

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

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 5225



Introduced by **Representative AGATHA PAULA "AGAY" A. CRUZ**

EXPLANATORY NOTE

Chronic kidney disease does not discriminate, but our health system does. For countless Filipinos in need of dialysis, the question is not only medical survival but also financial survival. In far too many communities, treatment is an odyssey of bus rides, borrowed money, and desperate appeals for charity simply to survive one more week. Congress can end this slow-motion injustice.

The Constitution guarantees every Filipino's inherent right to health. But that right is meaningless unless the State ensures that life-saving treatment is physically and financially within reach. While PhilHealth and local governments have offered partial relief, our public health infrastructure for renal care remains fragmented and inadequate, leaving the poorest patients to shoulder the heaviest burden.

The proposed Accessible and Inclusive Dialysis (AID) Act is our legislative response. It mandates every national, regional, and provincial government hospital to establish and maintain a dialysis unit under standards set by the Department of Health. It guarantees free dialysis treatment for indigent patients, with coordination among the DOH, DSWD, and PhilHealth so that "free" is not merely an aspiration but a funded, accountable commitment to the public. It also requires annual reporting to Congress for proper oversight.

This measure is crafted for both compassion and practicality. It adopts a phased approach, anchors appropriations in the General Appropriations Act, and replaces ill-targeted punitive fines with realistic administrative sanctions. It balances urgency with feasibility, and compassion with good governance.

By enacting the AID Act, we do more than build dialysis wards. We extend life for our most vulnerable citizens. We relieve families of impossible choices between treatment and subsistence. We declare, in no uncertain terms, that the State will stand with its most vulnerable when they are at their weakest.

This measure's title is more than a catchy acronym. It is a promise of aid, of real tangible help. Accessible because no Filipino should travel far or go broke to reach a machine. Inclusive because even those who once begged for charity will get treatment as a right, not a favor. And Dialysis is both the service and the symbol; it cleanses the blood of toxins, just as this bill cleanses the system of gaps and inequities and infuses new life into public health.

The immediate enactment of this bill is earnestly sought, because far too many patients cannot afford to wait.




AGATHA PAULA "AGAY" AGUILAR CRUZ
Representative, Fifth Legislative District of Bulacan

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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

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

1 **Section 1. Short Title.** – This Act shall be known as the “Accessible and Inclusive
2 Dialysis (AID) Act.”
3

4 **Section 2. Declaration of Policy.** – It is hereby declared the policy of the State to
5 protect and promote the right to health of the people and instill health consciousness
6 among them, in accordance with Article II, Section 15 and Article XIII, Section 11 of the
7 1987 Constitution. Toward this end, the State shall ensure that dialysis facilities are
8 established, adequately staffed, and properly maintained in national, regional, and
9 provincial government hospitals. The State shall likewise provide free dialysis treatment
10 to indigent patients to ensure equitable access to life-saving renal care in recognition of
11 their right to health, equity, and dignity.
12

13 **Section 3. Definition of Terms.** – As used in this Act:
14

15 (a) *National Government Hospital* refers to a hospital operated and maintained in
16 whole or in part by the national government or any of its agencies, which
17 provides tertiary or specialty services at the national level;
18

19 (b) *Regional Government Hospital* refers to a hospital operated and maintained in
20 whole or in part by the national government or any of its agencies, which
21 primarily serves a region;
22

23 (c) *Provincial Government Hospital* refers to a hospital operated and maintained in

1 whole or in part by the provincial government or other political subdivision,
2 or by any department, division, board or other agency thereof; and
3

- 4 (d) *Indigent Patient* refers to a patient who has no visible means of income,
5 compensation, or financial assistance from relatives to support their basic
6 needs, as determined by the Department of Social Welfare and Development
7 (DSWD) or classified as indigent under the National Household Targeting
8 System for Poverty Reduction (NHTS-PR) or the Philippine Health Insurance
9 Corporation (PhilHealth) membership database, or their successor systems.
10

