



Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

NINETEENTH (19th) CONGRESS
First Regular Session

HOUSE BILL NO. 1991



Introduced by REP. JOSEPH STEPHEN S. PADUANO

EXPLANATORY NOTE

The Philippines is one of the countries with a high risk population when it comes to renal disease because of numerous cases of diabetes, high blood pressure, and other hereditary diseases, all of which can lead to kidney malfunction. According to the National Kidney Transplant Institute (NKTi), kidney diseases are already the 7th leading cause of death among Filipinos with one Filipino developing chronic renal failure every hour or about 120 Filipinos per million population per year. In 2013, Dr. Antonio Paraiso of the Department of Health (DOH)'s Philippine Network for Organ Sharing (PhilNOS) reported that close to 23,000 patients in 2004 undergoing dialysis treatment compared to the 4,000 patients in 2004. He also noted that glomerulonephritis used to be the primary cause of kidney failure until it was overtaken by diabetes and hypertension.

The cost of medical treatment for kidney disease is really very expensive, beyond the reach of ordinary patients. It was reported that in 2007, only 73% of Filipino patients with kidney failure were able to afford necessary treatment. A 2013 research by Dr. Romina Danguilan placed the average monthly income of chronic kidney disease (CKD) patients at P4,838.16 compared to the cost of treatment of P2,250 to be paid to the health care institution and P350.00 for the professional fee which has risen to P700.00 in January 2016. A study by the Philippine Society of Nephrology (PSN) showed that 60 percent of CKD patients are the so-called service patients who badly needed state subsidy to get the life-saving treatment. Most of them usually reach out to politicians, foundations, state agencies, the Philippine Charity Sweepstakes Office (PCSO), among others.

Article XIII, Section 11 of the 1987 Philippine Constitution provides that:

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.

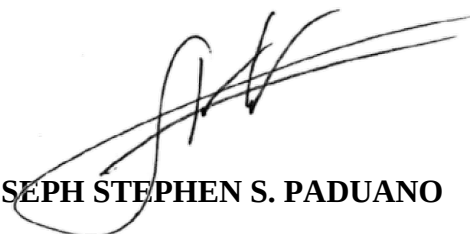
Despite the efforts of the government – through the DOH, together with its specialty and regional hospitals and accredited dialysis clinics, PCSO and PhilHealth – in addressing the problem, still the occurrence of renal diseases in the country is on the rise. More and more CKD patients facing economic difficulties who cannot afford the cost of the necessary hospital/clinic tend to forego the treatment.

Hence, providing a dialysis machine to national, regional, and provincial government hospitals will help CKD patients, especially from rural areas, to get the necessary treatment near their places of abode. A dialysis machine cost around P400,000.00 and this will not burden the government if the provision of the machine to DOH hospitals is done on a staggered basis. What is important is CKD patients from the rural areas can avail of the treatment near their homes.

In consonance with the constitutional mandate to make health services available to all the people at affordable cost, this bill requires all national, regional, and provincial government hospitals to establish, operate, and maintain a dialysis service facility in their respective hospital in order that dialysis treatment will be available and accessible to the people especially those in the rural areas in a cost-effective manner. This bill further requires that dialysis treatment should be provided to indigent patients, free of charge. Moreover, this measure also requires that the dialysis service facility to disseminate the necessary information to prevent the occurrence of kidney malfunction, and CKD.

This bill entitled House Bill No. 532 or *“An Act Requiring All National, Regional, and Provincial Government Hospitals to Establish, Operate, and Maintain a Dialysis Service Facility in their Respective Hospital and Providing Free Dialysis Treatment to Indigent Patients”* was filed in the 18th Congress, wherein it was lengthily deliberated in the Committee and was included in the consolidation to other similar proposed measures, and House Bill No. 6803 or *“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 of the PhilHealth Package Rate for Members and Appropriating Funds Therefor.”* with Hon. Angelina Tan, MD, Hon Jose Christopher Belmonte, Hon. Estrellita Suansing, and other members of the House, including this Representation as proponents, was passed on Third Reading and transmitted to the Senate for appropriate action/s.

For more efficient delivery of health care services to the Filipino people, the immediate approval of this proposed measure is earnestly sought.



