

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Batasan Hills, Quezon City

NINETEENTH CONGRESS
First Regular Session

House Bill No. 3239



Introduced by

HON. YEDDA MARIE K. ROMUALDEZ
HON. JUDE A. ACIDRE
and
HON. BAI DIMPLE MASTURA

AN ACT
EXPANDING THE PHILHEALTH OUTPATIENT COVERAGE ON DIALYSIS
AND RENAL REPLACEMENT THERAPY, AND FOR OTHER PURPOSES

EXPLANATORY NOTE

Chronic Kidney Diseases are considered as one of the leading causes of death in the country. According to the National Kidney and Transplant Institute (NKTi), one Filipino develops chronic renal failure every hour or about 120 Filipinos per million population every year. Latest statistics estimate the number of Filipinos with chronic kidney disease at 2.3 million.

These diseases can be treated with renal replacement therapies ranging from hemodialysis to renal transplant. However, the high cost of these treatments and the shortage in organ donors makes it difficult for patients to access proper health care.

In line with this, the proposed legislative measure seeks to expand the PhilHealth outpatient coverage on dialysis and renal replacement therapy.

Under the implementing rules and regulations of Republic Act No. 11223 or the “Universal Health Care Act”, the PhilHealth shall cover all expenses for maintenance dialysis treatments. Furthermore, all expenses for kidney transplantation from living donors shall be shouldered by PhilHealth, including the cost of laboratory work-up for both recipient and donor candidate, hospitalization for the transplant operation, machine perfusion of procured organs, the cost for organ retrieval, all medications required during the hospital stay, and post discharge laboratories.

This will improve the delivery of health care services to the people and ensure that hospital facilities are available, affordable, and accessible.

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



Rep. YEDDA MARIE K. ROMUALDEZ
Representative, Tingog Sinirangan



Rep. JUDE A. ACIDRE
Representative, Tingog Sinirangan



Rep. BAI DIMPLE MASTURA
Representative, First District of Maguindanao

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

Section 1. *Short Title*— This Act shall be known as the “*Comprehensive
Dialysis and Renal Replacement Therapy Act.*”

Section 2. *Declaration of Policy.* – The State shall endeavor to make essential goods, health, and other social services available to all the people at an affordable cost, as well as to improve the delivery of health care services to the people and to ensure that hospital facilities are available, affordable, and accessible to the people.

It is a declared policy of the State to adopt an integrated and comprehensive approach to health development that will provide Comprehensive Renal Replacement Therapy (RRT) to improve the delivery of health care services to patients diagnosed with End Stage Renal Disease

(ESRD), and to encourage them to have a kidney transplant, primarily within the first two (2) years of starting dialysis.

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

- (a) *Dialysis facility* refers to a health facility that provides treatment for ESRD 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 meet the needs of 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. This is accomplished using a synthetic membrane or dialyzer which is also referred to as an "artificial kidney";
- (d) *Indigent patient* refers to a patient who has no source of income or whose income is not sufficient for family subsistence as identified by the Department of Social Welfare and Development (DSWD) through the National Household Targeting System (NHTS) for Poverty Reduction, or those patients who are not listed in the NHTS but are assessed by the provincial, city, or municipal social development officer as indigents;
- (e) *Kidney transplant or KT* refers to a surgical procedure to place a kidney from a live or deceased donor into a person whose kidneys no longer function sufficiently to sustain the person's life;
- (f) *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;
- (g) *Peritoneal dialysis or PD* refers to a treatment for kidney failure and a type of dialysis that uses the person's peritoneum (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; and
- (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, or hemodialysis.

Section 4. *Chronic Kidney Disease (CKD) Prevention and Health Promotion.* – All national, provincial, and regional government hospitals with dialysis service facilities and stand-alone dialysis facilities shall establish CKD prevention strategies and health promotion activities which include: advocacy activities targeting relatives of dialysis patients who are at high risk for developing CKD themselves, the provision of instructional materials and regular educational activities on the common symptoms of kidney diseases such as its risk factors, healthy diet and lifestyle, common tests to diagnose kidney disease, the most common causes of kidney failure, and advisories on the appropriate protocols for the diagnostic evaluation of a possible kidney disease.

Patients and their relatives should be informed about 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 regular clinic follow-up with a qualified physician. All activities pertaining to the aforementioned programs should be documented accordingly.

