



Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH (20th) CONGRESS
First Regular Session

House Bill No. 2359

Introduced by Representative Nelson S. Legacion
3rd Congressional District, Camarines Sur

End-Stage Renal Disease (ESRD), the severe final stage of Chronic Kidney Disease (CKD), presents a grave and escalating public health crisis in the Philippines, profoundly diminishing quality of life and imposing immense financial burdens on families.

The urgent need for more accessible and affordable dialysis treatment is underscored by alarming statistics. The National Kidney and Transplant Institute (NKTi) reported 64,845 Filipinos undergoing dialysis treatment in 2024, a 22% increase from 53,296 in 2023. While the Philippine Health Insurance Corporation (PhilHealth) offers substantial coverage—156 hemodialysis sessions annually at PHP 6,350 per session (totaling ~PHP 990,600/year) and up to PHP 1.2 million for pediatric peritoneal dialysis—significant access gaps persist. Many indigent and uninsured patients still incur considerable out-of-pocket expenses or lack physical access to facilities, especially in remote areas. This maldistribution of dialysis centers leads to costly travel, missed treatments, delayed care, and tragic health decline.

This Act directly addresses these critical gaps, fulfilling the State's constitutional health mandate. This transformative measure proposes to mandate the establishment and maintenance of well-equipped and adequately staffed Dialysis Centers in all national, regional, and provincial government hospitals; ensure comprehensive facilities with modern machines and qualified personnel; provide genuinely free dialysis treatment for indigent and uninsured patients in government hospitals, covering costs beyond PhilHealth's scope; and establish a

clear, sustainable funding mechanism, with an initial P1 Billion appropriation and provisions for tax-exempt donations.

Crucially, this bill also includes a provision for penalties to ensure strict compliance with its mandates and to deter any actions that would impede the effective delivery of essential dialysis services.

Enacting this bill is a crucial step to uphold the right to health, alleviate ESRD patient suffering, reduce preventable deaths, and build a more equitable, resilient healthcare system.

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


NELSON S. LEGACION
Representative, 3rd District, Camarines Sur



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TWENTIETH (20th) CONGRESS
First Regular Session

House Bill No. **2359**

Introduced by Representative Nelson S. Legacion
3rd Congressional District, Camarines Sur

**AN ACT REQUIRING THE ESTABLISHMENT OF DIALYSIS CLINICS IN
ALL NATIONAL, REGIONAL AND PROVINCIAL HOSPITALS AND
PROVIDING FOR FREE DIALYSIS TREATMENTS TO INDIGENT
PATIENTS AND APPROPRIATING FUNDS THEREFOR**

*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 "Universal Dialysis Access Act".

SECTION 2. Declaration of Policy. - It is hereby declared the policy of the State to protect and promote the right to health of the people and instill health consciousness among them. For this purpose, the State shall ensure that patients suffering from End-Stage Renal Disease (ESRD) are accorded timely, accessible, and appropriate treatment. This shall be achieved through the establishment of a comprehensive network of well-equipped and adequately staffed dialysis centers in public hospitals and the provision of equitable access to dialysis treatments for all patients, with specific emphasis on ensuring genuinely free treatment for indigent and uninsured individuals.

SECTION 3. Establishment of Dialysis Centers in all National, Regional and Provincial Hospitals. - There shall be established, operated, and continuously maintained fully functional dialysis centers in all national, regional, and provincial

government hospitals across the country. Each dialysis center shall be equipped with sufficient machines, equipment, paraphernalia and supplies and staffed with the appropriate number of medical and other personnel.

The Department of Health (DOH), in coordination with the local government units and other relevant government agencies, shall lead the establishment of these clinics.

SECTION 4. *Definition of Terms.* - For purposes of this Act, the following terms shall mean:

National Government Hospital refers to a hospital operated and maintained either partially or wholly by the national government or by any department, division, board or other agency thereof;

Regional Government Hospital refers to a hospital operated and maintained either partially or wholly by the national government or by any department, division, board or other agency thereof;

Provincial Government Hospital refers to a hospital operated and maintained either partially or wholly by the provincial government or other political subdivision, or by any department division, board or other agency thereof;

Indigent Patient refers to a patient who has no visible means of income, compensation or financial assistance from his/her relatives to support his/her basic needs, as determined by the Department of Social Welfare and Development (DSWD).

Uninsured Patient refers to a patient who is not a member or qualified dependent of the Philippine Health Insurance Corporation (PhilHealth) or any other public or private health insurance scheme, and who meets the criteria for indigency as defined herein.

SECTION 5. *Free Dialysis Treatment for Indigent and Uninsured Patients.* All indigent and uninsured patients, as defined in this Act, who require dialysis treatment and are admitted to or regularly treated in government hospitals, shall be provided free dialysis treatments. This provision shall cover the costs of the dialysis sessions, associated essential medicines (e.g., erythropoietin, iron sucrose, heparin), necessary laboratory tests directly related to dialysis management, and medical supplies not fully covered by PhilHealth or other existing government benefit packages. The DOH, in coordination with PhilHealth and DSWD, shall establish clear guidelines for the certification and availment of this free treatment to avoid duplication of benefits and prioritize the truly needy.

SECTION 6. *Authority to Receive Donations and Exemption from Donor's Taxes, Customs and Tariff Duties.* - The DOH shall have the authority to receive donations, gifts and bequests in order to augment the funding for the establishment of the dialysis clinics created in accordance with this Act. All donations, contributions or endowments which may be made by persons or entities to the dialysis clinics in national, regional and provincial hospitals and the importation of medical equipment and machineries, spare parts and other medical equipment used solely and exclusively by the dialysis clinics shall be exempt from income or donor's taxes, any other direct or indirect taxes, wharfage fees and other charges and restrictions.

SECTION 7. *Funding.* - The initial funding for the implementation of this Act, specifically for the establishment and commencement of operations of the mandated dialysis centers, shall be One Billion Pesos (P1,000,000,000), to be appropriated from the National Treasury. For their sustained maintenance, ongoing operation, and the provision of free dialysis treatments, subsequent necessary appropriations shall be regularly incorporated into the annual General Appropriations Act (GAA), under the budget of the DOH, with clear distinctions for national government hospitals and financial assistance programs for local government hospitals.

SECTION 8. *Penalty.* Any hospital chief, administrator, or officer-in-charge who fails to comply with this Act shall be punished with a fine of fifty thousand pesos (P50,000.00) but not more than one hundred thousand pesos (P100,000.00).

SECTION 9. *Implementing Rules and Regulations.* - Within sixty (60) days from the effectivity of this Act, the DOH, in consultation with the PhilHealth, DSWD, the Department of the Interior and Local Government (DILG), and other relevant stakeholders, shall issue the necessary implementing rules and regulations to carry out the provisions of this Act.

SECTION 10. *Separability Clause.* - If any provision of this law or the application thereof to any person or circumstance, is held invalid, the remainder of this law, or the application of such provision or part to other persons or circumstances, shall not be affected thereby.

SECTION 11. *Repealing Clause.* - All laws, decrees, executive orders, rules and regulations or part thereof deemed inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

SECTION 12. *Effectivity Clause.* - This Act shall take effect fifteen (15) days from the publication in the Official Gazette or in at least two (2) national newspapers of general circulation.

Approved,