

REPUBLIC OF THE PHILIPPINES
HOUSE OF REPRESENTATIVES
Quezon City



EIGHTEENTH CONGRESS
First Regular Session

3818
HOUSE BILL NO. _____

Introduced by Representative **TYRONE D AGABAS**

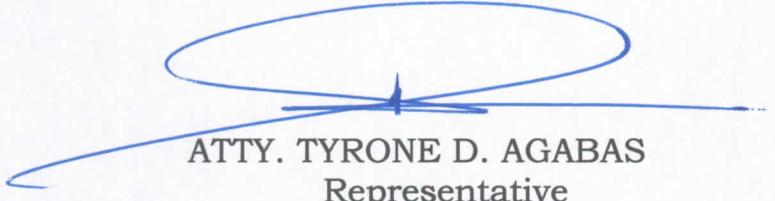
EXPLANATORY NOTE

This bill seeks to establish and provide a comprehensive renal replacement therapy for patients with end stage renal disease in national, regional, and provincial government hospitals, increasing the Philippine Insurance Corporation's package rate for renal replacement therapy of members. This bill has already been approved by the House of Representatives on its 3rd and final reading in the 17th Congress. However, it has not yet ripened into a law. On account of its importance to the delivery of healthcare packages to renal or kidney patients, this bill is respectfully filed.

The State shall protect and promote the right to health of the people and instill health consciousness among them (Section 15, Article II of the 1987 Constitution). Consistent with this mandate, the State shall provide health mechanisms through which patients with renal or kidney diseases can come to or rely upon. It is of common knowledge renal disease is among the top ten (10) causes of death among Filipinos. And it is getting worse. Sixty percent (60) of patients with chronic kidney failure are service patients. Of the 60% patients mortality rate is very high. Among the biggest attributes to mortality is the incapacity of poor patients to afford and sustain the high cost of hemodialysis, peritoneal dialysis, kidney transplant, or renal replacement therapy. There is a need to step up the provision of additional renal healthcare packages in government hospitals inclusive of increased Philhealth package rate to narrow the gap of healthcare opportunities between the rich and the poor. Of the different regions in the country, only few hospitals are offering dialysis services, most of which are private

hospitals, thus pre-empting our poor patients of the much needed renal care.

Additional government intervention is thus highly needed. Hence, the urgent request for the approval of this bill.



ATTY. TYRONE D. AGABAS
Representative
6th District, Pangasinan

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HOUSE BILL NO. 3818

Introduced by Representative **TYRONE D. AGABAS**

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:

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

3
4 **SECTION 2. Declaration of Policy.** – It is a declared policy of the State to adopt
5 an integrated and comprehensive approach to health development that will
6 provide Comprehensive Renal Replacement Therapy (RRT) to improve the
7 delivery of health care services to patients diagnosed with End Stage Renal
8 Disease (ESRD), and to encourage them to have a kidney transplant, primarily
9 within the first two (2) years of starting dialysis.

10
11 The State shall endeavour to make essential goods, health and other
12 social services available to all the people at affordable cost. There shall be
13 priority for the needs of the underprivileged sick, elderly, disabled, women and
14 children. The state shall endeavour to provide free medical care to paupers.

15
16 It is also hereby declared as a policy of the State to improve the delivery
17 of health care services to the people and to ensure hospital facilities are
18 available, affordable and accessible to the people.

19
20 **SECTION 3. Definition of Terms.** – As used in this Act:

- 22 a. Dialysis facility refers to a health facility that provides treatment for
23 ESRD to indigent patients and disseminates information on the
24 various forms of RRT such as kidney transplantation, peritoneal
25 dialysis and hemodialysis;
- 26 b. End Stage Renal Disease or ESRD refers to the final stage of
27 chronic kidney disease in which the kidneys no longer function well
28 enough to meet the needs of daily life;
- 29
- 30 c. Hemodialysis or HD refers to a medical procedure to remove fluid
31 and waste products from the blood and to correct electrolyte
32 imbalances. This is accomplished using a synthetic membrane or
33 dialyzer which is also referred to as an "artificial kidney";
- 34
- 35 d. Indigent refers to a patient who has no source of income or whose
36 income is not sufficient for family subsistence as identified by the
37 Department of Social Welfare and Development (DSWD) through
38 the National Household Targeting System (NHTS) for Poverty
39 Reduction, or those patients who are indigents but are not listed in
40 the NHTS as assessed by the municipal social development
41 officer;
- 42
- 43 e. Kidney Transplant or KT refers to a surgical procedure to place a
44 kidney from a live or deceased donor into a person whose kidneys
45 no longer function sufficiently to sustain the person's life;
- 46
- 47 f. National, Regional and Provincial Hospitals refer to hospitals and
48 stand alone dialysis facilities operated and maintained either
49 partially or wholly by the national, regional and provincial
50 government, division, board or other agency thereof;
- 51
- 52 g. No Balance Billing refers to the government policy of not charging
53 the medical expenses incurred over and beyond the PhilHealth
54 package rates to a PhilHealth member who has undergone medical
55 treatment;
- 56
- 57 h. Peritoneal Dialysis or PD refers to a treatment for kidney failure
58 and a type of dialysis that uses the person's peritoneum (lining of
59 abdominal cavity) as the membrane through which fluid and toxic
60 substances are exchanged with blood;
- 61
- 62 i. PD First Policy refers to the policy where peritoneal dialysis, when
63 feasible, is offered as the first dialysis modality to RRT patients;
- 64
- 65 j. Renal Replacement Therapy or RRT refers to therapy that partially
66 replaces the functions of the normal kidney. This may be in the
- 67

68 form of kidney transplantation, peritoneal dialysis and
69 hemodialysis.