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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

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

1 **SECTION 1. *Short Title.*** – This Act shall be known as the “*Comprehensive Renal*
2 *Replacement Therapy Act*”.

3
4 **SEC. 2. *Declaration of Policy.*** – It is the declared policy of the State to make available
5 essential goods, health and other social services to all citizens at affordable cost and to deliver
6 medical care to indigents free of charge. Pursuant to this, the State shall continually improve
7 the delivery of health services and hospital facilities to make those accessible to all.

8
9 In line with this policy, the State shall adopt an integrated and comprehensive approach
10 to health service delivery that shall include comprehensive renal replacement therapy for
11 patients who are diagnosed with End Stage Renal Disease (ESRD).

12

13

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

- 2
- 3 a) **Dialysis Facility** shall refer to a facility that provides treatment for ESRD to indigent
- 4 patients and disseminates information on the various forms of renal replacement
- 5 therapy such as kidney transplantation, peritoneal dialysis and hemodialysis;
- 6 b) **End Stage Renal Disease or ESRD** refers to the final stage of chronic kidney
- 7 disease in which the kidneys no longer function well enough to support the needs of
- 8 a patient’s daily life;
- 9 c) **Hemodialysis or HD** refers to a medical procedure to remove fluid and waste
- 10 products from the blood and to correct electrolyte imbalances using a synthetic
- 11 membrane or dialyzer which is also referred to as an “artificial kidney”;
- 12 d) **Indigent** refers to a patient who has no source of income or whose income is not
- 13 sufficient for family subsistence as identified and assessed by the social worker of
- 14 the Department of Social Welfare and Development (DSWD) or the social worker
- 15 of the concerned local government unit;
- 16 e) **Kidney Transplant or KT** refers to a surgical procedure to place a healthy kidney
- 17 from a living or deceased donor into a person whose kidneys no longer function
- 18 sufficiently to sustain the person’s life;
- 19 f) **National, regional, and provincial hospitals** refer to hospitals and stand-alone
- 20 dialysis facilities operated and maintained either partially or wholly by the national,
- 21 regional and provincial government or other political subdivisions, or any
- 22 department, division, board or agency thereof;
- 23 g) **No balance billing** refers to the government policy of not charging the medical
- 24 expenses incurred over and beyond the PhilHealth package rates to a PhilHealth
- 25 member who has undergone medical treatment;
- 26 h) **Peritoneal dialysis or PD** refers to a treatment for kidney failure and a type of
- 27 dialysis that uses the person’s peritoneum or the lining of the abdominal cavity, as
- 28 the membrane through which fluid and toxic substances are exchanged with blood;
- 29 i) **PD First Policy** refers to the policy where peritoneal dialysis, when feasible, is
- 30 offered as the first dialysis modality to RRT patients;
- 31 j) **Renal replacement therapy or RRT** refers to a therapy that partially replaces the
- 32 functions of the normal kidney. This may be in the form of kidney transplantation,
- 33 peritoneal dialysis, and hemodialysis.
- 34
- 35

1 **SEC. 4. *Establishment of Dialysis Services Wards or Units in National, Regional,***
2 ***Provincial Government Hospitals.*** – Within five (5) years from the effectivity of this Act, all
3 national, provincial, and regional government hospitals, including all stand-alone dialysis
4 facilities shall establish, operate, and maintain a dialysis service facility in their hospital. These
5 dialysis facilities shall have all the necessary dialysis machines, equipment and supplies. The
6 same hospitals and dialysis facilities are mandated to train nephrologists, dialysis nurses,
7 dialysis technicians, and operating room nurses in both peritoneal dialysis and hemodialysis.

8
9 All national, regional, and provincial government hospitals, including all stand-alone
10 dialysis facilities shall have a dialysis service area that is compliant with the licensing and
11 accreditation requirements imposed by the Department of Health (DOH) and Philippine Health
12 Insurance Corporation (PhilHealth). The dialysis service area shall have the necessary
13 personnel, dialysis equipment and supplies for both hemodialysis and peritoneal dialysis, as
14 required by the DOH and the PhilHealth of private dialysis clinics.

15
16 The dialysis facilities shall further have a non-treatment place, which shall serve as a
17 waiting area for chronic kidney disease (CKD) patients and a business area dedicated to the
18 provision, display, and dissemination of information on the prevention of CKD.

