

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

NINETEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 1722



Introduced by HON. RUTH MARIANO-HERNANDEZ

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

EXPLANATORY NOTE

In the 16th, 17th and 18th Congresses, various lawmakers pushed for measures to increase the health coverage for the treatment of kidney disease of Filipinos.

Reps. Francis Calalay and Leopoldo Bataoil introduced House Bill 5956 to increase the coverage for dialysis treatment for Filipinos. It was passed on third reading by the House of Representatives in the 16th Congress.

In the 17th Congress, House Bill 9156, or the Comprehensive Renal Replacement Therapy Act, was authored by Rep. Joseph Stephen Paduano to further improve the quality of renal health services in the country. It also passed on third reading in the House of Representatives.

In the 18th Congress, House Bill 6803 primarily authored by Reps. Angelina Tan, M.D. and Jose Christopher Belmonte was passed on third reading by the House of Representatives and was transmitted to the Senate for appropriate action. But the Senate failed to act on the said measure.

This bill needs to be enacted to fulfill the mandate to make health services affordable to all Filipinos, as stated in Article XIII, Section 11 of the 1987 Philippine Constitution:

"The State shall adopt an integrated and comprehensive approach to health development which 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."

Among the primary causes of mortality in the Philippines is Chronic Kidney Disease (CKD). Every hour, one Filipino or about 120 Filipinos per million population dies because of End Stage Renal Disease (ESRD), the last stage of CKD. The numbers continue to rise as experts noted that there is a 10-20 percent increase in new patients undergoing dialysis as of 2018.

In available data from the Philippine Renal Disease Registry, 18,603 new Filipino patients underwent dialysis in 2015 and by the end of that year, it rose to 32,077. From this number, only 475 or 1.5 percent of Filipino patients received kidney transplants.

The optimum frequency of dialysis treatment is three times a week. But some Filipino patients settle for once- or twice-a-week sessions due to the prohibitively high costs and inaccessibility. Some patients even die without the chance to undergo the treatment because they cannot afford it.

But it is important to recognize that dialysis treatments merely serve as a temporary lifeline for kidney patients to survive. Nephrologists note that kidney transplants remain to be the best form of renal replacement therapy

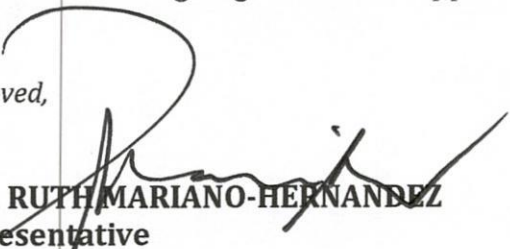
This bill aims to provide cost-effective renal replacement therapy for Filipinos.

The measure hereby seeks to establish facilities that would provide quality renal health by mandating health facilities in the national, regional and provincial levels that will give free dialysis for indigent Filipinos.

It likewise aims to develop PhilHeath packages that would cover expenses for renal patients to undergo kidney transplant procedures and extend these packages to the living kidney donors for the cost of laboratory work-up, hospitalization and medications.

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

Approved,


HON. RUTH MARIANO-HERNANDEZ
Representative
2nd District, Laguna

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REGIONAL, AND PROVINCIAL GOVERNMENT HOSPITALS, INCREASING FOR THE
PURPOSE THE PHILHEALTH PACKAGE RATE FOR MEMBERS AND APPROPRIATING
FUNDS THEREFOR

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 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. Pursuant to this, the State shall continually improve the delivery of health services and hospital facilities to make those accessible to all.

In line with this policy, 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 (ESRD).

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 support the needs of a patient's 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 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 as identified and assessed by the social worker of the Department of Social Welfare and Development (DSWD) or the social worker of the concerned local government unit;
- e. **Kidney Transplant or KT** refers to a surgical procedure to place a healthy kidney from a living 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 subdivisions, or any department, division, board or 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 or the lining of the abdominal cavity, as the membrane through which fluid and toxic substances are exchanged with blood;
- i. **PD First Policy** refers to the policy where peritoneal dialysis, when feasible, is offered as the first dialysis modality to RRT patients;
- j. **Renal replacement therapy or RRT** refers to a 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, regional, and provincial government hospitals, including all stand-alone dialysis facilities shall establish, operate and maintain a dialysis service facility in their hospitals. These dialysis facilities shall have all the necessary dialysis machines, equipment and supplies. The same hospitals and dialysis facilities are mandated to train nephrologists, dialysis nurses, dialysis technicians, and operating room nurses in both peritoneal dialysis and hemodialysis.

All national, regional, and provincial government hospitals, including all stand-alone dialysis facilities shall have a dialysis service area that is compliant with the licensing and accreditation requirements imposed by the Department of Health (DOH) and Philippine Health Insurance Corporation (PhilHealth). The dialysis service area shall have the

necessary personnel, dialysis equipment and supplies for both hemodialysis and peritoneal dialysis, as required by the DOH and the PhilHealth of private dialysis clinics.

The dialysis facilities shall further have a non-treatment place, which shall serve as a waiting area for chronic kidney disease (CKD) patients and a business area dedicated to the provision, display, and dissemination of information on the prevention of CKD.

All patients diagnosed with ESRD shall be referred to a DOH-accredited transplant facility to receive orientation and counseling on the advantages of undergoing transplantation as the best treatment for kidney failure. They shall likewise undergo medical evaluation for suitability of transplantation. All potential organ donors of the patient shall be evaluated to determine compatibility. If no living donors are available, the patient shall be enrolled in the deceased organ donor waiting list to ensure that all patients with ESRD have the option to avail of kidney transplantation.

