

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

NINETEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 5862

Introduced by Representative Joseph Gilbert F. Violago



EXPLANATORY NOTE

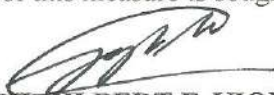
This commendable bill had been filed in the past Congress and the present proponent is acknowledging the wisdom and hard work of his predecessors.

According to the National Kidney Foundation, 10% of the population globally is affected by Chronic Kidney Disease (CKD), while millions die each year because of lack of access to affordable treatment.¹ In middle-income countries, dialysis or kidney transplantation is expensive, hence, creating a financial burden to those in need of the same. In another 112 countries, majority cannot afford treatment at all which results in the death of more than 1 million people yearly due to untreated kidney failure.²

In the Philippines, one Filipino develops CKD every 40 minutes or equivalent to 36 Filipinos getting the renal disease in a single day as per the latest data of the National Kidney Transplant Institute (NKTI).³ In 2021, more than 7 million Filipinos are afflicted with CKD. Most Filipinos cannot afford to undergo treatment, i.e., the average cost of a hemodialysis session is about Php4,500 or Php13,500 for the recommended three (3) sessions per week.⁴

The 1987 Constitution provides that the State shall protect and promote the right to health of the people and instill health consciousness among them (Art. II, Sec. 15). Thus, this measure seeks to mandate national, regional, and provincial hospitals to provide a comprehensive renal replacement therapy to patients with end-stage renal disease. This bill also aims, among others, to expand the benefits that will cover kidney transplant and hemodialysis, and to provide free dialysis treatment to indigent Filipinos.

In view of the foregoing, the urgent passage of this measure is sought.


JOSEPH GILBERT F. VIOLAGO

¹ n.a. "Global Facts: About Kidney Disease." *National Kidney Foundation*. < <https://www.kidney.org/kidneydisease/global-facts-about-kidney-disease> >

² *Ibid.*

³ De Villa, Kathleen. "Chronic kidney disease: 1 Filipino develops it every 40 minutes." *Inquirer.net*. 25 June 2022. < <https://newsinfo.inquirer.net/1616181/chronic-kidney-disease-1-filipino-develops-it-every-40-minutes> >

⁴ n.a. "ARQCapital boosts bid to set up more dialysis centers in PH". *Philippine News Agency*. 21 November 2019. < <https://www.pna.gov.ph/articles/1086669> >

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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:

SECTION 1. *Short Title.* – This Act shall be known as the “Comprehensive Renal Replacement Therapy Act of 2022”.

SECTION 2. *Declaration of Policy.* – It is the declared policy of the State 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. Finally, the State shall endeavor to provide free medical care to paupers. 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 (RRT) for patients who are diagnosed with End-Stage Renal Disease (ESRD).

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. “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 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; and
- 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.

SECTION 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.

SECTION 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 of 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.

SECTION 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 (HFSRB) of the DOH.

SECTION 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.

SECTION 8. *PhilHealth Benefit for Kidney Transplant.* – 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 Transplantation Program to be observed by 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).

SECTION 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 incorporated in the PhilHealth benefit package 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 shall be strictly observed in the case of indigent patients.

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.

SECTION 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 socioeconomic conditions of the country.

SECTION 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.

SECTION 12. *Treatment Options.* – The PhilHealth shall develop a care 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, the 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; and
- 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 undergo kidney transplantation and attain full rehabilitation.

If the patient passes the criteria for the PhilHealth 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 for such laboratory expenses.

SECTION 13. *Rehabilitation Program.* – The DOH, in coordination with the Department of Labor and Employment (DOLE), the Technical Education and Skills Development Authority (TESDA), the Department of Social Welfare and Development (DSWD), and other pertinent agencies, shall establish a comprehensive rehabilitation program for both kidney donors and dialysis patients who have undergone kidney transplant procedures 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.

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

SECTION 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 work in hemodialysis and peritoneal dialysis facilities, operating rooms, transplant wards, and for non-medical barangay health workers who shall assist home-based peritoneal dialysis treatment. The NKTi shall accredit the facilities that may provide training for these personnel, which training shall include hands-on workshops for dialysis.

SECTION 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 NKTl shall provide education and training modules for the medical staff of CKD counseling clinics.

SECTION 17. *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 costs of being afflicted with kidney disease and undergoing treatment for it.

SECTION 18. *Creation of Renal Disease Control Program.* – All RRT facilities shall create a Renal Disease Control Program 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.

SECTION 19. *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 Sections 5 and 6 of this Act shall be meted with a fine of Fifty Thousand Pesos (Php50,000.00) up to a maximum of One Hundred Thousand Pesos (Php100,000.00).

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 medicines or services instead of using them for their own treatment, shall be penalized with the suspension of their PhilHealth membership and other government assistance for a period of six (6) months, upon due process and hearing. If these persons are found to have committed the same violation for the second time, they shall be permanently ineligible to receive government assistance.

SECTION 20. *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.

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

SECTION 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.

SECTION 22. *Separability Clause.* – If any provision of this Act is declared invalid, the remainder or any of this provision hereof not affected thereby shall remain in force and effect.

SECTION 23. *Repealing Clause.* – All laws, decrees, executive orders, presidential issuances and other administrative rules and regulations or parts thereof which are inconsistent with this Act are hereby repealed, amended or modified accordingly.

SECTION 24. *Effectivity Clause.* – This Act shall take effect fifteen (15) days after its publication in the Official Gazette, or in a newspaper of general circulation.

Approved,