

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

Nineteenth Congress
First Regular Session

HOUSE BILL NO. 983



Introduced by Hon. Mark O. Go

EXPLANATORY NOTE

The Institute for Health Metrics and Evaluation reports that chronic kidney disease (CKD) is the fifth most common cause of death and disability for all ages combined in the Philippines with around 2.3 million Filipinos suffering from CKD.

End stage renal disease (ESRD) occurs when CKD reaches an advanced state. Patients with ESRD require renal replacement therapy, which includes dialysis and kidney transplantation. Currently, there are around 100,000 patients needing dialysis services in the country. This number is expected to increase by 15% yearly. Despite the high burden of disease for CKD, kidney transplantation rate, which is the gold standard of treatment, remains low. The high costs of renal replacement therapy often leads to catastrophic health expenditure for the average filipino family.

This measure aims to make comprehensive renal replacement therapy services available to all Filipinos who suffer from ESRD by including it in the coverage of treatment services provided by Philhealth. It also supports kidney transplantation as the gold standard treatment option that provides the highest quality of life for esrd patients and ensures the full rehabilitation of the patient.

Among the key provisions are the expansion of Philhealth benefit packages for kidney transplantation or renal replacement therapy and the provision of free dialysis services to indigent patients. In addition, all government hospitals at the national, regional, and provincial levels are required to establish, operate, and maintain a dialysis service facility in their hospital.

This bill has been approved by the House of Representatives in the 18th Congress and was transmitted to the Senate for its consideration and approval. However, due to lack of material time, this proposed measure was not enacted into law.

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


MARK O. GO

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AN ACT
PROVIDING FOR A COMPREHENSIVE RENAL CARE FOR PATIENTS
WITH END STAGE RENAL DISEASE IN ALL GOVERNMENT HOSPITALS
AT THE NATIONAL, REGIONAL, AND PROVINCIAL LEVELS,
INCREASING THE PHILHEALTH BENEFIT PACKAGE FOR RENAL
REPLACEMENT THERAPY AND APPROPRIATING FUNDS THEREFOR

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 “Comprehensive Renal Care Act.”

SEC. 2. *Declaration of Policy.* -- It is the declared policy of the State to make available essential goods, health and other social services to all citizens at affordable cost and to deliver medical care to indigents free of charge. the state shall continuously improve the quality and accessibility of health services delivered in health facilities.

Pursuant to this, the State shall adopt an integrated and comprehensive approach to health service delivery that shall include comprehensive renal replacement therapy for patients who are diagnosed with end stage renal disease.

SEC. 3. *Definition of Terms.* -- as used in this Act:

- A. *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 a patient’s daily life;
- B. *Hemodialysis or HD* refers to a medical procedure to remove fluid and waste products from the blood and to correct electrolyte imbalances using a synthetic membrane or dialyzer which is also referred to as an “artificial kidney”;
- C. *Indigent* refers to a patient who has no source of income or whose income is not sufficient for family subsistence as identified by the social worker of the Department of Social Welfare and Development (DSWD) or the social worker of the concerned local government unit;

- D. *Kidney Transplant or KT* refers to a surgical procedure to place a healthy kidney from a live or deceased donor into a person whose kidneys no longer function sufficiently to sustain the person's life;
- E. *Philippine Health Facility Development Plan* refers to the macro plan for the country's health facilities developed by the department of health that guides government health facility development and investment;
- F. *Philippine Renal Disease Registry* refers to the national registry of the incidence and prevalence of patients receiving peritoneal dialysis or hemodialysis treatment, and those who underwent kidney transplant;
- G. *Peritoneal Dialysis or PD* refers to a treatment for kidney failure and a type of dialysis that uses the person's peritoneum or the lining of abdominal cavity as the membrane through which fluid and toxic substances are exchanged with blood;
- H. *PD First Policy* refers to the policy where peritoneal dialysis, when feasible, is offered as the first dialysis modality to RRT patients;
- 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 Units/Facilities in National, Regional, and Provincial Government Hospitals. -- All government hospitals at the national, regional, and provincial levels shall be required to establish, operate and maintain a dialysis service facility/unit in their hospital capable of providing both peritoneal dialysis and/or hemodialysis services that are compliant with the licensing and accreditation requirements set by the Department of Health (DOH) and Philippine Health Insurance Corporation (Philhealth).

All government hospitals at the national, regional, and provincial levels shall have the necessary personnel, equipment and supplies for both hemodialysis and peritoneal dialysis. These facilities shall follow a PD first policy, unless there is a contraindication to its use in a particular patient.

SEC. 5. Strengthening the Designated Kidney Transplant Centers in National Hospitals. -- Renal care and transplant centers shall be established in select DOH hospitals across the regions. In alignment with the approved Philippine Health Facility Development Plan. These renal care and transplant centers shall provide kidney transplant and renal care services and training in accordance with the standards set by the DOH.

