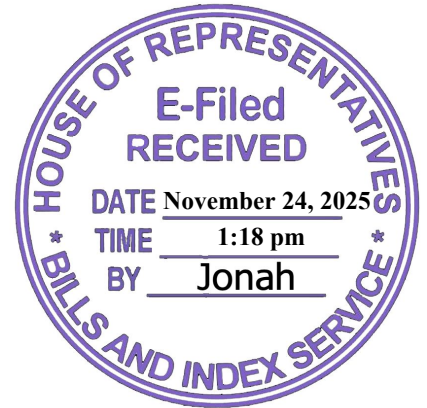


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 6310



Introduced by **HON. BRIAN RAYMUND S. YAMSUAN**

AN ACT
EXPANDING THE PHILHEALTH OUTPATIENT COVERAGE ON DIALYSIS AND
RENAL REPLACEMENT THERAPY, AND FOR OTHER PURPOSES

EXPLANATORY NOTE

Article II, Section 15 of the 1987 Constitution states that “the State shall protect and promote the right to health of the people and instill health consciousness among them.”¹ Article XIII, Section 11 further mandates the State to adopt an “integrated and comprehensive approach to health development which shall endeavor to make essential goods, health, and other social services available to all the people at affordable cost,”² with special priority given to the underprivileged, sick, elderly, and other vulnerable sectors.

Rooted in these constitutional guarantees, Republic Act No. 11223, or the Universal Health Care Act, was enacted to expand access to quality health interventions for all Filipinos. Among its key provisions is the commitment of PhilHealth to provide financial protection through the strategic coverage of high-burden conditions, such as chronic kidney disease (CKD) and end-stage renal disease (ESRD).

CKD has quietly become one of the most alarming and under-addressed public health crises in the country. The National Kidney and Transplant Institute (NKTi) and Philippine Health Insurance Corporation (PhilHealth) now ranks kidney disease among the leading causes of death nationwide.³ In 2025, the burden has escalated to dire levels: over 30,000 new patients have begun dialysis this year alone. This

¹1987 Constitution, Article 2, Section 15

²1987 Constitution, Article 13, Section 11

³ PNA. (2025). NKTi: Patients undergoing dialysis up 22% in 2024. <https://www.pna.gov.ph/articles/1252423>

translates to one Filipino progressing to ESRD every hour.⁴ National prevalence of CKD already stands at a daunting 35.94%, nearly triple the global average.⁵ Such statistics highlight an urgent concern with growing social and economic consequences, particularly among low-income families.

Currently, the country's renal care landscape is dominated by in-center hemodialysis (HD), which accounts for over 94% of all renal replacement treatments in the Philippines.⁶ However, this heavy dependence has revealed itself to be fiscally unsustainable and clinically limiting. Many patients, especially those living in remote areas, cannot access HD centers regularly. As a result, some resort to stretching their limited sessions or ceasing treatment altogether at times with fatal consequences.

This overreliance on HD also comes at a cost to the government. PhilHealth's expenditures for dialysis services were estimated at ₱37.4 billion in 2020 and are projected to balloon to ₱213 billion by 2030 if current trends persist. A single HD patient may require 156 sessions annually, each costing over ₱6,350.⁷ While PhilHealth has expanded its HD benefit package to cover more sessions and a higher reimbursement per treatment, the reality is that many households still shoulder significant out-of-pocket expenses to sustain the treatment.

In response to the growing challenges and fragmented policies surrounding renal care, this bill emphasizes the need for statutory prevention and early detection of chronic kidney disease. It proposes to mandate PhilHealth coverage for all expenses for maintenance, dialysis treatments, including medicines, professional fees, and hospital charges. Furthermore, recognizing that kidney transplantation provides the highest quality of life for End Stage Renal Disease (ESRD) patients, the bill mandate that PhilHealth shall also shoulder all expenses for kidney transplantation from living donors, including the costs for both the recipient and the donor, making this life-saving procedure truly accessible.



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⁴ Philippine Society of Nephrology. Rising Incidence of Chronic Kidney Disease in the Philippines Sparks Call for Kidney Health Awareness Subtitle: The Philippine Society of Nephrology Urges Filipinos to Take Proactive Measures

⁵ Pajimna, J. A. T., Orpilla, G. A. L., Milan, M. J. D., Virtucio, C. T. S., & Pamatian, J. V. M. (2023). Gaps and challenges in the provision of treatment for patients with end-stage renal disease: perspectives from the Philippines. *The Lancet Regional Health–Western Pacific*, 38.

