The Department of Health reported that one person dies every hour from kidney failure, which puts it as the ninth-leading cause of death among Filipinos today.

A person whose kidneys are failing need to undergo treatment, usually dialysis, in order to cleanse their blood of excess fluid, minerals, and wastes. According to the National Kidney and Transplant Institute, more than 5,000 Filipinos are presently undergoing dialysis and approximately 1.1 million worldwide are on renal replacement therapy and each year, and around 10,000 people need to have their kidney function replaced.

In light of the available treatment methods, kidney disease is no longer considered a death sentence. However, due to lack of access and high cost of treatment, most of those afflicted with the disease remains to be untreated.

Pursuant to the constitutional mandate of the State to protect and promote the right to health of the people and instill health consciousness among them, this measure intends to aid Filipinos suffering from renal failure by expanding the benefits for Renal Replacement Therapy: kidney transplantation, peritoneal dialysis, and hemodialysis.

This proposed legislation shall provide the highest benefit to kidney transplantation as the primary treatment for kidney disease. Philhealth benefit for kidney transplantation shall include evaluation and screening of kidney donors and recipients, transplant procedure, and post-transplant procedures and remedies. Patients shall also be encouraged to consider undergoing a kidney transplant during the first two (2) years of starting dialysis.
To improve access to treatment, all national, provincial and regional government hospitals, including all stand-alone dialysis facilities are hereby required to establish, operate and maintain a service dialysis facility in their hospital, including both peritoneal dialysis and hemodialysis.

The bill also increased the Philhealth package for peritoneal dialysis and hemodialysis, which shall also include the professional fee and hospital charges. Further, this measure directs the Philippine Charity Sweepstakes Office to provide for the remaining required sessions for dialysis after a patient consumes his Philhealth benefit package. To ensure treatment for all, dialysis treatment in all national, regional, and provincial government hospitals shall be provided free of charge to indigent patients.

Training of nephrologists, nurses, technicians, and other persons involved in treatment of renal diseases and education on prevention and health promotion to patients and their families are also mandated under this measure.

Through the passage of this bill, the financial burden of Filipinos suffering from renal diseases will be alleviated and the necessary treatment will be provided to them, thereby addressing the problem of renal diseases in the country.

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

ROBERTO “ROBBIE” V. PUNO
Republic of the Philippines

HOUSE OF REPRESENTATIVES
Quezon City

EIGHTEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 218

Introduced by Honorable Roberto “Robbie” V. Puno

AN ACT PROVIDING A COMPREHENSIVE RENAL REPLACEMENT THERAPY (RRT) FOR PATIENTS WITH END STAGE RENAL DISEASE IN NATIONAL, REGIONAL, AND PROVINCIAL GOVERNMENT HOSPITALS, INCREASING THE PHILHEALTH PACKAGE RATE FOR RENAL REPLACEMENT THERAPY OF MEMBERS AND APPROPRIATING FUNDS THEREFOR.

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

CHAPTER I
GENERAL PROVISIONS

SECTION 1. Short Title. — This Act shall be known as the “Comprehensive Renal Replacement Therapy Act.”

SEC. 2. Declaration of Policy. — 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, primarily within the first two (2) years starting of dialysis.

The State shall endeavor to make essential goods, health and other social services available to all the people at affordable cost. There shall be a priority for the needs of the underprivileged sick, elderly, disabled, women and children. The State shall endeavor to [provide free medical care to paupers.

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It is also hereby declared as a policy to improve the delivery of health care services to the people and to ensure hospital facilities are available, affordable, and accessible to the people.

SEC. 3. Definition of Terms. – As used in this Act:

a. **Dialysis facility** refers to a health facility that provides treatment for ESRD to indigent patients and disseminates information on the various forms of RRT such as kidney transplantation, peritoneal dialysis, and hemodialysis;

b. **End Stage Renal Disease or ESRD** refers to the final stage of chronic kidney disease in which the kidneys no longer function well enough to meet the needs of daily life;

c. **Hemodialysis or 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** 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 municipal social development officer;

e. **Kidney Transplant or KT** refers to a medical 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. **National, Regional, and Provincial hospitals** refer to hospitals and stand alone dialysis facilities operated and maintained either partially or wholly by the national, regional, and provincial government or other political subdivisions, or any department, division, board or other agency thereof;

g. **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;

h. **Peritoneal Dialysis or PD** refers to a treatment of kidney failure and a type of dialysis that uses the person’s peritoneum (lining of abdominal cavity) as the membrane through which the fluid and toxic substances are exchanged with blood;

i. **PD First Policy** refers to the policy where peritoneal dialysis, when feasible, is offered as the first dialysis modality to RRT patients;
j. **Renal replacement therapy or RRT** refers to therapy that partially replaces the functions of the normal kidney. This may be in the form of the kidney transplantation, peritoneal dialysis and hemodialysis;

