



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

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. **439**



Introduced by Representative Crispin Diego “Ping” D. Remulla

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

According to the Philippine Renal Disease Registry, by 2025, an estimated 100,000 Filipinos will be suffering from chronic kidney disease (CKD). Kidney diseases have consistently ranked among the top ten leading causes of death, both in the Philippines and globally.

Considering this alarming trend, there is an urgent need for the State to adopt a comprehensive, long-term strategy to combat kidney-related illnesses. This proposed measure seeks to empower local government units (LGUs) by equipping local hospitals and healthcare facilities to provide adequate treatment for kidney diseases. By decentralizing access to care, patients will no longer be compelled to travel to Metro Manila or other urban centers for treatment, thereby promoting equitable access to healthcare services nationwide.

Additionally, this bill expands the scope of benefits available to kidney patients, significantly easing the financial burden associated with long-term treatment. Most importantly, it institutionalizes free dialysis treatment for indigent patients, ensuring that no Filipino is deprived of life-saving care due to poverty.

This proposed legislation is in line with the constitutional mandate to make health services accessible and affordable for all Filipinos.

In pursuit of the efficient and equitable delivery of healthcare services, the immediate passage of this bill is earnestly sought.

A handwritten signature in black ink, appearing to read 'Ping D. Remulla', with a stylized, cursive script.

CRISPIN DIEGO "PING" D. REMULLA



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Be it enacted by the Senate and the House of the 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 **SEC. 2. *Declaration of Policy.*** – It is a declared policy of the State to adopt an
4 integrated and comprehensive approach to health development that will provide
5 Comprehensive Renal Replacement Therapy (RRT) to improve the delivery of health care
6 services to patients diagnosed with End Stage Renal Disease (ESRD), and to encourage them
7 to have a kidney transplant, primarily within the first two (2) years of starting dialysis.

8 The State shall endeavor to make essential goods, health, and other social services
9 available to all the people at an affordable cost. There shall be priority for the needs of the
10 underprivileged sick, elderly, disabled, women, and children. The state shall endeavor to
11 provide free medical care to indigents.

12 It is also hereby declared as a policy of the State to improve the delivery of health care
13 services to the people and to ensure hospital facilities are available, affordable, and accessible
14 to the people.

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

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

j. *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 and hemodialysis.

SEC. 4. – *Establishment of Dialysis Services Wards or Units in National, Regional, and Provincial Government Hospitals.* – Within five (5) years from the effectivity of this Act, all national, provincial, and regional government hospitals, including all stand alone dialysis facilities are hereby required to establish, operate and maintain a dialysis service facility in their hospital, including both peritoneal dialysis and hemodialysis. The same hospitals and dialysis facilities should also be mandated to train nephrologists, dialysis nurses, dialysis technicians, and operating room nurses in both peritoneal dialysis and hemodialysis.

All national, provincial, and regional government hospitals, including stand alone dialysis facilities shall have a dialysis service area compliant with the licensing and accreditation requirements imposed by the Department of Health (DOH) and Philippine Health Insurance Corporation (PhilHealth), respectively, for private dialysis clinics. It shall further be provided with the necessary personnel and supplies for both hemodialysis and peritoneal dialysis, as required by the DOH and the PhilHealth from private dialysis clinics.

All patients diagnosed with ESRD must be referred to a DOH-accredited transplant facility to attend a pre-transplant orientation and to be counselled on the advantages of undergoing transplantation as the best treatment for kidney failure. They will undergo medical evaluation for suitability for transplantation. For those found medically suitable for transplantation, all potential organ donors of the patient shall be evaluated to determine compatibility and medical suitability. If no living donors are available then the patient will be enrolled in the deceased organ donor waiting list. This will ensure that all patients with ESRD are offered the option 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 should establish CKD prevention strategies and health promotion activities which include: advocacy activities targeting relatives of dialysis patients who are at risk for developing CKD themselves, the provision of instructional materials and regular educational activities on the common symptoms of kidney disease 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 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

1 importance of the regular intake of medicines and monitoring of kidney function through
2 regular laboratory testing and regular clinic follow-up with a qualified physician. All activities
3 pertaining to the aforementioned programs should be documented accordingly.

