anti-hepatitis C Virus (Anti-HCV). The laboratory tests shall be done at a frequency of at least four (4) tests per year for the first 6 tests, and twice a year for the last two (2) tests. The schedule of these tests shall be

determined by the attending physician during the course of the annual dialysis treatment sessions.

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

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

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

The benefit package shall include a screening test for both the donor and recipient. The screening test for possible kidney transplantation of both the donor and recipient would include, but not limited to, the following:

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

During the availment of the full benefits of dialysis within the first two (2) years of dialysis initiation, the cost of dialysis treatment shall be provided for by PhilHealth and the PCSO as described in Section 8. These options are provided to encourage more patients to have a kidney transplant and attain full rehabilitation.

If the patient passed the criteria for the PhilHealth benefit package for transplantation, the expenses for lab work-up shall be reimbursed to the patient by the healthcare institution after PhilHealth pays the benefit to the healthcare institution.

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

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

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

SEC. 14. *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 hemodialysis, and PhilHealth-Accreditation for peritoneal dialysis facilities. Hospitals without dialysis facilities first put up the necessary equipment and qualified staff to perform peritoneal dialysis. 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 required by PhilHealth for accredited facilities.

SEC. 15. *Training for Peritoneal and Hemodialysis Treatment and Services.* - The DOH, National Kidney and Transplant Institute (NKTI) and the Philippine Society of Nephrology (PSN) shall provide training for medical personnel such as physicians to take charge of the hemodialysis and peritoneal dialysis centers (nephrologists, physician-on-duty for hemodialysis centers, hemodialysis and peritoneal dialysis nurses, hemodialysis and peritoneal dialysis technicians, operating room nurses, transplant ward nurses, transplant coordinators, and non-medical barangay health workers to support home based peritoneal dialysis. The NKTI shall accredit the centers that can provide training for the above personnel and training should include hands-on workshops for dialysis.

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

The NKTI shall provide education and training modules for the medical staff of CKD counseling clinics.

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

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

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

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

SEC. 20. *Appropriations*. - The initial amount necessary to implement the provisions 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. 21. *Implementing Rules and Regulations* – Within sixty (60) days from the effectivity of this Act, the Secretary of Health, in coordination with the President of PhilHealth, the Executive Director of the NKTI, and other relevant stakeholders, shall issue the implementing rules and regulations to implement the provisions of this Act.

SEC. 22. *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. 23. *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. 24. *Effectivity*. This Act shall take effect fifteen (15) days after its publication in the *Official Gazette* or in a newspaper of general circulation.

Approved,