

NINETEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
First Regular Session)



HOUSE OF REPRESENTATIVES
H.B. NO. 2373

INTRODUCED BY REPRESENTATIVE EMMARIE “LOLYPOP” OUANO-DIZON

**AN ACT
REQUIRING ALL NATIONAL, REGIONAL, AND PROVINCIAL
GOVERNMENT HOSPITALS TO ESTABLISH, OPERATE, AND
MAINTAIN A DIALYSIS WARD OR UNIT IN THEIR RESPECTIVE
HOSPITAL AND PROVIDING FREE DIALYSIS TREATMENT TO
INDIGENT PATIENTS,**

EXPLANATORY NOTE

One of the primary causes of mortality among Filipinos is Chronic Kidney Disease. Every hour, one Filipino or about 120 Filipinos per million population dies because of kidney failure making it the 9th leading cause of death. The numbers continue to rise as experts noted that there is around 10-20 percent increase in the new patients undergoing dialysis in 2018.

The optimum frequency of dialysis treatment is three times a week. But some Filipino patients would settle with once or twice a week because of its high cost and inaccessibility. In turn, their health would deteriorate progressively. Patients from remote areas, who are suffering from kidney disorder/kidney disease have to travel all the way to urban cities just to avail of the dialysis treatment which is needed on regular and sustained basis while some patients die without even the chance to undergo the treatment because they could not afford it.

This bill seeks to establish facilities that would provide quality renal health service for Filipinos. It will also establish health facilities in the national, regional, and provincial levels that will give free dialysis for indigent Filipinos. It likewise

aims to increase the number of Filipino renal patients to undergo kidney transplant procedures by developing PhilHealth packages that would cover for their expenses. These packages extend to the living kidney donors including the cost of laboratory-work-up, hospitalization, and all medications.

This bill is in consonance with the mandate of the Constitution to make social services such as health affordable to all Filipinos, as stated in Section 11, Article XIII:

“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.”

Considering that the setting up of regional specialty hospitals is one of the expressed priorities of the new Administration as outlined in the State of the Nation Address of President Ferdinand Marcos, Jr., it is a timely measure that this House can push in the legislative mill.

Hence, the early approval of this bill is earnestly sought.

A handwritten signature in black ink, appearing to read 'Emmarie', with a stylized flourish at the end.

EMMARIE “LOLYPOP” OUANO-DIZON



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

NINETEENTH CONGRESS
First Regular Session

House Bill No. **2373**

INTRODUCED BY **REPRESENTATIVE EMMARIE “LOLYPOP” OUANO-DIZON**

AN ACT
REQUIRING ALL NATIONAL, REGIONAL, AND PROVINCIAL
GOVERNMENT HOSPITALS TO ESTABLISH, OPERATE, AND
MAINTAIN A DIALYSIS WARD OR UNIT IN THEIR RESPECTIVE
HOSPITAL AND PROVIDING FREE DIALYSIS TREATMENT TO
INDIGENT PATIENTS,

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 “Dialysis Center Act”.

Section 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.

Section 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 renal replacement therapy such as kidney transplantation, peritoneal dialysis and hemodialysis;
- b) **Indigent Patient** refers to a patient with 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;
- c) **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;
- d) **Secretary** refers to the Secretary of the Department of Health.

Section 4. Establishment, Operation, and Maintenance of Dialysis Service Wards or Units in National, Regional, Provincial Government Hospitals. – Within two (2) years from the effectivity of this Act, strategic national, regional, and provincial government hospitals, shall establish, operate, and maintain a dialysis service facility in their hospitals. As the capacity of the National Government permits, these facilities shall eventually be opened and operated in all national, regional, and provincial hospitals. The Department of Health shall make the recommendation every three years for the opening and funding of these additional facilities.

Section 4A. These dialysis facilities shall have all the necessary dialysis machines, equipment, supplies, and personnel. The Department of Health, Department of Interior and Local Government, Department of Budget and Management, and in consultation with concerned local government units shall come up with the appropriate staffing pattern in order to provide these facilities of the required personnel in its operation and maintenance. The necessary budgets shall be included in the annual General Appropriations Act.

Section 5. *Free Dialysis Treatment to Indigent Patients.* – *As far as practicable,* dialysis treatment in all national, regional, and provincial government hospitals opened and operated by virtue of this Act shall be provided free of charge to indigent patients. The Philhealth, DSWD, and DOH should come up with schemes to maximize the application and use of existing assistance programs (AICS, MAIP) of their agencies in conjunction with the Malasakit Program in order achieve a zero balance billing for this particular service.

Section 6. *Penalty.* – Any head or chief of hospital, administrator or officer-in-charge of a hospital, dialysis center, and health facility who fails to comply with this Act shall be meted with a fine of Fifty thousand pesos (P50,000.00) up to a maximum of One hundred thousand pesos (P100,000.00).

Section 7. *Appropriations.* – The initial amount necessary to implement the provisions of this Act for national and regional hospitals shall be charged against the current year's Appropriation of the DOH. Thereafter, such sum as may be necessary for its continued implementation shall be included in the annual General Appropriations Act.

Section 8. *Implementing Rules and Regulations.* – The Secretary shall promulgate the necessary rules and regulations to implement the provisions of this Act.

Section 22. *Separability Clause.* – If, for any reason any part or provision of this Act is declared invalid and unconstitutional, the remaining parts or provisions not affected thereby shall remain in full force and effect.

Section 26. *Repealing Clause.* – All laws, presidential decrees, executive orders, rules and regulations contrary to or inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

Section 27. *Effectivity.* – The Act shall take effect fifteen (15) days after its publication in the *Official Gazette* or in a newspaper of general circulation.

Approved,