

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

EIGHTEENTH CONGRESS
Second Regular Session

House Bill No. 7859



Introduced by
Senior Citizens Party-List Representative RODOLFO M. ORDANES

**AN ACT
PROVIDING FOR FREE HEMODIALYSIS, PERITONEAL DIALYSIS, AND OTHER
DEPARTMENT OF HEALTH APPROVED DIALYSIS PROCEDURES
TO ALL SENIOR CITIZENS.**

EXPLANATORY NOTE

Chronic Kidney Disease ("CKD") is a worldwide crisis. It is projected that 1 in 10 people have some degree of CKD. Aside from its prevalence, in 2005, approximately 35 million of the 58 million deaths worldwide were attributable to it, according to the World Health Organization ("WHO").¹ Meanwhile, for senior citizens aged 65 through 74 worldwide, it is estimated that one in five men, and one in four women, have CKD.² This statistic is problematic since CKD increases the risk of senior citizens from developing serious complications or dying from heart attack and stroke. Further, with the advent of the Coronavirus 2019 disease ("COVID-19"), the mortality risk of senior citizens from CKD has further increased. Research shows that 14-30% of COVID-19 patients lose kidney function; 20-40% of COVID-19 ICU patients develop kidney failure and need emergency dialysis; and mortality rate for kidney transplant patients from COVID-19 reaching as high as 30%.³ In the Philippines, the need to access dialysis has

¹ Levey AS, Atkins R, Coresh J, et al. Chronic kidney disease as a global public health problem: approaches and initiatives - a position statement from Kidney Disease Improving Global Outcomes. *Kidney Int.* Aug 2007;72(3):247-259.

² World Kidney Day. "Chronic Kidney Disease." Retrieved from:
<https://www.worldkidneyday.org/facts/chronic-kidney-disease/>

³ National Kidney Foundation. "Kidney Disease: The Basics." Retrieved from:
<https://www.kidney.org/news/newsroom/factsheets/KidneyDiseaseBasics>

increased by 400% in the past 10 years with CKD becoming one of the leading causes of death among Filipino senior citizens.⁴

With all the risk and death associated with kidney disease, what is truly saddening is that these risks are avoidable and these deaths are preventable with proper access to treatment such as, hemodialysis, peritoneal dialysis, and other Department of Health ("DOH") approved dialysis procedures. Unfortunately, what could have been an avoidable risk and a preventable death are not avoided and prevented because the dialysis sessions that are subsidized by the Philippine Health Insurance Corporation ("PhilHealth") under PhilHealth Circular No. 22-2015 is only 90 out of the needed 144 dialysis sessions.⁵ This means that senior citizens who are at high risk of developing serious complications and becoming a fatality due to kidney disease are still required to pay for the remaining 54 sessions. Thus, for our senior citizens with kidney disease to survive, they need a total of PhP 135,000 per year.

An amount that is extremely onerous for our ten million senior citizens considering that most of them are already unemployed and reliant on their pensions. In fact, 3,796,791 of our senior citizens are indigents who rely on the PhP 500 monthly social pension provided by the Philippine Government. To further aggravate their situation, the COVID-19 pandemic has lowered the Philippines' GDP growth rate to negative 16.5%, increased unemployment rate to 27.3 million Filipinos, and closed down 26% of businesses in the Philippines. Thus, further eliminating sources of income for our senior citizens and further depressing their economic circumstances. Clearly, to demand that our senior citizens with kidney disease to pay PhP 135,000 per year is unrealistic given their circumstance.

The survival of our senior citizens should not have a price on it. The 1987 Philippine Constitution directs that we, the government, should prioritize the needs of our senior citizens.⁶ It is only by providing them a higher degree of care and protection that can we ensure we stay true to our mandate of upholding social justice⁷ and their right to life.⁸

⁴ S.C.W. Tang, et. al., "Dialysis Care and Dialysis Funding in Asia." American Journal of Kidney Diseases (2019).

⁵ New PhilHealth Dialysis Package (2015).

⁶ Article II, Section 11 of the 1987 Philippine Constitution.

⁷ Article XIII, Section 1 of the 1987 Philippine Constitution.

⁸ Article III, Section 1 of the 1987 Philippine Constitution.

Thus, this bill seeks to provide free hemodialysis, peritoneal dialysis, and other DOH-approved dialysis procedures to all senior citizens.

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


RODOLFO M. ORDANES

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

EIGHTEENTH CONGRESS
Second Regular Session

House Bill No. 7859

Introduced by
Senior Citizens Party-List Representative RODOLFO M. ORDANES

AN ACT
PROVIDING FOR FREE HEMODIALYSIS, PERITONEAL DIALYSIS, AND OTHER
DEPARTMENT OF HEALTH APPROVED DIALYSIS PROCEDURES
TO ALL SENIOR CITIZENS.

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

SECTION 1. *Short Title.* – This Act shall be known as the “Free Dialysis for Senior Citizens Act of 2020.”

SECTION 2. *Free Dialysis Sessions for All Senior Citizens.* – The cost of the needed hemodialysis, peritoneal dialysis, and other Department of Health (“DOH”) approved dialysis procedure shall be reimbursed by the Philippines Health Insurance Corporation (“PhilHealth”), provided such treatment is availed of at the PhilHealth accredited hospitals and freestanding dialysis centers. Provided further, that only those procedures that use the dialysis solutions included in the latest edition of the Philippine National Drug Formulary (“PNDF”) shall be reimbursed by the PhilHealth. Provided finally, that only laboratory procedures and supplies considered necessary shall be covered by the PhilHealth. PhilHealth shall as soon as possible reimburse all official receipts for drugs, supplies, and laboratory procedures dated thirty (“30”) days prior to the date of the claimed session.

SECTION 3. *Appropriations.* – The amount needed for the implementation of this Act shall be charged against the appropriations of the DOH and the PhilHealth in the current and subsequent General Appropriations Act and their own respective funds. Thereafter, the amount needed for the continued implementation of this Act shall be included in the budget of the concerned departments in the annual General Appropriations.

SECTION 4. *Implementing Rules and Regulations.* – Within thirty ("30") days from the approval of this Act, the DOH, the PhilHealth, and the National Commission on Senior Citizens ("NCSC"), in coordination with other implementing agencies, shall formulate rules and guidelines as may be necessary for the proper implementation and enforcement of this Act.

SECTION 5. *Separability Clause.* – If any provision of this Act or the application thereof to any person or circumstance is declared invalid or unconstitutional, the other provisions or sections of this Act and the application of such provision or section to other persons or circumstances, not affected thereby shall continue to be in full force and effect.

SECTION 6. *Repealing Clause.* – All laws, decrees, executive orders, rules, and regulations, or parts thereof that are contrary to or inconsistent with the provisions of this Act are hereby repealed, modified, or amended accordingly.

SECTION 7. *Effectivity Clause.* – This Act shall take effect fifteen ("15") days after its complete publication in the Official Gazette or in at least two ("2") newspapers of general circulation.

Approved.