Section 5. *Philippine Renal Disease Registry.* – Private and public hospitals, dialysis centers for both HD and PD, 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 patients 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 will be required prior to availing of the benefits for both peritoneal dialysis and hemodialysis.

Section 6. *PhilHealth Benefit for Dialysis Treatment.* – The PhilHealth shall cover all expenses for maintenance dialysis treatments, in accordance with the implementing rules and regulations of R.A. No. 11223, or the "Universal Health Care Act." 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.

Section 7. *Dialysis Facility.* – A dialysis facility shall be compliant with the licensing requirements imposed under DOH Administrative Order No. 2012-0001 dated January 26, 2012, for hemodialysis, and PhilHealth-Accreditation for peritoneal dialysis facilities. Hospitals without dialysis facilities must first put up the necessary equipment and qualified staff to perform peritoneal dialysis services. For hospitals with existing hemodialysis facilities, a peritoneal dialysis unit shall be established immediately so that this more cost-effective dialysis option can be made available to patients. Hospitals shall preferentially be provided with the necessary personnel, equipment, and supplies as required by PhilHealth for accredited facilities.

Section 8. *Training for Peritoneal and Hemodialysis Treatment and Services.* – The DOH, National Kidney and Transplant Institute (NKTi), and the Philippine Society of Nephrology (PSN) shall provide training for medical personnel to take charge of the hemodialysis and peritoneal dialysis centers, hemodialysis and peritoneal dialysis nurses, hemodialysis and peritoneal dialysis technicians, operating room nurses, transplant ward nurses, transplant

coordinators, and non-medical barangay health workers to support home based peritoneal dialysis. The NKTl shall accredit the centers that can provide training for the above-mentioned personnel and training should include hands-on workshops for dialysis.

Section 9. *PhilHealth Benefit for Kidney Transplantation.* – All expenses for kidney transplantation from living donors shall be shouldered by PhilHealth, pursuant to R.A. No. 11223, or the “Universal Health Care Act.” 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 the hospital stay, as well as post discharge laboratories.

The cost for organ retrieval and machine perfusion will be established by the DOH-Philippine Organ Donation Program for all organ procurement organizations.

The PhilHealth shall also cover the evaluation and screening of the kidney donor and recipient up to the transplant procedure and post-transplantation procedures and remedies. This is inclusive of both pre- and post-kidney transplantation measures for the benefit of ESRD patients.

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 and the Philippine Charity Sweepstakes Office (PCSO) shall provide support for all maintenance immunosuppression for the lifetime of the transplant patient, provided that the transplanted organ is functioning and the patient remains dialysis-independent.

All RRT facilities shall be required to engage in regular organ donation advocacy activities that will provide education for all Filipinos to carry the organ

donor card. Facilities will likewise establish a potential deceased organ donor referral system that will identify all potential deceased organ donors to the Philippine Network for Organ Sharing.

Section 10. *Rehabilitation Program.* – The DOH, in coordination with the Department of Labor and Employment (DOLE), Technical Education and Skills Development Authority (TESDA), the DSWD, and other pertinent agencies, shall establish a comprehensive rehabilitation program for ESRD patients who have undergone kidney transplant in order to help them reach their fullest physical, psychological, social, vocational, avocational, and educational potential, consistent with their physiologic or anatomic condition, environmental limitations, life plans, and desires.

Section 11. *Appropriations.* – The initial amount necessary to implement the provisions of this Act shall be charged against the current year's appropriation of the DOH and other concerned departments or agencies. Thereafter, such sum as may be necessary for the continued implementation of this Act shall be included in the Annual General Appropriations Act.

Section 12. *Implementing Rules and Regulations.* – Within sixty (60) days from the effectivity of this Act, the Secretary of Health, in coordination with the President of PhilHealth, and the Executive Director of the NKTl, shall issue the implementing rules and regulations to implement the provisions of this Act.

Section 13. *Separability Clause.* – If any provision of this Act is declared invalid or unconstitutional, the provisions not affected thereby shall remain in full force and effect.

Section 14. *Repealing Clause.* – All laws, presidential decrees, executive orders, presidential proclamations, rules and regulations or parts thereof contrary to or inconsistent with this Act are hereby repealed or modified accordingly.

Section 15. *Effectivity.* – This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in at least two (2) newspapers of general circulation.

Approved,