**SEC. 4. Establishment of Dialysis Services Wards or Units in National, Regional, Provincial Government Hospitals.** – Within five (5) years from the effectivity of this Act, all national, provincial and regional government hospitals, including all stand-alone dialysis facilities are hereby required to establish, operate and maintain a service dialysis facility in their hospital, including both peritoneal dialysis and hemodialysis. The same hospitals and dialysis facilities should also be mandated to train nephrologists, dialysis nurses, dialysis technicians, and operating room nurses in both peritoneal dialysis and hemodialysis.

All national, provincial and regional government hospitals, including stand-alone dialysis facilities shall have a dialysis service area compliant with the licensing and accreditation requirements imposed by the Department of Health (DOH) and Philippine Health Insurance Corporation (PhilHealth), respectively, for private dialysis clinics. It shall further be provided with the necessary personnel and equipped with complete dialysis equipment and supplies for both hemodialysis and peritoneal dialysis, as required by the DOH and the PhilHealth from private dialysis clinics.

All patients diagnosed with ESRD must be referred to a DOH-accredited transplant facility to attend a pre-transplant orientation and to be counseled on the advantages of undergoing transplantation as the best treatment for kidney failure. They will undergo medical evaluation for suitability for transplantation. For those found medically suitable for transplantation, all potential organ donors of the patient shall be evaluated to determine compatibility and medical suitability. If no living donors are available then the patient will be enrolled in the deceased organ donor waiting list. This will ensure that all patients with ESRD are offered the option of kidney transplantation.

**SEC. 5. Chronic Kidney Disease (CKD) Prevention and Health Promotion.** – All national, provincial, and regional government hospitals and stand-alone dialysis facilities to establish CKD prevention strategies and health promotion activities which include: advocacy activities targeting relatives of dialysis patients who are at high risk for developing CKD themselves, the provision of instructional materials and regular education activities on the common
symptoms of kidney disease such as its risk factors, healthy diet and lifestyle, common tests to diagnose kidney disease, the most common causes of kidney failure, and advisories on the appropriate protocols for the diagnostic evaluation of possible kidney disease.

Patients and their relatives should be informed about the availability of the proper medicines from the government health centers such as those for diabetes and hypertension, and the importance of the regular intake of medicines and monitoring of kidney function through regular laboratory testing and regular clinic follow-up with a qualified physician.

SEC. 6. Quality Standards of Dialysis Services and Transplant Facilities. – Hospitals, dialysis centers for both hemodialysis and peritoneal dialysis, and transplant facilities shall comply with the safety and quality standards of dialysis or transplant services which shall be strictly monitored by the PhilHealth and the Health Facilities and Services Regulatory Bureau of the DOH.

SEC. 7. Philippine Renal Disease Registry. – Private and public hospitals, dialysis centers for both hemodialysis and peritoneal dialysis, and transplant facilities shall be mandated to report to the Philippine Renal Disease Registry of the DOH the incidence and prevalence of patients receiving peritoneal dialysis or hemodialysis treatment, and who have received a kidney transplant as a requirement for the renewal of their respective DOH licenses to operate a dialysis center of transplant facility. Registration of all dialysis patients in the PhilHealth dialysis database will be required prior to the availment of benefits for both peritoneal dialysis and hemodialysis.

SEC. 8. PhilHealth Benefit for Kidney Transplantation. – The PhilHealth benefit for kidney transplantation from living donors shall be expanded accordingly. This shall include the cost of laboratory work-up for both recipient and donor candidate, hospitalization for the transplant operation including induction immunosuppression, machine perfusion of procured organs, the cost for organ retrieval, all medication required during the hospital stay, as well as post discharge laboratories up to 1 month for the recipient, and up to 1 year for the donor.

The cost for organ retrieval and machine perfusion will be established by the DOH-Philippine Organ Donation Program for all organ procurement organizations.
The PhilHealth benefit package for kidney transplantation shall cover the evaluation and screening of the kidney donor and recipient up to the transplant procedure and post-transplantation procedures and remedies. This is inclusive of both pre- and post-kidney transplantation measures for the benefit of End Stage Renal Disease patients.