SEC. 6. Chronic Kidney Disease (CKD) Prevention And Health Promotion. -- All government hospitals at the national, regional, and provincial levels and private stand-alone dialysis facilities shall establish their Renal Disease Control Program (REDCOP) that will promote the early recognition of kidney disease, identify persons at high risk of developing kidney disease, and initiate preventive strategies to either prevent the development of kidney disease from diabetes and hypertension, or to delay its progression to end stage renal disease for patients and relatives who are at risk of developing CKD. Further, the program shall include advocacy activities for organ donation.

SEC. 7. *Financing For Renal Replacement Therapy.* -- The government shall ensure appropriate financing to provide access to comprehensive renal care including hemodialysis, peritoneal dialysis, and kidney transplant services. Optimal financial risk protection shall be given to indigent patients. Dialysis treatment in all government hospitals at the national, regional, and provincial level shall be provided free of charge to indigent patients.

The PhilHealth benefits for renal replacement therapy shall be expanded accordingly in consideration of PhilHealth's financial sustainability. The PhilHealth benefit package for kidney transplantation shall be increased to include the cost of laboratory work up and cost of hospitalization for the transplant operation including all medications such as induction immunosuppression and maintenance oral immunosuppression, machine perfusion of procured organs, the cost for organ retrieval, and post-discharge laboratory examinations for both recipient and donor candidates.

Likewise, the Philhealth benefit packages for dialysis shall be increased to cover a minimum of three (3) peritoneal dialysis exchanges per day for three hundred sixty-five (365) days for peritoneal dialysis and a minimum of three (3) sessions frequency a week, four (4) hours per session for hemodialysis. The Philhealth packages shall also cover the dialysis treatment, dialyzer, necessary medications and supplies, professional fees, and hospital or dialysis clinic charges.

SEC. 8. *Human Resources.* -- The government shall ensure availability of human resources to complement services of renal facilities as prescribed in the governing rules and regulations of the doh on staffing standards.

The DOH, National Kidney And Transplant Institute (NKTi) Philippine Society For Transplant Surgeons (PSTS), and the Philippine Society of Nephrology (PSN) shall provide training for medical personnel such as but not limited to physicians, surgeons, nurses and other allied health practitioners.

SEC. 9. *Institutionalization of The Philippine Renal Disease Registry (PRDR).* - 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.

SEC. 10. *Strengthening of the Philippine Network for Organ Sharing (PHILNOS).* -- The implementation of the PHILNOS pursuant to the provisions of Republic Act No. 7170, otherwise known as the "Organ Donation Act of 1991", shall be strengthened. All RRT facilities shall be part of the organ and tissue donor referral system and shall be required to engage in regular organ donation advocacy activities.

SEC. 11. *Availment of Persons with Disability (PWD) Benefits by CKD Patients.* CKD patients shall be classified as PWD. they shall be entitled to PWD benefits in accordance with Republic Act No. 7277, otherwise known as the Magna Carta for Disabled Persons. the Philhealth and DOH Health Technology Assessment Council shall conduct an in-depth study on both the direct and indirect cost of being afflicted with kidney disease and undergoing treatment for it.

SEC. 12. *Penalty.* -- Any hospital chief, administrator or officer-in-charge of hospitals, dialysis centers, and health facilities who fails to provide free dialysis services

for admitted indigent patients 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, such as the Philhealth, who are found selling these medications or services instead of using them for their own treatment, shall be penalized with a warning for first offense, suspension of their Philhealth membership for a period of three (3) months for second offense, and suspension of their Philhealth membership for a period of six (6) months for third offense.

SEC. 13. Appropriations. -- The initial amount necessary to implement the provisions of this Act shall be charged against the current year's appropriation of the DOH for DOH-managed hospitals and LGU for LGU-managed hospitals. Thereafter, such sum as may be necessary for the continued implementation of this Act shall be included in the Annual General Appropriations Act.

SEC. 14. Implementing Rules and Regulation. -- Within sixty (60) days from the effectivity of this Act, the Department of Health, in coordination with the heads of Philhealth, heads of renal care facilities, and other relevant concerned agencies, shall formulate the necessary rules and regulations to fully implement the provisions of this Act.

SEC. 15. Separability Cause. -- 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. 16. Repealing Clause. -- All laws, presidential decrees, executive orders, proclamations or administrative regulations that are inconsistent with the provisions of this Act are repealed, amended, or modified accordingly.

SEC. 17. Effectivity. -- This Act shall take effect fifteen (15) days after its publication in the *Official Gazette* or in a newspaper of general circulation.

Approved.