19
20 All patients diagnosed with ESRD shall be referred to a DOH-accredited transplant
21 facility to receive orientation and counseling on the advantages of undergoing transplantation
22 as the best treatment for kidney failure. They shall likewise undergo medical evaluation for
23 suitability of transplantation. All potential organ donors of the patient shall be evaluated to
24 determine compatibility. If no living donors are available, the patient shall be enrolled in the
25 deceased organ donor waiting list to ensure that the patients with ESRD have the option to avail
26 of kidney transplantation.

27
28 **SEC. 5. *Chronic Kidney Disease (CKD) Prevention and Health Promotion.*** – All
29 national, regional, provincial government hospitals and stand-alone dialysis facilities shall
30 establish CKD prevention strategies and health promotion activities which shall include
31 advocacy activities targeting relatives of dialysis patients who are at high risk in developing
32 CKD themselves, the provision of instructional materials on the common symptoms of kidney
33 disease and regular conduct of educational activities such as health diet and lifestyle, availment
34 of regular test to diagnose kidney disease, information on the most common causes of kidney
35

1 failure, and advisories on the appropriate protocols for the diagnostic evaluation of possible
2 kidney disease.

3
4 Patients and their relatives shall be informed on the availability of the proper medicines
5 from government health centers such as those for diabetes and hypertension, and the importance
6 of the regular intake of medicines and monitoring of kidney function through regular laboratory
7 testing and check-up by a qualified physician. All activities pertaining to the aforementioned
8 programs shall be documented accordingly.

9
10 **SEC. 6. *Quality Standards of Dialysis Services and Transplant Facilities.*** – Hospitals
11 and dialysis centers for both hemodialysis and peritoneal dialysis, and transplant facilities shall
12 comply with the safety and quality standards of dialysis or transplant services, which shall be
13 strictly monitored by the PhilHealth and the Health Facilities and Services Regulatory Bureau
14 of the DOH.

15
16 **SEC. 7. *Philippine Renal Disease Registry.*** – Private and public hospitals, dialysis
17 centers for both hemodialysis and peritoneal dialysis, and transplant facilities shall be mandated
18 to report to the Philippine Renal Disease Registry of the DOH, the incidence and prevalence of
19 patients receiving peritoneal dialysis or hemodialysis treatment, and who have received a
20 kidney transplant as a requirement for the renewal of their respective DOH licenses to operate
21 a dialysis center or transplant facility. Registration of all dialysis patients in the PhilHealth
22 dialysis database shall be required prior to the availment of both peritoneal dialysis and
23 hemodialysis.

24
25 **SEC. 8. *PhilHealth Benefit for Kidney Transplantation.*** – The PhilHealth Z-benefit
26 for kidney transplantation from living donors shall be expanded accordingly. This shall include
27 the cost of laboratory work-up for both recipient and donor candidate, hospitalization for the
28 transplant operation, including induction immunosuppression and maintenance oral
29 immunosuppression, machine perfusion of procured organs, the cost for organ retrieval, all
30 medications required during hospitalization, and post discharge laboratory examinations up to
31 one (1) month for the recipient, and up to one (1) year for the donor.

32
33 The cost of organ retrieval and machine perfusion shall be established by the DOH-
34 Philippine Organ Donation and Transplantation Program to be observed by all organ
35 procurement organizations or organ and tissue retrieval units.

1 The PhilHealth benefit package for kidney transplantation shall cover the evaluation and
2 screening of the kidney donor and recipient up to the transplant and post-transplantation
3 procedures and remedies and shall include cases involving ESRD patients.
4

5 In order to support kidney transplantation as the best treatment option that provides the
6 highest quality of life for ESRD patients and ensures the return of the patient to full
7 rehabilitation, the PhilHealth shall provide lifetime support for all maintenance
8 immunosuppression of the transplant patient, as long as the transplanted organ is functioning
9 and the patient remains dialysis-independent.
10

11 All renal replacement therapy facilities shall be required to engage in regular organ
12 donation advocacy activities. All donor- Filipino citizens shall carry the organ card to be
13 prescribed by the DOH. Health RRT facilities will likewise establish an organ and tissue donor
14 referral system that will identify all potential organ and tissue donors to the Philippine Network
15 for Organ Sharing (PhilNOS).
16