In order to support kidney transplantation as the best treatment option that provides the highest quality of life for End Stage Renal Disease patients and ensures the return of the patient to full rehabilitation, 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 renal replacement therapy facilities shall be required to engage in regular organ donation advocacy activities that will provide education for all Filipinos to carry the organ donor card. Facilities will likewise establish a potential deceased organ donor referral system that will identify all potential deceased organ donors to the Philippine Network for Organ Sharing.

SEC. 9. PhilHealth Benefit for Dialysis Treatment. — The PhilHealth shall increase the Z-benefit package rate for the principal member and each of one’s qualified dependent on maintenance dialysis per year for peritoneal dialysis for three (3) peritoneal dialysis exchanges per day for three hundred sixty five (365) days, while the package rate for hemodialysis treatment shall be increased annually to cover a span of ninety (90) hemodialysis sessions per year. The professional fee for the attending physician and hospital charges shall be included in the PhilHealth benefits for dialysis treatment.

The remaining sessions for both peritoneal dialysis and hemodialysis shall be paid for by the Philippine Charity Sweepstakes Office.

For purposes of providing optimal financial risk protection to the most vulnerable groups including the poorest of the poor, the “No Balance Billing Policy” of the government is hereby provided for indigents.

The breakdown of the PHIC hemodialysis benefit package shall include HD standard treatment inclusive of the dialyzer and all other supplies needed as well as the minimum basic laboratory tests consisting of complete blood count, creatinine,
calcium, phosphorus, potassium, albumin, hepatitis B surface antigen (HBsAG) and anti-hepatitis C virus (Anti-HCV). The laboratory tests shall be done at a frequency of at least four (4) tests per year for the first six (6) tests, and twice a year for the least two (2) tests. The schedule of these tests shall be determined by the attending physician during the course of the annual dialysis treatment sessions.

SEC. 10. **Periodic Assessment and Benefit Package Adjustments for End Stage Renal Disease Patients.**—A periodic assessment and reasonable adjustments of the benefit package for dialysis and transplants patients shall be made by the PhillHealth after taking into consideration its financial sustainability and changes in the socio-economic conditions of the country.

SEC. 11. **Free Dialysis Treatment to Indigent Patients.**—Dialysis treatment in all national, regional, and provincial government hospitals shall be provided free of charge to indigent patients as identified by the Department of Social Welfare and Development using the National Household Targeting System for Poverty Reduction. A PD First Policy shall be established to all indigent patients, unless there is a contraindication to its use in a particular patient.

SEC. 12. **Treatment Options.**—The PhillHealth shall develop a package that will provide the highest benefit for kidney transplant, followed by peritoneal dialysis, then hemodialysis.

The benefit package shall include a screening test for both the donor and recipient. The screening test for possible kidney transplantation of both the donor and recipient shall include the following:

1) For the donor, the screening test shall include blood typing, complete blood count, fasting blood sugar, creatinine, hepatitis B surface antigen, anti-hepatitis C antibody, urinalysis, chest x-ray and ultrasound of the kidneys, ureter, and urinary bladder.

2) For the recipient, cardiac evaluation and many other tests as needed.

During the availment of full benefits of dialysis within the first two (2) years of dialysis initiation, the cost of dialysis treatment shall be paid for by the PhillHealth and the PCSO as described in Section 8.

If the patient passes the criteria for the PhillHealth benefit package for transplantation, the expenses for the lab work-up shall be reimbursed to the patient
by the healthcare institution after the PhilHealth pays the benefit to the healthcare
institute.

The cost of the operation for transplantation shall be included in the
PhilHealth Z-benefit package which includes a month of post-hospital discharge
laboratory tests for the recipient and one (1) year follow up of laboratory tests for
the donor. The Z-benefit shall be expanded accordingly.

The immunosuppression medication needed by the transplant patient, if
there is no graft rejection, shall be lifelong. For PhilHealth patients, these
medicines shall be provided for one (1) year by PCSO. After the first year, the
patient may reapply with the PCSO for assistance for such medications.

SEC. 13. Rehabilitation Program. – The DOH, in coordination with the
Department of Labor and Employment, Technical Education and Skills
Development Authority, and the DSWD and other pertinent agencies, shall
establish a comprehensive rehabilitation program for ESRDtr patients who have
undergone kidney transplant in order to help them reach their fullest physical,
psychological, social, vocational, avocational, and educational potential consistent
with their physiologic or anatomic condition, environmental limitations, life plans
and desires.