4 **SEC. 6. – *Quality Standard of Dialysis Services and Transplant Facilities.*** –
5 Hospitals, dialysis centers for both hemodialysis and peritoneal dialysis, and transplant
6 facilities shall comply with the safety and quality standards of dialysis or transplant services
7 which shall be strictly monitored by the PhilHealth and the Health Facilities and Services
8 Regulatory Bureau of the DOH.

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

17 **SEC. 8. – *PhilHealth Benefit for Kidney Transplantation.*** – The PhilHealth benefit
18 for kidney transplantation from living donors shall be expanded accordingly. This shall include
19 the cost of laboratory work-up for both recipient and donor candidate, hospitalization for the
20 transplant operation including induction immunosuppression and maintenance oral
21 immunosuppression, machine perfusion of procured organs, the cost for organ retrieval, all
22 medications required during the hospital stay, as well as post discharge laboratories up to 1
23 month for the recipient, and up to 1 year for the donor.

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

26 The PhilHealth benefit package for kidney transplantation shall cover the evaluation
27 and screening of the kidney donor and recipient up to the transplant procedure and post-
28 transplantation procedures and remedies. This is inclusive of both pre- and post-kidney
29 transplantation measures for the benefit of End Stage Renal Disease patients.

30 In order to support kidney transplantation as the best treatment option that provides the
31 highest quality of life for End Stage Renal Disease patients and ensures the return of the patient
32 to full rehabilitation, the PhilHealth and the Philippine Charity Sweepstakes office (PCSO)
33 shall provide support for all maintenance immunosuppression for the lifetime of the transplant

1 patient, as long as the transplanted organ is functioning and the patient remains dialysis-
2 independent.

3 All renal replacement therapy facilities shall be required to engage in regular organ
4 donation advocacy that will provide education for all Filipinos to carry the organ donor card.
5 Facilities will likewise establish a potential deceased organ donor referral system that will
6 identify all potential deceased organ donors to the Philippine Network for Organ Sharing.

7 **SEC. 9. *PhilHealth Benefit for Dialysis Treatment.*** – The PhilHealth shall increase
8 the Z-benefit package rate for the principal member and each of one's qualified dependent on
9 maintenance dialysis per year for peritoneal dialysis covering three (3) peritoneal dialysis
10 exchanges per day for three hundred sixty five days (365) days, while the package rate for
11 hemodialysis treatment shall be increased annually to cover a span of ninety (90) hemodialysis
12 sessions per year. The professional fee of the attending physician and hospital charges shall be
13 included in the PhilHealth benefits for dialysis treatment. The remaining sessions for both
14 peritoneal dialysis and hemodialysis shall be paid for by the Philippine Charity Sweepstakes
15 Office.

16 For purposes of providing optimal financial risk protection to the most vulnerable
17 groups including the poorest of the poor, the "No Balance Billing Policy" of the government
18 is hereby provided for indigents.

19 The breakdown of the PHC hemodialysis benefit package shall include standard HD
20 treatment inclusive of the dialyzer and all other supplies needed as well as the minimum basic
21 laboratory tests consisting of complete blood count, creatinine, calcium, phosphorus,
22 potassium, albumin, hepatitis B surface antigen (HBsAG) and anti-hepatitis C Virus (Anti-
23 HCV). The laboratory tests shall be done at a frequency of at least four (4) tests per year for
24 the first six (6) tests, and twice a year for the last two (2) tests. The schedule of these tests shall
25 be determined by the attending physician during the course of the annual dialysis treatment
26 sessions.

27 **SEC. 10. – *Periodic Assessment and Benefit Package Adjustments for End Stage***
28 ***Renal Disease Patients.*** – A periodic assessment and reasonable adjustments of the benefit
29 package for dialysis and transplant patients shall be made by the PhilHealth after taking into
30 consideration its financial sustainability and changes in the socio-economic conditions of the
31 country.

