

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



HOUSE OF REPRESENTATIVES

HOUSE BILL NO. 4747

Introduced by Rep. CARMELO G. LAZATIN, JR.

AN ACT

MANDATING THE ESTABLISHMENT OF DIALYSIS CLINICS IN ALL NATIONAL, REGIONAL AND PROVINCIAL GOVERNMENT HOSPITALS AND PROVIDING FREE DIALYSIS TREATMENTS TO INDIGENT PATIENTS AND APPROPRIATING FUNDS THEREFOR

EXPLANATORY NOTE

Chronic Kidney Disease (CKD) is one of the most prevalent diseases globally. In the article entitled “Epidemiology of chronic kidney disease: an update 2022” posted online by the National Library of Medicine, it was cited that CKD affects more than ten (10%) of the general population worldwide, equivalent to more than 800 million individuals in 2017.

Meanwhile, in the Philippines, a study conducted in 2022 revealed that CKD cases had risen to 35.94%, far above the global average of 9.1- 13.4%. ¹

The National Kidney and Transplant Institute reported that 64,845 Filipinos were undergoing dialysis treatment in 2024, which is 22% higher than the 53, 296 in 2023. These figures underscore the need for more accessible and affordable dialysis treatments.

To address this immediate need of Filipinos, especially the indigent patients who lack the resources and capacity to pay for the cost of dialysis treatments, this legislative measure that mandates the establishment of dialysis clinics in national, regional, and provincial government hospitals is proposed.

This measure shall further provide for the allocation of funds for the establishment of dialysis clinics that are fully functional and adequately staffed and shall ensure free dialysis treatments for the indigents and uninsured patients in government hospitals, the costs of which shall be covered by PhilHealth.

¹Chronic kidney disease in the Philippines: A Silent Epidemic. Capitol Medical Center, Inc., January 8, 2025
Available from <https://capitolmedical.com.ph/articles-and-blogs/chronic-kidney-disease-in-the-philippines-a-silent-epidemic/>

As may be noted, many indigent patients have been compelled to reduce the number of sessions for their treatment or to totally stop treatment by the time the free sessions covered by Philhealth were exhausted. However, with the new dialysis package increased to 156 sessions, regular treatment that requires three (3) sessions per week is now available for PhilHealth beneficiaries.

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


CARMELO G. LAZATIN, JR.



Republic of the Philippines

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Quezon City, Metro Manila

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

SECTION 1. *Short Title*-This Act shall be known as the “*Comprehensive Dialysis Access Act*”

SECTION 2. *Declaration of Policy*- It is hereby declared that the State shall protect and promote the right to health of the people and instill health consciousness among them. For this purpose, the State shall ensure that people with Chronic Kidney Disease (CKD) and End-Stage Renal Disease (ESRD) shall have access to timely and appropriate treatment available in dialysis clinics.

To this end, it is hereby mandated that national, regional, and provincial government hospitals shall establish dialysis clinics that are fully functional and adequately- staffed. The

facilities shall also be capable of providing free dialysis treatments to indigent and uninsured patients.

SECTION 3. *Establishment of Dialysis Clinics in all National, Regional and Provincial Hospitals-* There shall be established, operated, and well-maintained dialysis clinics in all national, regional, and provincial government hospitals in the country. These facilities shall be fully equipped with all the necessary machines, supplies, and equipment. There shall be an adequate number of well-trained medical practitioners and staff to cater to the needs of the patients.

The establishment of such facilities shall be initiated by the Department of Health (DOH) in coordination with the local government units. Priority shall be given to provinces and regions with the highest prevalence of CKD and limited access to dialysis facilities.

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

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

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

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

Regional Hospital refers to any hospital operated and maintained by the national government either wholly or partially or by a department, division, board, or other agency that caters to the people of a specific region or catchment area, thereof;

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

SECTION 5. *Free dialysis treatment for Indigent and Uninsured patients-* Free dialysis shall be provided to all indigent and uninsured patients as defined in this Act, who are undergoing dialysis treatments and are admitted to government hospitals.

Such provision shall cover the cost of sessions, associated essential medicines, laboratory tests needed for dialysis management, and medical supplies not fully covered by PhilHealth or other existing government benefit packages. The DOH coordination with PhilHealth and DSWD shall develop clear guidelines for the certification and availment of the free treatment to eliminate duplication and prioritize the needy.

SECTION 6. *Funding* -The initial funding of One Billion Pesos (P1,000,000,000.00) for the implementation of this Act, specifically for the establishment of dialysis clinics and the commencement of operations shall be appropriated from the National Treasury.

The subsequent funding for the maintenance of operations of established dialysis clinics and free dialysis treatments, shall be appropriated in the annual General Appropriations Act under the DOH with a clear distinction for national government hospitals and financial assistance programs for local government hospitals.

SECTION 7. *Implementing Rules and Regulations.* The Department of Health in consultation with the PhilHealth, the Department of the Interior and Local Government, and other stakeholders, shall issue the necessary rules and regulations for the implementation of this Act within ninety (90) days from its effectivity.

SECTION 8. *Prohibition Against Refusal of Service* – Government hospitals and dialysis clinics established under this Act are mandated to provide dialysis treatment to any qualified indigent or uninsured patient. Any unjustified refusal or denial of such treatment shall render the hospital administrator or responsible official liable under existing administrative, civil, and criminal laws.

SECTION 9. *Separability Clause.* - If any part or provision of this Act is declared invalid or unconstitutional, the other parts hereof not affected thereby shall remain valid.

SECTION 10. *Repealing Clause*- All laws, acts, presidential decrees, executive orders, administrative orders, rules and regulations inconsistent with or contrary to the provisions of this Act are deemed amended, modified, or repealed accordingly.

SECTION 11. *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,