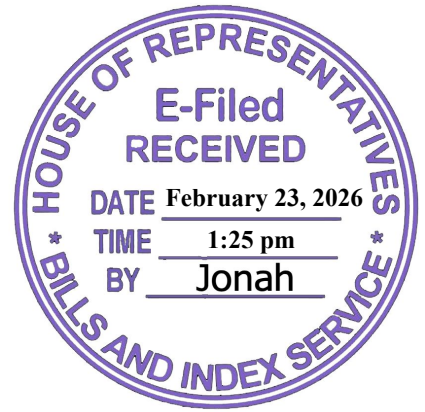


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 7928



Introduced by:

HON. CHRISTOPHERSON "COCO" M. YAP

EXPLANATORY NOTE

Kidney failure patients depend on dialysis to stay alive, but many Filipinos cannot obtain this treatment because government hospitals lack adequate dialysis facilities or because the cost is beyond their means. For poor and financially vulnerable families, the long-term expense of dialysis often leads to debt, treatment interruption, or avoidable loss of life.

This measure mandates the establishment or designation of dialysis units in all national, regional, and provincial government hospitals to improve availability of services nationwide. It also strengthens financial protection by ensuring that dialysis treatments are covered primarily by PhilHealth and supplemented through Malasakit Centers, so that indigent and financially incapacitated patients are spared from heavy out-of-pocket payments.

By making dialysis services more accessible and affordable in public hospitals, this bill advances the right to health and social protection. It reflects the State's responsibility to provide life-saving care, reduce health inequities, and ensure that no Filipino is forced to choose between survival and financial ruin.

In view of the foregoing, **ug sa ngalan sa SERBISYONG TINUORAY**, the undersigned respectfully requests the immediate passage of this measure.


CHRISTOPHERSON "COCO" M. YAP
Representative, Second District of Southern Leyte

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TWENTIETH CONGRESS
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HOUSE BILL NO. 7928

Introduced by:

HON. CHRISTOPHERSON “COCO” M. YAP

AN ACT
REQUIRING THE ESTABLISHMENT OR DESIGNATION OF DIALYSIS CLINICS IN ALL NATIONAL, REGIONAL, AND PROVINCIAL GOVERNMENT HOSPITALS, ENSURING FINANCIAL RISK PROTECTION FOR DIALYSIS SERVICES FOR INDIGENT AND FINANCIALLY INCAPACITATED PATIENTS THROUGH PHILHEALTH AND MALASAKIT CENTERS, AND APPROPRIATING FUNDS THEREFOR

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

SECTION 1. Short Title. — This Act shall be known as the “*Government Hospital Dialysis Access Act.*”

SECTION 2. Declaration of Policy. — It is the policy of the State to protect and promote the right to health and to make essential health services accessible and affordable, particularly for indigent and financially incapacitated patients. Consistent with the State policy of universal and compulsory national health insurance coverage, the State shall ensure that patients with end-stage renal disease (ESRD) have timely access to safe dialysis services in government hospitals and are protected from catastrophic health spending.

SECTION 3. Definition of Terms. — For purposes of this Act:

- (a) **Dialysis clinic/unit** refers to a hospital-based facility providing hemodialysis and such other renal replacement modalities as may be allowed by DOH regulation, with appropriate equipment, water treatment system, infection control standards, and trained personnel.

- (b) **Government hospitals covered** refer to **national, regional, and provincial hospitals**, including DOH-retained hospitals and provincial hospitals operated by local government units (LGUs).
- (c) **Indigent and financially incapacitated patient** refers to a patient identified and validated by the DSWD and/or through the Malasakit Center screening process, using standards to be provided in the IRR, for purposes of medical and financial assistance.

SECTION 4. Establishment or Designation of Dialysis Clinics/Units. —

- (a) **Requirement.** All covered government hospitals shall **establish or designate** a dialysis clinic/unit, subject to DOH licensing standards, within the phased timeline provided in the IRR.
- (b) **Minimum capacity and standards.** The DOH shall prescribe minimum service capacity based on catchment population, ESRD burden, and geographic access, and shall set standards for staffing complement, including nephrology-trained physicians, dialysis nurses/technicians, and a nutrition professional/dietitian for patient counseling.
- (c) **Lead agency.** The DOH, in coordination with LGUs and other relevant agencies, shall lead implementation, including planning, procurement, staffing, and quality assurance.