32 **SEC. 11. – *Free Dialysis Treatment to Indigent Patients.*** – Dialysis treatments in all
33 national, regional and provincial government hospitals shall be provided free of charge to
34 indigent patients as identified by the Department of Social Welfare and Development using the

1 National Household Targeting System for Poverty reduction. A PD First Policy shall be
2 established for all indigent patients, unless there is a contraindication to its use in a particular
3 patient.

4 **SEC. 12. – Treatment Options.** – The PhilHealth shall develop a package that will
5 provide the highest benefit for kidney transplant, followed by peritoneal dialysis, the
6 hemodialysis.

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

- 10 1. For the donor, the screening testing include blood typing, complete blood count, fasting
11 blood sugar, creatinine, hepatitis B surface antigen, anti-hepatitis C antibody,
12 urinalysis, chest x-ray and ultrasound of the kidneys, ureter, and urinary bladder.
- 13 2. For the recipient, cardiac evaluation and many other tests as needed.

14 During the availment of the full benefits of dialysis within the first two (2) years of
15 dialysis initiation, the cost of dialysis treatment shall be paid for by the PhilHealth and the
16 PCSO as described in section 8. These options are provided to encourage more patients to have
17 a kidney transplant and attain full rehabilitation.

18 If the patient passes the criteria for the PhilHealth benefit package for transplantation,
19 the expenses for lab work-up shall be reimbursed to the patient by the healthcare institution
20 after the PhilHealth pays the benefit to the healthcare institution.

21 The cost of the operation for the transplantation shall be included in the PhilHealth Z-
22 benefit package which includes a month of post-hospital discharge laboratory tests for the
23 recipient and a one (1) year follow up laboratory tests for the donor. The Z-benefit package
24 shall be expanded accordingly.

25 The immunosuppression medications needed by the transplant patient, if there is no
26 graft rejection, shall be lifelong. For PhilHealth patients, these medicines shall be provided for
27 one (1) year by PCSO. After the first year, the patient may reapply with the PCSO for assistance
28 for such medications.

29 **SEC. 13. Rehabilitation Program.** – The DOH, in coordination with the Department
30 of Labor and Employment, Technical Education and Skills Development Authority, and the
31 DSWD and other pertinent agencies, shall establish a comprehensive rehabilitation program
32 for ESRD patients who have undergone kidney transplant in order to help them reach their
33 fullest physical, psychological, social, vocational, avocational, and educational potential

1 consistent with their physiologic or anatomic condition, environmental limitations, life plans
2 and desires.

3 **SEC. 14. *Dialysis Facility.*** – A dialysis facility shall be compliant with the licensing
4 requirements imposed under the DOH Administrative Order No. 2012-0001 dated January 26,
5 2012 for hemodialysis, and PhilHealth-Accreditation for peritoneal dialysis facilities. Hospitals
6 without dialysis facilities first put up the necessary equipment and qualified staff to perform
7 peritoneal dialysis services. For hospitals with existing hemodialysis facilities, a peritoneal
8 dialysis unit shall be established immediately so that this more cost-effective dialysis option
9 can be made available to patients. Hospitals shall preferably be provided with the necessary
10 personnel, equipment and supplies as required by PhilHealth for accredited facilities.

11 **SEC. 15. *Training for Peritoneal and Hemodialysis Treatment and Services.*** – The
12 DOH, National Kidney and Transplant Institute (NKTi) and the Philippine Society of
13 Nephrology (PSN) shall provide training for medical personnel such as physicians to take
14 charge of the hemodialysis and peritoneal dialysis centers, hemodialysis and peritoneal dialysis
15 nurses, hemodialysis and peritoneal dialysis technicians, operating room nurses, transplant
16 ward nurses, transplant coordinators, and non-medical barangay health workers to support
17 home based peritoneal dialysis. The NKTi shall accredit centers that can provide training for
18 the above personnel and training should include hands-on workshops for dialysis.

