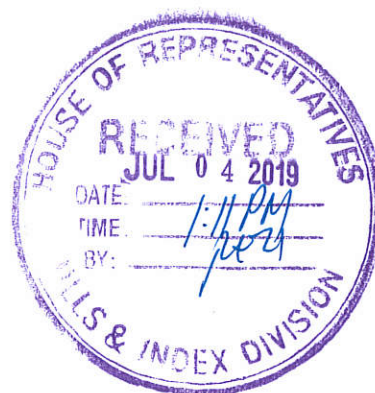


Republic of the Philippines
House of Representatives
Quezon City

EIGHTEENTH CONGRESS
First Regular Session

House Bill No. 1392



INTRODUCED BY REPRESENTATIVE ALFRED VARGAS

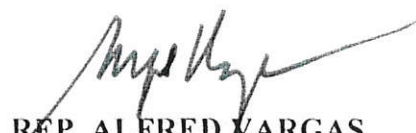
EXPLANATORY NOTE

Every hour, a Filipino dies of End Stage Renal Disease (ESRD). Diabetes and Hypertension are the leading causes ESRD with patients aged 50 to 70 comprising 50% of the dialysis population.

Three types of renal replacement therapy which are hemodialysis, peritoneal dialysis and kidney transplantation. Both kidney transplantation and peritoneal dialysis provide a higher quality of life and are most cost-effective therapy options. Unfortunately, majority of Filipinos are only aware of hemodialysis as a treatment option. In dialysis cases, this bill promotes peritoneal dialysis as the first option to attain adequate dialysis, followed by dialysis,

The proposed bill seeks to establish a comprehensive renal replacement therapy facility for patients with ESRD. Kidney transplantation facilities will enable this life-saving therapy to be more accessible to Filipinos. Dialysis serves as the 'bridge' while preparing for kidney transplantation. Peritoneal dialysis, in particular, allows the provision of adequate dialysis therapy that is sustainable without an exponential increase in PHILHEALTH expenditure. Peritoneal dialysis would shift the provision of ESRD care to a less capital-intensive therapy.

Support for the enactment of this measure is earnestly requested.


REP. ALFRED VARGAS
Fifth District, Quezon City

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INTRODUCED BY REPRESENTATIVE ALFRED VARGAS

1 AN ACT

2 PROVIDING A COMPREHENSIVE RENAL REPLACEMENT THERAPY (RRT) FOR
3 PATIENTS WITH END STAGE RENAL DISEASE IN NATIONAL, REGIONAL, AND
4 PROVINCIAL GOVERNMENT HOSPITALS, INCREASING THE PHILHEALTH
5 PACKAGE RATE FOR RENAL REPLACEMENT THERAPY OF MEMBERS AND
6 APPROPRIATING FUNDS THEREFOR.
7

8 *Be it enacted by the Senate and the House of Representatives of the Philippines in*
9 *Congress assembled:*
10

11 **SECTION 1. Short Title.** - This Act shall be known as the "Comprehensive Renal
12 Replacement Therapy Act."
13

14 **SEC. 2. Declaration of Policy.** — It is a declared policy of the State to adopt an integrated
15 and comprehensive approach to health development that will provide Comprehensive
16 Renal Replacement Therapy (RRT) to improve the delivery of health care services to
17 patients diagnosed with End Stage Renal Disease (ESRD), and to encourage them to
18 have a kidney transplant, primarily within the first two (2) years of starting dialysis.
19

20 The State shall endeavour to make essential goods, health and other social
21 services available to all the people at affordable cost. There shall be priority for the needs
22 of the underprivileged sick, elderly, disabled, women and children. The state shall
23 endeavour to provide free medical care to paupers.
24

25 It is also hereby declared as a policy of the State to improve the delivery of health
26 care services to the people and to ensure hospital facilities are available, affordable and
27 accessible to the people.
28