SEC. 14. Dialysis Facility. - A dialysis facility shall be compliant with the
licensing requirements imposed under DOH Administrative Order no. 2012-0001
dated January 26, 2012 for hemodialysis, and PhilHealth-Accreditation for
peritoneal dialysis facilities. Hospitals without dialysis facilities first put up the
necessary equipment and qualified staff to perform peritoneal dialysis services. For
hospitals with existing hemodialysis facilities, a peritoneal dialysis 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. 15. Training for Peritoneal and Hemodialysis Treatment and
Services. – The DOH, National Kidney and Transplant Institute (NKTI) and the
Philippine Society of Nephrology (PSN) shall provide training for medical
personnel such as physicians to take charge of the hemodialysis and peritoneal
dialysis centers, hemodialysis and peritoneal dialysis nurses, hemodialysis and
peritoneal dialysis technicians, operating room nurses, transplant ward nurses,
transplant coordinators, and non-medical barangay health workers to support home
based peritoneal dialysis. The NKTI shall accredit the centers that can provide the
training for the above personnel and training should include hands-on workshops
for dialysis.

SEC. 16. **Establishing a Chronic Kidney Disease (CKD) Counseling Clinic.** –
All RRT facilities shall establish a chronic kidney disease (CKD) counseling clinic
with separate personnel trained to engage patients and explain to them the normal
functions of the kidney, the stages of CKD, the laboratories routinely performed
for CKD patients, the common medications required that can control the
progression of kidney disease, the metabolic complications of ESRD, and the
indications for renal replacement. These clinics shall monitor the kidney function
of patients so that a timely referral to a nephrologist or internist/pediatrician with
specialized training in CKD can be made, with the timely initiation of Renal
Replacement Therapy to prevent requiring emergency treatment.

The NKTI shall provide education and training modules for the medical staff
of CKD counseling clinics.

SEC. 17. **Creation of a Renal Disease Control Program (REDCOP).** – All
RRT facilities shall create a Renal Disease Control Program (REDCOP), following
the model of the NKTI, that shall promote the early recognition of kidney disease,
identify persons at high risk for the development of the kidney disease and initiate
preventive strategies to either prevent the development of kidney disease (i.e. from
diabetes to hypertension) or to delay its progression to end stage renal disease. The
DOH will establish a database of these patients to ensure that they are regularly
monitored for disease progression and that they are receiving appropriate treatment
for CKD.

SEC. 18. **Authority to Receive Donations and Exemptions from Donor’s
Taxes, Customs and Tariff Duties** – The DOH shall be authorized to receive
donations, gifts, and bequests in order to augment the funding for the establishment
of the dialysis wards/units created in accordance with this Act. All donations,
contributions, or endowments which may be made by persons or entities to the
dialysis wards/units in national, regional and provincial hospitals and the
importation of the medical equipment and machineries, spare parts and other
medical equipment used solely and exclusively by the dialysis wards or units shall
be exempt from income or donor’s taxes, any direct or indirect taxes, wharfare
fees and other charges and restrictions.
SEC. 19. **Penalty.** – Any hospital chief, administrator, or officer-in-charge of hospitals, dialysis centers and health facilities who fails to comply with this Act shall be meted with a fine of Fifty thousand pesos (P50,000.00) but not more than One hundred thousand pesos (P100,000.00).

Likewise, persons receiving free treatment of medicines for End Stage Renal Disease or PD or HD services from government hospitals and its agencies (i.e. PCSO, PHIC) who are found selling these medications instead of selling them for their own treatment, shall be penalized with the suspension of their PhilHealth membership and shall be ineligible for assistance from PCSO and other government agencies for a period of one (1) year. If these persons are found to be engaged in the selling of medications or services allotted for their care for the second time, they shall be permanently ineligible to receive government assistance.

SEC. 20 **Appropriations.** – The initial amount necessary to implement the provisions this Act shall be charged against the current year’s appropriation of the DOH. Thereafter, such sum as may be necessary for the continued implementation of this Act shall be included in the annual General Appropriations Act.

SEC. 21. **Implementing Rules and Regulations.** – Within sixty (60) days from the effectivity of this Act, the Secretary of Health, in coordination with the President of the PhilHealth, the Executive Director of the NKTI, and other relevant stakeholders, shall issue the implementing rules and regulations to implement the provisions of this Act.

SEC. 22. **Separability Clause.** If any provision or part hereof is held invalid or unconstitutional, the remainder of the law or the provision not otherwise affected shall remain valid and subsisting.

SEC. 23. **Repealing Clause.** Any law, presidential decree or issuance, executive order, letter of instruction, administrative order, rule or regulatory contrary to or inconsistent with the provisions of this Act are hereby repealed, modified, or amended accordingly.

SEC. 24. **Effectivity.** This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,