17 ***Sec. 9 PhilHealth Benefit for Dialysis Treatment.*** – The PhilHealth shall increase the
18 Z-benefit package rate for the principal member and the members’ qualified dependents for
19 maintenance peritoneal dialysis covering three (3) peritoneal dialysis exchanges per day for
20 three hundred sixty five (365) days, while the package rate for hemodialysis treatment shall be
21 increased annually to cover a minimum of three (3) hemodialysis sessions frequency a week,
22 four (4) hours per session, or as may be necessary. The professional fee of the attending
23 physician and hospital charges shall be incorporated in the PhilHealth benefit package for
24 dialysis treatment.
25

26 For purposes of providing optimal financial risk protection to the most vulnerable
27 groups including the poorest of the poor, the “no balance billing policy” of the government shall
28 be strictly observed in the case of indigent patients.
29

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

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

3
4 **SEC. 10. *Periodic Assessment and Benefit Package Adjustment for End Stage Renal***
5 ***Disease Patients.*** – A periodic assessment and reasonable adjustments of the benefit package
6 for dialysis and transplant patients shall be made by the PhilHealth after taking into
7 consideration its financial sustainability and changes in the socio-economic conditions of the
8 country.

9
10 **SEC. 11. *Free Dialysis Treatment to Indigent Patients.*** – Dialysis treatment in all
11 national, regional, and provincial hospitals shall be provided free of charge to indigent patients.
12 A PD First Policy shall be observed for all indigent patients, unless there is a contraindication
13 for its use in a particular patient.

14
15 **SEC. 12. *Treatment Options.*** – The PhilHealth shall develop a care rate package that
16 shall provide the highest benefit for a kidney transplant procedure, peritoneal dialysis and
17 hemodialysis procedures.

18
19 The benefit package shall include a screening test for both the kidney transplantation
20 donor and recipient. The screening test for possible kidney transplantation of both the donor
21 and recipient shall include:

- 22
23 1) For donor, screening test shall include blood typing, complete blood count, fasting
24 blood sugar, creatinine, hepatitis B surface antigen, anti-hepatitis C antibody,
25 urinalysis, chest x-ray and ultrasound of the kidneys, ureter, and urinary bladder.
26 2) For the recipient, cardiac evaluation and other tests as may be needed.

27
28 During the availment of the full benefits of dialysis within the first two (2) years of
29 dialysis initiation, the cost of dialysis treatment shall be paid for by the PhilHealth as described
30 in Section 8. These options are provided to encourage more patients to undergo kidney
31 transplantation and attain full rehabilitation.

32
33 If the patient passes the criteria for the PhilHealth Z-benefit package for transplantation,
34 the expenses for selected laboratory test may be reimbursed to the patient by the healthcare
35

1 institution after the PhilHealth pays the benefit to the healthcare institution for such laboratory
2 expenses.

3
4 **SEC. 13. *Rehabilitation Program.*** – The DOH, in coordination with the Department
5 of Labor and Employment, the Technical Education and Skills Development Authority, the
6 DSWD, and other pertinent agencies, shall establish a comprehensive rehabilitation program
7 for both kidney donors and dialysis patients who have undergone kidney transplant procedure
8 in order to help them reach their fullest physical, psychological, social, vocational, and
9 education potential consistent with their physiologic or anatomic condition, environmental
10 limitations, life plans and desires.

11
12 **SEC. 14. *Dialysis Facility.*** – A dialysis facility shall comply with the licensing
13 requirements imposed by the DOH for hemodialysis services before it operates as such.
14 Hospitals desiring to provide peritoneal dialysis treatment services shall provide the necessary
15 equipment and qualified treatment services as prescribed by the PhilHealth. Hospitals with
16 existing hemodialysis facilities only shall immediately establish a peritoneal dialysis unit to
17 provide a cost-effective dialysis option to patients.

