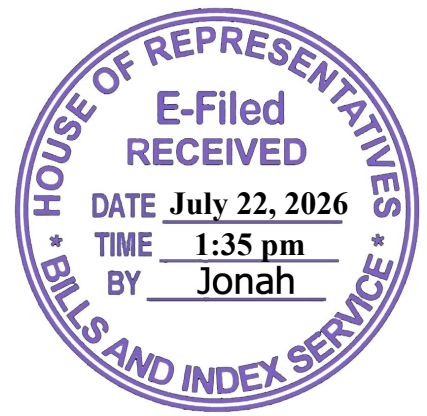


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

TWENTIETH CONGRESS
2nd Regular Session

House Bill No. **10171**



**Introduced by Representatives OMAR VINCENT S. DUTERTE and
PAOLO Z. DUTERTE**

EXPLANATORY NOTE

Chronic Kidney Disease (CKD) has quietly escalated into a massive national public health crisis and currently ranks among the top ten leading causes of death in the Philippines, with National Kidney and Transplant Institute (NKKTI) data revealing that one Filipino develops kidney failure every hour. Recent health figures indicate that approximately 11.2% of the population, or an estimated 12.94 million Filipinos, live with some form of kidney damage. Crucially, data from the Philippine Renal Disease Registry (PRDR) highlights that this crisis disproportionately impacts the national workforce, as 57.44% of diagnosed patients are between the ages of 20 and 59, alongside an equally critical upward trend in kidney cases among young children.

For years, the government's approach has been to step in only when the kidneys have already failed. While expanding PhilHealth subsidies for dialysis and kidney transplants has been a lifesaver for thousands, this approach is financially unsustainable. Dialysis and long-term treatments push Filipino families into severe financial distress and place a heavy, long-term drain on our public health funds.

The tragedy is that kidney disease can be stopped if caught early. The main causes of kidney failure in the country are high blood pressure (33.07% of cases), diabetes complications (30.04%), and chronic kidney inflammation (12.20%). If we catch these issues in their early stages, simple lifestyle shifts and proper medical care can stop the kidneys from getting worse. Since early kidney disease does not cause pain, millions of our citizens have no idea their health is at risk until it is too late.

To confront this challenge, health awareness out of the hospitals shall be brought directly to where Filipinos spend their daily lives. The behavioral risk factors driving chronic kidney disease, including high-sodium diets, excessive sugar intake, and the misuse of nephrotoxic painkillers, are rooted in daily life at home, work, and local markets. Consequently, health promotion campaigns must transition out of clinical environments and meet citizens within their daily environments

Maximizing public awareness through a practical and everyday approach, the proposed measure mandates the strategic deployment of clear health reminders directly within key public and commercial spaces. Specifically, it integrates simple signage at supermarket shelves and checkout lines to guide consumers toward low-sodium choices, utilizes culturally sensitive posters in public wet markets (*palengkes*) to educate shoppers on hidden salts in local food preparation, and leverages daily commutes by displaying accessible health tips inside public utility vehicles (PUVs) and major transit terminals to reach millions of working-class Filipinos.

Through a comprehensive approach that prioritizes early screening in primary care and deploys pervasive public health education across community spaces, the proposed Bill aims to halt the progression of chronic kidney disease before it reaches the stage of debilitating, capital-intensive treatments. Implementing this proactive framework represents both a sound fiscal strategy that will conserve billions in healthcare resources and a vital humanitarian mandate to protect the lives of millions of Filipinos.

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



HON. OMAR VINCENT S. DUTERTE



HON. PAOLO Z. DUTERTE

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

TWENTIETH CONGRESS
2nd Regular Session

House Bill No. **10171**

Introduced by Representatives **OMAR VINCENT S. DUTERTE** and
PAOLO Z. DUTERTE

AN ACT
INSTITUTIONALIZING A COMPREHENSIVE NATIONAL PROGRAM FOR THE
PREVENTION, EARLY DETECTION, AND MANAGEMENT OF CHRONIC
KIDNEY DISEASE (CKD), MANDATING PRIMARY CARE SCREENING,
APPROPRIATING FUNDS THEREFOR, AND FOR OTHER PURPOSES

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 "***Chronic Kidney Disease Prevention and Early Detection Act of 2026.***"

SEC. 2. *Declaration of Policy.* – It is the policy of the State to protect and promote the right to health of the people and instill health consciousness among them. Recognizing that Chronic Kidney Disease (CKD) is a preventable, high-burden illness that compromises the national workforce and drains public resources, the State shall adopt a comprehensive, proactive, and preventive approach to kidney health. The State shall prioritize primary healthcare interventions, early diagnostic screening, and public education to reduce CKD incidence and halt its progression to end-stage renal disease.

SEC. 3. *Definition of Terms.* – For the purposes of this Act, the term:

- a. ***Chronic Kidney Disease (CKD)*** refers to a condition characterized by the gradual loss of kidney function over a period of months or years, categorized into Stages 1 through 5 based on the Glomerular Filtration Rate (GFR).
- b. ***Primary Care Provider*** refers to out-patient clinics, Rural Health Units (RHUs), Barangay Health Stations (BHS), and urban health centers that serve as the initial point of contact for patients in the healthcare system.
- c. ***High-Risk Individuals*** refer to persons diagnosed with diabetes, hypertension, cardiovascular disease, obesity, a family history of renal illness, or those aged 60 and above.
- d. ***Renal Disease Control Program (REDCOP)*** refers to the mandatory preventive

health program of the Department of Health (DOH) executed through the National Kidney and Transplant Institute (NKTI).