11 **Section 4. Establishment, Operation, and Maintenance of a Dialysis Ward or**
12 **Unit.** – Within three (3) years from the effectivity of this Act, all national, regional, and
13 provincial government hospitals are hereby required to establish, operate and maintain a
14 dialysis ward or unit in their hospital. The dialysis ward or unit shall be equipped with
15 complete dialysis machines, equipment, and supplies and shall comply with the
16 minimum standards to be prescribed by the Department of Health (DOH) regarding
17 staffing, equipment, and quality assurance.
18

19 The DOH may adopt a phased implementation plan taking into account hospital
20 capacity and demand. It shall prioritize hospitals based on service catchment population,
21 disease burden, and institutional capacity. Where establishment of an in-house dialysis
22 unit is not feasible, the DOH may authorize referral arrangements or partnerships with
23 accredited private dialysis providers to ensure service delivery: *Provided*, That the cost of
24 dialysis treatment for indigent patients under such arrangements shall be fully covered
25 by PhilHealth, national government subsidy, or other appropriate funding mechanisms.
26

27 **Section 5. Free Dialysis Treatment to indigent Patients.** – All national, regional,
28 and provincial government hospitals shall provide dialysis treatment free of charge to
29 indigent patients as defined in Section 3(d) hereof, subject to guidelines to be issued by
30 the DOH in coordination with the DSWD and the Philippine Health Insurance
31 Corporation (PhilHealth).
32

33 PhilHealth shall expand its benefit package to cover not less than ninety (90)
34 sessions annually. The State shall subsidize additional sessions required by indigent
35 patients beyond the PhilHealth cap, subject to medical necessity and availability of funds,
36 in accordance with said guidelines.
37

38 **Section 6. Penalty.** – Any government hospital or responsible officer-in-charge
39 who, without justifiable cause and despite availability of funds and capacity, refuses or
40 neglects to comply with the provisions of this Act shall be subject to administrative
41 sanctions under existing civil service laws and regulations, and/or a fine of not less than
42 Fifty Thousand Pesos (PhP 50,000.00) but not more than One Hundred Thousand Pesos
43 (PhP 100,000.00), without prejudice to other liabilities provided by law.
44

1 **Section 7. Implementing Rules and Regulations.** – The DOH, in coordination with
2 concerned agencies and stakeholders, shall promulgate the necessary rules and
3 regulations to implement the provisions of this Act within one hundred twenty (120) days
4 from its date of effectivity: *Provided*, That the failure of the promulgation of the said rules
5 and regulations shall not prevent the implementation of this Act upon its effectivity.
6

7 **Section 8. Appropriations.** – The amount necessary for the initial implementation
8 of this Act shall be charged against the current year’s appropriations of the DOH or from
9 funds not otherwise appropriated. Thereafter, the amounts necessary for its continued
10 implementation shall be included in the annual General Appropriations Act (GAA).
11 PhilHealth shall ensure appropriate reimbursement schemes for dialysis services under
12 this Act to sustain program funding.
13

14 **Section 9. Monitoring and Review.** – The DOH shall submit an annual report to
15 Congress on the status of implementation of this Act, including the number of dialysis
16 units established, patients served, and budget utilization, and recommend policy
17 adjustments as may be necessary. The Commission on Audit (COA) shall conduct a
18 periodic performance audit to assess cost-effectiveness, efficiency, and compliance.
19

20 **Section 10. Separability Clause.** – If any part or provision of this Act is held
21 unconstitutional or invalid, the remainder thereof not otherwise affected shall remain in
22 full force and effect.
23

24 **Section 11. Repealing Clause.** – All laws, decrees, executive orders, rules, and
25 regulations, or parts thereof inconsistent with the provisions of this Act are hereby
26 repealed or modified accordingly.
27

28 **Section 12. Effectivity.** – This Act shall take effect fifteen (15) days following the
29 completion of its publication in the *Official Gazette* or in a newspaper of general circulation.
30

31 *Approved,*