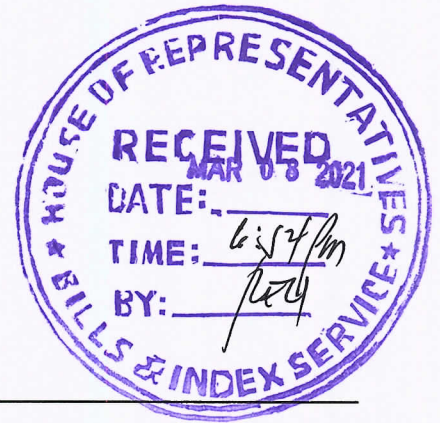


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

EIGHTEENTH CONGRESS
Second Regular Session

HOUSE BILL NO. 8937



Introduced by **ANG PROBINSYANO**
Party-List Representative Alfred Delos Santos

EXPLANATORY NOTE

Although often considered a comorbidity of diabetes or hypertension, kidney disease has numerous complex causes. Importantly, such disease has an indirect impact on global morbidity and mortality by increasing the risks associated with at least five other major killers: cardiovascular diseases, diabetes, hypertension, infection with human immunodeficiency virus (HIV) and malaria.¹

The Global Burden of Disease (GBD) 2015 study also estimated that, in 2015, 1.2 million people died from kidney failure, an increase of 32% since 2005.⁷ In 2010, an estimated 2.3–7.1 million people with end-stage kidney disease died without access to chronic dialysis. Additionally, each year, around 1.7 million people are thought to die from acute kidney injury. Overall, therefore, an estimated 5–10 million people die annually from kidney disease.²

In the Philippines, kidney diseases, especially End Stage Renal Disease (ESRD), are already the 7th leading cause of death among the Filipinos. One Filipino develops chronic renal failure every hour or about 120 Filipinos per million population per year. More than 5,000 Filipino patients are presently undergoing dialysis and approximately 1.1 million people worldwide are on renal replacement therapy.³ The country has also experienced a large rise in the prevalence of dialysis with an approximate increase of 400% over the past 10 years.⁴

¹ <https://www.who.int/bulletin/volumes/96/6/17-206441/en/>

² Ibid , 1.

³ <https://www.nkti.gov.ph/index.php/patients-and-visitors/kidney-health-plus>

⁴ <https://ajkdblog.org/2020/07/06/dialysis-care-in-asia-how-does-the-philippines-fare/>

With the current COVID-19 pandemic, the mortality risk, especially with senior citizens, has been substantially increased. Research shows that 14-40% of COVID-19 patients lose kidney function; 20-40% of COVID-19 ICU patients develop kidney failure and are subject to emergency dialysis and mortality rate for kidney transplant patients reach as high as 30%.⁵

With the aforementioned data on chronic kidney disease and how the current pandemic complicates health cases even further, there remains a huge gap on proper access to treatment such as hemodialysis, peritoneal dialysis, and other Department of Health (DOH) approved dialysis procedures. Under the Philippine Health Insurance Corporation (PhilHealth) Circular No. 22-2015, dialysis sessions are only subsidized until the 90th out of 144 sessions.⁶ Hence, a total of PhP 135,000 is needed by senior citizens to survive from kidney complications.

Our senior citizen sector is mostly within the low socioeconomic profile, i.e. most of them are unemployed or highly dependent on their pensions. Further aggravated by the COVID-19 pandemic, our senior citizens are facing a high wall towards survival. As such, this bill seeks to provide proper access to treatment such as hemodialysis, peritoneal dialysis, and other Department of Health (DOH) approved dialysis procedures in the hopes that through this measure, we remain committed in protecting and upholding the welfare of our senior citizens.

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



ALFRED C. DELOS SANTOS

Representative, Ang Probinsyano Partylist

⁵ <https://www.kidney.org/news/newsroom/factsheets/KidneyDiseaseBasics>

⁶ New PhilHealth Dialysis Package (2015).

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**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 the 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 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 or part of this Act is held invalid or unconstitutional, the remaining provisions or parts unaffected shall remain in full force and effect.

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

SECTION 7. *Effectivity Clause.* – This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,