SEC.5. Chronic Kidney Disease (CKD) Prevention and Health Promotion. - All national, regional, and provincial government hospitals, and stand-alone dialysis facilities shall establish CKD prevention strategies and health promotion activities which shall include advocacy activities targeting relatives of dialysis patients who are at high risk in developing CKD themselves, the provision of instructional materials on the common symptoms of kidney disease and regular conduct of educational activities such as healthy diet and lifestyle, availment of regular tests to diagnose kidney disease, information on 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 shall be informed on the availability of the proper medicines from government health centers such as those for diabetes and hypertension, and the importance of the regular intake of medicines and monitoring of kidney function through regular laboratory testing and check-up by a qualified physician. All activities pertaining to the aforementioned programs shall be documented accordingly.

SEC. 6. Quality Standards of Dialysis Services and Transplant Facilities. - Hospitals and 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 respective DOH licenses to operate a dialysis center or transplant facility. Registration of all dialysis patients in the PhilHealth dialysis database shall be required prior to the availment of both peritoneal dialysis and hemodialysis.

SEC. 8. PhilHealth Benefit for Kidney Transplantation - The PhilHealth Z-benefit for kidney transplantation from living donors shall be expanded accordingly. This shall

include the cost of laboratory work-up for both recipient and donor candidate, hospitalization for the transplant operation, including induction immunosuppression and maintenance oral immunosuppression, machine perfusion of procured organs, the cost for organ retrieval, all medications required during hospitalization, and post discharge laboratory examinations up to one (1) month for the recipient, and up to one (1) year for the donor.

The cost of organ retrieval and machine perfusion shall be established by the DOH-Philippine Organ Donation and Transplant Program for all organ procurement organizations or organ and tissue retrieval units.

The PhilHealth benefit package for kidney transplantation shall cover the evaluation and screening of the kidney donor and recipient up to the transplant and post-transplantation procedures and remedies and shall include cases involving ESRD patients.

In order to support kidney transplantation as the best treatment option that provides the highest quality of life for ESRD patients and ensures the return of the patient to full rehabilitation, the PhilHealth shall provide lifetime support for all maintenance immunosuppression 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. All donor- Filipino citizens shall carry the organ donor card to be prescribed by the DOH. Health RRT facilities will likewise establish an organ and tissue donor referral system that will identify all potential organ and tissue donors to the Philippine Network for Organ Sharing (PhilNOS).

SEC. 9. PhilHealth Benefit for Dialysis Treatment.—The PhilHealth shall increase the Z-benefit package rate for the principal member and the members' qualified dependents for maintenance peritoneal dialysis covering three (3) peritoneal dialysis exchanges per day for three hundred sixty five (365) days, while the package rate for hemodialysis treatment shall be increased annually to cover a minimum of three (3) hemodialysis sessions frequency a week, four (4) hours per session, or as may be necessary. The professional fee of the attending physician and hospital charges shall be included in the PhilHealth benefits for dialysis treatment.

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, dialyzer and epoetin injection, 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 six (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. A PD First Policy shall be observed for all indigent patients, unless there is a contraindication for its use in a particular patient.

SEC. 12. Treatment Options. - The PhilHealth shall develop a case rate package that shall provide the highest benefit for a kidney transplant procedure, peritoneal dialysis, and hemodialysis procedures.

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

- 1) For the donor, screening test shall 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 other tests as may be 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 paid for by the PhilHealth 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 passes the criteria for the PhilHealth Z-benefit package for transplantation, the expenses for selected laboratory tests may be reimbursed to the patient by the healthcare institution after the PhilHealth pays the benefit to the healthcare institution.

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

SEC. 14. Dialysis Facility. - A dialysis facility shall be compliant with the licensing requirements imposed by DOH for hemodialysis. Hospitals without dialysis facilities shall provide the necessary equipment and qualified staff to perform peritoneal dialysis

services. Hospitals with existing hemodialysis facilities only, shall immediately establish a peritoneal dialysis unit to provide cost-effective dialysis option to patients. Hospitals shall equip itself with the necessary personnel, equipment and supplies as required by PhilHealth.

SEC. 15. *Training for Peritoneal and Hemodialysis, and Transplant Treatment and Services.* - 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 physicians, surgeons, nurses, technicians and coordinators who shall take charge of the hemodialysis and peritoneal dialysis centers, operating rooms, transplant wards, and for non-medical barangay health workers who shall assist home based peritoneal dialysis. The NKTi shall accredit the centers that can provide training for these personnel and the training shall include hands-on workshops for dialysis.

SEC. 16. *Establishing a Chronic Kidney Disease (CKD) Counseling Clinic.* - All RRT facilities shall establish a CKD counseling clinic and shall separately provide personnel trained to engage patients and explain to them the normal functions of the kidney, the stages of CKD, the laboratory examinations 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.

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

SEC. 17. *Availment of Persons with Disability (PWD) Benefits by CKD Patients.* -CKD patients shall be classified as PWD, who 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 affected with kidney disease and to undergo treatment for it.

SEC. 18. *Creation of a Renal Disease Control Program (REDCOP).* - All RRT facilities shall create a Renal Disease Control Program (REDCOP) that shall 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. 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. 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 ESRD, PD or HD services from government hospitals, such as the PHIC, 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 other government agencies for a period of six (6) months, upon due process and hearing. If these persons are found to be engaged in the selling of 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 appropriations 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 ninety (90) days from the effectivity of this Act, the DOH shall, in coordination with the PhilHealth, the NKTl, and other relevant stakeholders, 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,