⁶ Id

⁷ PhilHealth. (2023) Dialysis Coverage. https://www.philhealth.gov.ph/news/2023/dialysis_coverage.pdf

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Section 1. Short Title. - This Act shall be known as the "Comprehensive Dialysis and Renal Replacement Therapy Act".

Sec. 2. Declaration of Policy. - The State shall endeavor to make essential goods, health and other social services available to all the people at an affordable cost, as well as to improve the delivery of health care services to the people and to ensure that hospital facilities are available, affordable, and accessible to all.

It is a declared policy of the State to adopt an integrated and comprehensive approach to health development that will provide Comprehensive Renal Replacement Therapy (RRT) to improve the delivery of health care services to patients diagnosed with End Stage Renal Disease (ESRD), and to encourage them to have a kidney transplant, preferably within the first two (2) years of starting dialysis.

Sec. 3. Definition of Terms. - As used in this Act, the following terms are defined as follows:

- a) *Dialysis facility* refers to a health facility that provides treatment for ESRD patients and disseminates information on the various forms of RRT such as kidney transplantation, peritoneal dialysis, and hemodialysis;
- b) *End Stage Renal Disease (ESRD)* refers to the final stage of chronic kidney disease (CKD) in which the kidneys no longer function well enough to meet the needs of daily life;

- c) *Hemodialysis (HD)* refers to a medical procedure to remove fluid and waste products from the blood and to correct electrolyte imbalances. This is accomplished using a synthetic membrane or dialyzer, which is also referred to as an "artificial kidney":
- d) *Indigent patient* refers to a patient who has no source of income or whose income is not sufficient for family subsistence as identified by the Department of Social Welfare and Development (DSWD) through the National Household Targeting System (NHTS) for Poverty Reduction, or those patients who are indigents but are not listed in the NHTS as assessed by the provincial social development officer, city social development officer, or municipal social development officer, as the case may be;
- e) *Kidney transplant (KT)* refers to a surgical procedure to place a kidney from a live or deceased donor into a person whose kidneys no longer function sufficiently to sustain the person's life;
- f) *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;
- g) *Peritoneal dialysis (PD)* refers to a treatment for kidney failure and a type of dialysis that uses the person's peritoneum (lining of abdominal cavity) as the membrane through which fluid and toxic substances are exchanged with blood;
- h) *PD First Policy* refers to the policy where peritoneal dialysis, when feasible, is offered as the first dialysis modality to RRT patients; and
- i) *Renal replacement therapy (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. CKD Prevention and Health Promotion. - All national, provincial, and regional government hospitals with dialysis services, as well as stand-alone dialysis facilities, shall establish and implement CKD prevention and health promotion programs, including advocacy activities targeting relatives of dialysis patients who are at high risk for developing CKD; the provision of instructional materials and regular educational activities on the common symptoms and risk factors of kidney disease, healthy diet and lifestyle, and common diagnostic tests; advisories on the appropriate protocols for the diagnostic evaluation of possible kidney disease; and patient education on the availability of essential medicines from government health centers, such as those for diabetes and hypertension, and the importance of regular medication intake and monitoring of kidney function through laboratory testing and regular clinic follow-up with a qualified physician.

All activities pertaining to the aforementioned programs shall be properly documented for monitoring and evaluation purposes.

Sec. 5. Philippine Renal Disease Registry. - As a requirement for the renewal of their respective Department of Health (DOH) licenses to operate, all RRT facilities,

including private and public hospitals, dialysis centers for both HD and PD, and transplant facilities, shall be mandated to report to the Philippine Renal Disease Registry of the DOH the incidence and prevalence of patients receiving PD or HD treatment, as well as those who have received a KT. The registration of all dialysis patients in the PhilHealth dialysis database shall be a prerequisite for the availability of benefits for both PD and HD.

Sec. 6. PhilHealth Benefit for Dialysis Treatment. - The PhilHealth shall cover all expenses for maintenance dialysis treatments, including the professional fee of the attending physician, health facility charges, and medicines, in accordance with the implementing rules and regulations of Republic Act (RA) No. 11223, otherwise known as the "Universal Health Care Act."