29 **SEC. 3. Definition of Terms.** — As used in this Act:
30

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

- 2 **b. End Stage Renal Disease or ESRD** refers to the final stage of chronic kidney
3 disease in which the kidneys no longer function well enough to meet the needs
4 of daily life;
- 5 **c. Hemodialysis or HD** refers to a medical procedure to remove fluid and waste
6 products from the blood and to correct electrolyte imbalances. This is
7 accomplished using a synthetic membrane or dialyzer which is also referred
8 to as an "artificial kidney";
- 9 **d. Indigent** refers to a patient who has no source of income or whose income is
10 not sufficient for family subsistence as identified by the Department of Social
11 Welfare and Development (DSWD) through the National Household Targeting
12 System (NHTS) for Poverty Reduction, or those patients who are indigents but
13 are not listed in the NHTS as assessed by the municipal social development
14 officer;
- 15 **e. Kidney transplant or KT** refers to a surgical procedure to place a kidney from
16 a live or deceased donor into a person whose kidneys no longer function
17 sufficiently to sustain the person's life;
- 18 **f. National, Regional and Provincial hospitals** refer to hospitals and stand
19 alone dialysis facilities operated and maintained either partially or wholly by the
20 national, regional and provincial government or other political subdivisions, or
21 any department, division, board or other agency thereof;
- 22 **g. No Balance Billing** refers to the government policy of not charging the medical
23 expenses incurred over and beyond the PhilHealth package rates to a
24 PhilHealth member who has undergone medical treatment;
- 25 **h. Peritoneal dialysis or PD** refers to a treatment for kidney failure and a type of
26 dialysis that uses the person's peritoneum (lining of abdominal cavity) as the
27 membrane through which fluid and toxic substances are exchanged with blood;
- 28 **i. PD First Policy** refers to the policy where peritoneal dialysis, when feasible, is
29 offered as the first dialysis modality to RRT patients;
- 30 **j. Renal replacement therapy or RRT** refers to therapy that partially replaces
31 the functions of the normal kidney. **This** may be in the form of kidney
32 transplantation, peritoneal dialysis and hemodialysis.

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

41 All national, provincial and regional government hospitals, including stand alone
42 dialysis facilities shall have a dialysis service area compliant with the licensing and
43 accreditation requirements imposed by the Department of Health (DOH) and Philippine
44 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 should 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 educational 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 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. All activities pertaining to the aforementioned programs should be documented accordingly.

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 or 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
8 transplant operation including induction immunosuppression and maintenance oral
9 immunosuppression, machine perfusion of procured organs, the cost for organ retrieval,
10 all medications required during the hospital stay, as well as post discharge laboratories
11 up to 1 month for the recipient, and up to 1 year for the donor.

12

13 The cost for organ retrieval and machine perfusion will be established by the
14 DOH-Philippine Organ Donation Program for all organ procurement organizations.

15

16 The PhilHealth benefit package for kidney transplantation shall cover the
17 evaluation and screening of the kidney donor and recipient up to the transplant procedure
18 and post-transplantation procedures and remedies. This is inclusive of both pre- and post-
19 kidney transplantation measures for the benefit of End Stage Renal Disease patients.

20

21 In order to support kidney transplantation as the best treatment option that provides
22 the highest quality of life for End Stage Renal Disease patients and ensures the return of
23 the patient to full rehabilitation, the PhilHealth and the Philippine Charity Sweepstakes
24 Office (PCSO) shall provide support for all maintenance immune suppression for the
25 lifetime of the transplant patient, as long as the transplanted organ is functioning and the
26 patient remains dialysis-independent.

27

28 All renal replacement therapy facilities shall be required to engage in regular organ
29 donation advocacy activities that will provide education for all Filipinos to carry the organ
30 donor card. Facilities will likewise establish a potential deceased organ donor referral
31 system that will identify all potential deceased organ donors to the Philippine Network for
32 Organ Sharing.