19 **SEC. 16. *Establishing a Chronic Kidney Disease (CKD) Counselling Clinic.*** – All
20 RRT facilities shall establish a chronic kidney disease (CKD) counselling clinic with separate
21 personnel trained to engage patients and explain to them the normal functions of the kidney,
22 the stages of CKD, the laboratories routinely performed for CKD patients, the common
23 medications required that can control the progression of kidney disease, the metabolic
24 complications of ESRD, and the indications for renal replacement. These clinics shall monitor
25 the kidney function of patients so that a timely referral to a nephrologist or internist/pediatrician
26 with specialized training in CKD can be made, with the timely initiation of Renal Replacement
27 Therapy to prevent requiring emergency treatment.

28 The NKTi shall provide education and training modules for the medical staff or CKD
29 counselling clinics.

30 **SEC. 17. *Creation of a Renal Disease Control Program (REDCOP).*** – All RRT
31 facilities shall create a Renal Disease Control Program (REDCOP), following the model of the
32 NKTi, that shall promote the early recognition of kidney disease, identify persons at high risk
33 for the development of kidney disease and initiate preventive strategies to either prevent the
34 development of kidney disease (ie. From diabetes and hypertension) or to delay its progression

1 to end stage renal disease. The DOH will establish a database of these patients to ensure that
2 they are regularly monitored for disease progression and that they are receiving appropriate
3 treatment for CKD.

4 **SEC. 18. *Authority to Receive Donations and Exemptions from Donor's Taxes,***
5 ***Customs and Tariff Duties.*** – The DOH shall be authorized to receive donations, gifts,
6 bequests in order to augment the funding for the establishment of the dialysis wards/units
7 created in accordance with this Act. All donations, contributions or endowments which may be
8 made by persons or entities to the dialysis wards/units in national, regional, and provincial
9 government hospitals and the importation of medical equipment and machineries, spare parts
10 and other medical equipment used solely and exclusively by the dialysis wards/units shall be
11 exempt from income or donor's taxes, any other direct or indirect taxes, wharfage fees and
12 other charges and restrictions.

13 **SEC. 19. *Penalty.*** – Any hospital chief, administrator or officer-in-charge of hospitals,
14 dialysis centers, and health facilities who fails to comply with Sections 5 and 6 of this Act shall
15 be meted with a fine of One Hundred Thousand Pesos (P100,000.00) but not more than Two
16 Hundred Fifty Thousand Pesos (P250,000.00).

17 Likewise, persons receiving free treatment of medicines for End Stage Renal Disease
18 or PD or HD services from government hospitals and its agencies (ie. PCSO, PHIC) who are
19 found selling these medicines or services instead of using them for their own treatment, shall
20 be penalized with the suspension of their PhilHealth membership and shall be ineligible for
21 assistance from PCSO and other government agencies for a period of one (1) year. If these
22 persons are found to be engaged in the selling of medications or services allotted for their care
23 for the second time, they shall be permanently ineligible to receive government assistance.

24 **SEC. 20. *Appropriations.*** – The initial amount necessary to implement the provisions
25 of this Act shall be charged against the current year's appropriation of the DOH. Thereafter,
26 such sum as may be necessary for the continued implementation of this Act shall be included
27 in the annual General Appropriations Act.

28 **SEC. 21. *Implementing Rules and Regulations.*** – Within sixty (60) days from the
29 effectivity of this Act, the Secretary of Health, in coordination with the President of the
30 PhilHealth, the Executive Director of the NKTl, and other relevant stakeholders, shall issue the
31 implementing rules and regulations to implement the provisions of this Act.

32 **SEC. 22. *Separability Clause.*** – If for any reason any section or provision of this Act
33 is declared unconstitutional, other provisions hereof which are not affected thereby shall
34 continue to be in full force and effect.

1 **SEC. 23. *Repealing Clause.*** – All laws, orders, rules and regulations or parts thereof
2 inconsistent with this Act are hereby repealed or modified accordingly.

3 **SEC. 24. *Effectivity.*** – This Act shall take effect fifteen (15) days after its publication
4 in at least two (2) newspapers of general circulation.

Approved,