SEC. 4. *The National CKD Preventative Framework.* – The Department of Health (DOH), in coordination with the National Kidney and Transplant Institute (NKTI) and the Philippine Society of Nephrology (PSN), shall formulate and implement a National CKD Preventative Framework. This framework shall be integrated into the implementation of the Universal Health Care (UHC) Act and shall focus on:

- a. Primary prevention through lifestyle modification, diet control, and smoking cessation campaigns;
- b. Mandatory early detection protocols for high-risk populations;
- c. Standardized clinical pathways for stalling the progression of early-stage CKD (Stages 1 to 3); and
- d. Capacity building for primary care physicians and community health workers.

SEC. 5. *Mandatory Annual Screening for High-Risk Individuals.* – All primary care networks, Rural Health Units (RHUs), and government hospitals shall provide mandatory, free annual kidney function screenings for all high-risk individuals as defined under Section 3 of this Act. The screening package shall include, at the minimum:

- a. Urine Albumin-to-Creatinine Ratio (UACR) or microalbuminuria test;
- b. Serum Creatinine test with Estimated Glomerular Filtration Rate (eGFR) calculation; and
- c. Routine blood pressure and blood glucose measurement.

The Philippine Health Insurance Corporation (PhilHealth) shall fully cover these diagnostic procedures under its primary care benefit packages (Konsulta Package).

SEC. 6. *Capacity Building of Barangay Health Workers (BHWs).* – The DOH, through REDCOP, shall conduct nationwide training modules for Barangay Health Workers (BHWs) and community nutritionists. BHWs shall be trained to:

- a. Identify high-risk individuals within their respective jurisdictions;
- b. Educate the community on the risk factors of CKD, including high sodium intake, excessive sugar consumption, and self-medication with nephrotoxic substances (e.g., NSAIDs/painkillers); and
- c. Facilitate referrals to primary care physicians for individuals showing early indicators of renal stress.

SEC 7. *School and Workplace Kidney Health Promotion.* –

a. **Educational Institutions**

The Department of Education (DepEd) and the Commission on Higher Education (CHED), in coordination with the DOH, shall integrate kidney health awareness, proper hydration habits, and nutritional guides into the physical

education and health curricula of basic and higher education.

b. Workplaces

The Department of Labor and Employment (DOLE) shall mandate employers to incorporate kidney health awareness and basic metabolic screenings into annual employee physical examinations, recognizing the high prevalence of CKD among the working-age population.

c. Supermarkets and Hypermarkets

The Department of Trade and Industry (DTI), in coordination with the DOH, shall require all supermarkets and hypermarkets to display prominent, visible point-of-sale educational signage detailing the dangers of high-sodium and high-sugar diets. Dedicated "Kidney-Healthy Choices" shelves or markers shall be encouraged to steer consumers toward low-sodium food alternatives.

d. Public Wet Markets (*Palengke*)

Local Government Units (LGUs), through their market administrators, shall place permanent, culturally sensitive educational posters, tarpaulins, or digital infographics at prominent entry points, common areas, and retail sections of public and private wet markets. These materials shall focus on food preparation, hidden salts, and kidney health.

e. Public Utility Vehicles (PUVs) and Transit Terminals

The Department of Transportation (DOTr), through the Land Transportation Franchising and Regulatory Board (LTFRB) and the Maritime Industry Authority (MARINA), shall coordinate with transport operators and cooperatives to install kidney health infographics, commuter advisories, or multi-media public service announcements inside public utility buses (PUBs), modern and traditional public utility jeepneys (PUJs), passenger vessels, and major mass transit terminals.

SEC 8. *Public Information and Front-of-Pack Nutrition Labeling.* – To address the primary behavioral causes of hypertension and diabetes leading to CKD, the Food and Drug Administration (FDA) shall enforce strict, easy-to-understand front-of-pack labeling rules for processed foods, explicitly highlighting high sodium and high sugar content. The DOH shall also launch a sustained, multi-media national public awareness campaign every June, aligned with National Kidney Month.

SEC 9. *Strengthening the Philippine Renal Disease Registry (PRDR).* – All public and private healthcare facilities, diagnostic laboratories, and primary care centers shall mandatorily report new cases of CKD (from Stage 3 onwards) to the PRDR managed by the DOH. This data shall be utilized strictly for epidemiological mapping, resource allocation, and program improvement, maintaining absolute patient confidentiality.

SEC. 10. *Appropriations.* – The amount necessary for the initial implementation of this Act shall be charged against the current year's appropriations of the Department of Health. Thereafter, such sums as may be necessary for its continued implementation shall be included in the annual General Appropriations Act (GAA). A fixed percentage of the revenues collected from sin taxes (tobacco and alcohol) and sweetened beverage taxes shall be earmarked specifically for the procurement of primary care kidney testing kits, community-level REDCOP operations, and the production of multi-sectoral public informational materials.

SEC. 11. *Implementing Rules and Regulations (IRR).* – Within ninety (90) days from the effectivity of this Act, the DOH, in consultation with the NKTI, PhilHealth, DTI, DOTr, DOLE, DILG, and the Philippine Society of Nephrology (PSN), shall promulgate the rules and regulations necessary for its effective implementation.

SEC. 12. *Separability Clause.* – If any provision of this Act is declared unconstitutional, the remainder thereof not otherwise affected shall remain in full force and effect.

SEC. 13. *Repealing Clause.* – All laws, decrees, orders, rules, and regulations or parts thereof inconsistent with this Act are hereby repealed or modified accordingly.

SEC. 14. *Effectivity.* – This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,