SECTION 5. Financing and Provision of Dialysis Services for Indigent and Financially Incapacitated Patients. —

- (a) **PhilHealth as primary payer.** The DOH and the Philippine Health Insurance Corporation (PhilHealth) shall ensure that dialysis services rendered in covered government hospitals are reimbursable under the National Health Insurance Program, consistent with universal and compulsory coverage.
- (b) **Zero or minimal out-of-pocket for indigent patients.** For indigent and financially incapacitated patients, the DOH, PhilHealth, DSWD, and other partner agencies shall adopt mechanisms to ensure no balance billing or minimal out-of-pocket expenses, to the extent allowed by PhilHealth benefit design and applicable rules, with remaining eligible costs chargeable to

available assistance programs coursed through Malasakit Centers where applicable.

- (c) **Integration with Malasakit Centers.** In DOH hospitals and the Philippine General Hospital where Malasakit Centers are required, all requests for dialysis-related medical and financial assistance shall be processed through the Malasakit Center to streamline aid from DOH, DSWD, PCSO, and PhilHealth.

SECTION 6. Donations; Tax Incentives; Importations. —

- (a) **Authority to accept donations.** Covered hospitals, through the DOH or the concerned LGU for LGU-run hospitals, may accept donations, gifts, grants, and bequests to augment resources for dialysis clinic establishment, upgrading, and operations.
- (b) **Donor's tax treatment; conditions.** Donations made for the benefit of dialysis clinics/units in covered hospitals shall be exempt from donor's tax and considered allowable deductions from gross income, subject to applicable requirements under the National Internal Revenue Code (NIRC), as amended, and subject to the condition that donated equipment shall be used actually, directly, and exclusively for dialysis services and shall not be disposed of, transferred, or sold except in accordance with rules to be set in the IRR.
- (c) **Customs duty and tax privileges for importation.** Importation of dialysis equipment, machinery, and supplies donated for and used actually, directly, and exclusively by the dialysis clinic/unit may be granted customs duty and tax privileges to the extent allowed by law and subject to DOF/Bureau of Customs rules, and consistent with hospital-equipment incentive policies.

SECTION 7. Standards, Referral Network, and Quality Assurance. —

- (a) The DOH shall issue clinical and operational standards, including infection prevention and control, water quality, reuse policies (if any), adverse event reporting, and patient education.
- (b) The DOH shall establish a referral and scheduling system to decongest facilities and improve continuity of care, including linkages with nearby government and accredited private dialysis providers where appropriate.

SECTION 8. Reporting, Transparency, and Audit. —

- (a) **Annual report.** The DOH, in coordination with PhilHealth and the DSWD, shall submit an annual report to the Office of the President and to the appropriate committees of Congress on implementation, utilization, patient coverage, and outcomes, using the reporting model under the Malasakit Center law.
- (b) **Stewardship and fiscal safeguards.** Funds and reimbursements utilized under this Act shall be managed with fiduciary responsibility and shall be subject to applicable COA rules, mindful that public funds and program funds must be used only as authorized by law.

SECTION 9. Implementing Rules and Regulations. — Within **ninety (90) days** from the effectivity of this Act, the DOH, PhilHealth, DSWD, and other relevant agencies shall issue the implementing rules and regulations, consistent with the joint-IRR approach used in the Malasakit Center law.

SECTION 10. Appropriations. —

- (a) **Initial appropriation.** The amount of One Billion Pesos (PHP 1,000,000,000.00) is hereby authorized to be appropriated for initial implementation, subject to budgeting, release, and accountability rules.
- (b) **Continuing appropriations.** Thereafter, such sums as may be necessary for continued implementation shall be included in the annual General Appropriations Act.

SECTION 11. Separability Clause. — If any provision of this Act is declared unconstitutional or invalid, the remainder not affected thereby shall continue to be in full force and effect.

SECTION 12. Repealing Clause. — All laws, decrees, orders, issuances or portions thereof, which are inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

SECTION 13. 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,