33

34 **SEC. 9. PhilHealth Benefit for Dialysis Treatment** – The PhilHealth shall increase the Z-
35 benefit package rate for the principal member and each of one's qualified dependent on
36 maintenance dialysis per year for peritoneal dialysis covering three (3) peritoneal dialysis
37 exchanges per day for three hundred sixty five (365) days, while the package rate for
38 hemodialysis treatment shall be increased annually to cover a span of ninety

39

40 (90)
hemodialysis sessions per year. The professional fee of the attending physician and
hospital charges shall be included in the PhilHealth benefits for dialysis treatment

41

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

3

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

7

8 The breakdown of the PHIC hemodialysis benefit package shall include standard
9 HD treatment inclusive of the dialyzer and all other supplies needed as well as the
10 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 last 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 transplant patients shall be made by the PhilHealth 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 for all indigent patients, unless there is a contraindication to its use in a particular patient.

SEC. 12. Treatment Options. - The PhilHealth 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 testing 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.³

During the availment of the full benefits of dialysis within the first two (2) years of dialysis initiation, the cost of dialysis treatment shall be paid for by the PhilHealth and the PCSO as described in Section 8. These options are provided to encourage more patients to have a kidney transplant and attain full rehabilitation.

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

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 a one (1) year follow up laboratory tests for the donor. The Z-benefit package shall be expanded accordingly.

The immunosuppression medications 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 ESRD 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 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 kidney disease and initiate preventive strategies to either prevent the development of kidney disease (ie. from diabetes and 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.

26 **SEC. 18. Authority to Receive Donations and Exemptions from Donor's Taxes, Customs**
27 **and Tariff Duties** — The DOH shall be authorized to receive donations, gifts and
28 bequests in order to augment the funding for the establishment of the dialysis
29 wards/units created in accordance with this Act. All donations, contributions or
30 endowments which may be made by persons or entities to the dialysis wards/units
31 in national, regional and provincial hospitals and the importation of medical
32 equipment and machineries, spare parts and other medical equipment used
33 solely and exclusively by the dialysis wards or units shall be exempt from income or
34 donor's taxes, any other direct or indirect taxes, wharfage fees and other charges and
35 restrictions.

36
37 **SEC. 19. Penalty.** - Any hospital chief, administrator or officer-in-charge of hospitals,
38 dialysis centers, and health facilities who fails to comply with Sections 5 and 6 of this
39 Act shall be meted with a fine of Fifty thousand pesos (P50,000.00) but not more than
40 One hundred thousand pesos (P100,000.00).

41 Likewise, persons receiving free treatment of medicines for End Stage Renal
42 Disease or PD or HD services from government hospitals and its agencies (ie. PCSO,
43 PHIC) who are found selling these medications or services instead of using them for
44 their own treatment, shall be penalized with the suspension of their PhilHealth
45 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
2 selling of medications or services allotted for their care for the second time, they shall be
3 permanently ineligible to receive government assistance.

4
5 **SEC. 20. Appropriations.** - The initial amount necessary to implement the provisions of
6 this Act shall be charged against the current year's appropriation of the DOH. Thereafter,
7 such sum as may be necessary for the continued implementation of this Act shall be
8 included in the annual General Appropriations Act.

9
10 **SEC. 21. Implementing Rules and Regulations** — Within sixty (60) days from
the
11 effectivity of this Act, the Secretary of Health, in coordination with the President of
12 PhilHealth, the Executive Director of the NKTl, and other relevant stakeholders, shall
13 issue the implementing rules and regulations to implement the provisions of this Act.

14
15 **SEC. 22. Separability Clause.** If any provision or part hereof is held invalid or
16 unconstitutional, the remainder of the law or the provision not otherwise affected shall
17 remain valid and subsisting.

18
19 **SEC. 23. Repealing Clause.** Any law, presidential decree or issuance, executive order,
20 letter of instruction, administrative order, rule or regulation contrary to or inconsistent with
21 the provisions of this Act are hereby repealed, modified or amended accordingly.

22
23 **SEC. 24. Effectivity.**-This Act shall take effect fifteen (15) days after its publication in the
24 *Official Gazette* or in a newspaper of general circulation.

25
26
27 *Approved.*