18
19 **SEC. 15. *Training for Peritoneal and Hemodialysis, and Transplant Treatment and***
20 ***Services.*** – The DOH, National Kidney and Transplant Institute (NKTi), Philippine Society for
21 Transplant Surgeons (PSTS), and the Philippine Society of Nephrology (PSN) shall provide
22 training for medical personnel such as physicians, surgeons, nurses, technicians and
23 coordinators who shall work in hemodialysis and peritoneal dialysis facilities, operating rooms,
24 transplant wards, and for non-medical barangay health workers who shall assist home-based
25 peritoneal dialysis treatment. The NKTi shall accredit the facilities that may provide training
26 for these personnel, which training shall include hands-on workshops for dialysis.

27
28 **SEC. 16. *Establishing a Chronic Kidney Disease (CKD) Counseling Clinic.*** – All
29 RRT facilities shall establish a CKD counseling clinic and shall separately provide personnel
30 trained to engage patients and explain to them the normal functions of the kidney, the stages of
31 CKD, the laboratory examinations routinely performed for CKD patients, the common
32 medications required that can control the progression of kidney disease, the metabolic
33 complications of ESRD, and the indications for renal replacement. The clinics shall monitor
34 the kidney function of patients so that a timely referral to a nephrologist or internist/pediatrician
35 with specialized training in CKD can be made.

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

3
4 **SEC. 17. *Availment of Persons with Disability (PWD) Benefits by CKD Patients.*** –
5 CKD Patients shall be classified as PWD. They shall be entitled to PWD benefits in accordance
6 with Republic Act No. 7277, otherwise known as the Magna Carta for Disabled Persons. The
7 PhilHealth and DOH Health Technology Assessment Council shall conduct an in-depth study
8 on both the direct and indirect cost of being afflicted with kidney disease and undergoing
9 treatment for it.

10
11 **SEC. 18. *Creation of a Renal Disease Control Program.*** – All RRT facilities shall
12 create a Renal Disease Control Program that shall promote the early recognition of kidney
13 disease, identify persons at high risk of developing kidney disease and initiate preventive
14 strategies to either prevent the development of kidney disease from diabetes to hypertension, or
15 to delay its progression to end stage renal disease. The DOH will establish a database of these
16 patients to ensure that they are regularly monitored for disease progression and that they are
17 receiving appropriate treatment for CKD.

18
19 **SEC. 19. *Penalty.*** – Any head or chief of hospital, administrator or officer-in-charge
20 of a hospital, dialysis center, and health facility who fails to comply with Sections 5 and 6 of
21 this Act shall be meted with a fine of Fifty thousand pesos (Php 50,000.00) up to a maximum
22 of One hundred thousand pesos (Php 100,000.00).

23
24 Likewise, persons receiving free treatment of medicines for ESRD, PD, or HD services
25 from government hospitals, such as the PHIC, who are found selling these medicines or services
26 instead of using them for their own treatment, shall be penalized with the suspension of their
27 PhilHealth membership and other government assistance for a period of six (6) months, upon
28 due process and hearing. If these persons are found to have committed the same violation for
29 the second time, they shall be permanently ineligible to receive government assistance.

30
31 **SEC. 20. *Appropriations.*** – The initial amount necessary to implement the provisions
32 of this Act for national and regional hospitals shall be charged against the current year's
33 Appropriation of the DOH. Thereafter, such sum as may be necessary for its continued
34 implementation shall be included in the General Appropriations Act.

1 For provincial hospitals, the local government concerned shall provide the necessary
2 funds for the establishment and operationalization of its dialysis service units.

3
4 **SEC. 21. *Implementing Rules and Regulations.*** – Within ninety (90) days from the
5 effectivity of this Act, the DOH shall, in coordination with the PhilHealth, the NKTl, and other
6 relevant stakeholders, issue the implementing rules and regulations to implement the provisions
7 of this Act.

8
9 **SEC. 22. *Separability Clause.*** – If any provision or part hereof is held invalid or
10 unconstitutional, the remainder of the law or the provision not otherwise affected shall remain
11 valid and subsisting.

12
13 **SEC. 23. *Repealing Clause.*** – All laws, presidential decree or issuance, executive
14 orders, letter of instruction, administrative order, rule or regulation contrary to or inconsistent
15 with the provisions of this Act are hereby repealed, modified or amended accordingly.

16
17 **SEC. 24. *Effectivity.*** – This Act shall take effect fifteen (15) days after its publication in
18 the *Official Gazette* or in at least two (2) newspapers of national circulation.

19
20 ***Approved,***