The No Balance Billing policy shall be strictly applied to ensure that no-out-pocket expenses are incurred by patients.

Sec. 7. Dialysis Facility. - A dialysis facility shall be compliant with the licensing and accreditation requirements imposed by the DOH and the PhilHealth for HD and PD facilities. These requirements shall be in accordance with DOH Administrative Order No. 2012-0001 dated 26 January 2012 and its subsequent amendments, as well as the relevant PhilHealth circulars and guidelines.

Hospitals without dialysis facilities shall first establish the necessary equipment and qualified staff to perform PD congress. For hospitals with existing HD facilities, a PD unit shall be established immediately so that this more cost-effective dialysis option can be made available to patients. Hospitals shall preferentially be provided with the necessary personnel, equipment, and supplies as required by PhilHealth for accredited facilities.

Sec. 8. Training for Peritoneal and Hemodialysis Treatment and Services. - The DOH, National Kidney and Transplant Institute (NKTi), and the Philippines Society of Nephrology (PSN) shall jointly provide training for medical and non-medical personnel to support RRT services. This shall include, but not limited to, physicians, nurses, and technicians for both HD and PD centers, as well as barangay health workers to support homebased PD. The training shall include hands-on workshops and cover all aspects of RRT. The NKTi, in collaboration with DOH, shall accredit centers that can provide this specialized training.

Sec. 9. PhilHealth Benefit for Kidney Transplantation. - In accordance with RA No. 11223, the PhilHealth shall cover all expenses for kidney transplantation from living donors. This shall include laboratory work-up for both recipient and donor candidate; hospitalization for the transplant operation, including induction immunosuppression and maintenance oral immunosuppression; organ retrieval and machine perfusion cost, and all required post-discharge and medication expenses. The cost for organ

retrieval and machine perfusion shall be established by the DOH-Philippine Organ Donation Program.

The PhilHealth shall also cover the evaluation and screening of the kidney donor and recipient, and post-transplantation procedures and remedies. This is inclusive of both pre- and post-kidney transplantation measures for the benefit of ESRD patients.

To support kidney transplantation as the best treatment option for patients with ESRD, the PhilHealth and the Philippine Charity Sweepstakes Office (PCSO) shall provide support for all maintenance immunosuppression for the lifetime of the transplant patient, as long as the transplanted organ is functioning and the patient remains dialysis-independent.

All RRT facilities shall be required to engage in regular organ donation advocacy activities. These activities shall include providing education for all Filipinos on carrying an organ donor card and establishing a potential deceased organ donor referral system to identify all potential donors to the Philippine Network for Organ Sharing.

Sec. 10. Rehabilitation Program. - The DOH, in coordination with the Department of Labor and Employment (DOLE), Technical Education and Skills Development Authority (TESDA), and the DSWD and other pertinent agencies, shall establish a comprehensive rehabilitation program for ESRD patients who have undergone kidney transplant. The program's goal is to help patients reach their fullest physical, psychological, social, vocational, avocational, and educational potential, consistent with their physiologic or anatomic condition, environmental limitations, and life plans.

Sec. 11. Appropriations. - The initial amount necessary to implement the provisions of this Act shall be charged against the current year's appropriation of the DOH and other concerned departments/agencies. Thereafter, such sum as may be necessary for the continued implementation of this Act shall be included in the Annual General Appropriations Act.

Sec. 12. Implementing Rules and Regulations. - Within ninety (90) calendar days from the effectivity of this Act, the DOH, in coordination with the PhilHealth, and the NKTI, shall promulgate the implementing rules and regulations necessary to implement the provisions of this Act.

Sec. 13. Separability Clause. - if, for any reason, any provision or part hereof is held invalid or unconstitutional, the remainder of this Act or any section or provision hereof not otherwise affected shall remain valid and full force and effect

Sec. 14. Repealing Clause. - Any law, presidential decree or issuance, executive order, presidential proclamation, letter of instruction, administrative order. Rule or

regulation, or part thereof which are contrary to or inconsistent with the provision of this Act are hereby repealed, modified, or amended accordingly.

Sec. 15. Effectivity. - This Act shall take effect after fifteen (15) days following its publication in the Official Gazette or in a newspaper of general circulation.

Approved,