70
71 **SECTION 4. Establishment of Dialysis Services Wards or Units in National,**
72 **Regional, Provincial Government Hospitals.** – Within five (5) years from the
73 effectivity of this Act, all national, provincial, and regional hospitals, including all
74 stand alone dialysis facilities are hereby required to establish, operate and
75 maintain a dialysis service facility in their hospital, including both peritoneal
76 dialysis and hemodialysis. The same hospitals and dialysis facilities should
77 also be mandated to train nephrologist, dialysis nurses, dialysis technicians,
78 and operating room nurses in both peritoneal dialysis and hemodialysis.

79
80 All national, provincial and regional government hospitals, including stand
81 alone dialysis facilities shall have a dialysis service area compliant with the
82 licensing and accreditation requirements imposed by the Department of Health
83 (DOH) and Philippine Health Insurance Corporation (PhilHealth), respectively,
84 for private dialysis clinics. It shall further be provided with the necessary
85 personnel and equipped with complete dialysis equipment and supplies for
86 both hemodialysis and peritoneal dialysis, as required by the DOH and the
87 PhilHealth from private dialysis clinics.

88
89 All patients diagnosed with ESRD must be referred to a DOH-accredited
90 transplant facility to attend a pre-transplant orientation and to be counseled on
91 the advantages of undergoing transplantation as the best treatment for kidney
92 failure. They will undergo medical evaluation for suitability for transplantation,
93 all potential organ donors of the patient shall be evaluated to determine
94 compatibility and medical suitability. If no living donors are available then the
95 patient will be enrolled in the deceased organ donor waiting list. This will
96 ensure that all patients with ESRD are offered the option of kidney
97 transplantation.

98
99 **SECTION 5. Chronic Kidney Disease (CKD) Prevention and Health Promotion.**
100 – all national, provincial, and regional government hospitals, and stand-alone
101 dialysis facilities should establish CKD prevention strategies and health
102 promotion activities which include: advocacy activities targeting relatives of
103 dialysis patients who are at high risk for developing CKD themselves, the
104 provision of instructional materials and regular educational activities on the
105 common symptoms of kidney disease such as its risk factors, healthy diet and
106 lifestyle, common test to diagnose kidney disease, the most common causes of
107 kidney failure, and advisories on the appropriate protocols for the diagnostic
108 evaluation of possible kidney disease.

109
110 Patients and their relatives should be informed about the availability of the
111 proper medicines from government health centers such as those for diabetes
112 and hypertension, and the importance of the regular intake of medicines and
113 monitoring of kidney function through regular laboratory testing and regular

114 clinic follow-up with a qualified physician. All activities pertaining to the
115 aforementioned programs should be documented accordingly.

116
117 **SECTION 6. Quality Standards of Dialysis Services and Transplant Facilities.** –
118 Hospitals, dialysis centers for both hemodialysis and peritoneal dialysis, and
119 transplant facilities shall comply with the safety and quality standards of
120 dialysis or transplant services which shall be strictly monitored by the
121 PhilHealth and the Health Facilities and Services Regulatory Bureau of the
122 DOH.

123
124 **SECTION 7. Philippine Renal Disease Registry.** – Private and public hospitals,
125 dialysis centers for both hemodialysis and peritoneal dialysis, and transplant
126 facilities shall be mandated to report to the Philippine Renal Disease Registry
127 of the DOH the incidence and prevalence of patients receiving peritoneal
128 dialysis or hemodialysis treatment, and who have received a kidney transplant
129 as a requirement for the renewal of their respective DOH licenses to operate a
130 dialysis center or transplant facility. Registration of all dialysis patients in the
131 PhilHealth dialysis database will be required prior to the availment of benefits
132 for both peritoneal dialysis and hemodialysis.

133
134 **SECTION 8. PhilHealth Benefit for Kidney Transplantation** – The PhilHealth
135 benefit for kidney transplantation from living donors shall be expanded
136 accordingly. This shall include the cost of laboratory work-up for both recipient
137 and donor candidate, hospitalization for the transplant operation including
138 induction immunosuppression and maintenance oral immunosuppression,
139 machine perfusion of procured organs, the cost for organ retrieval, all
140 medications required during the hospital stay, as well as post discharge
141 laboratories up to 1 month for the recipient, and up to 1 year for the donor.

142
143 The cost for organ retrieval and machine perfusion will be established by
144 the DOH-Philippine Organ Donation Program for all organ procurement
145 organizations.

146
147 The PhilHealth benefit package for kidney transplantation shall cover the
148 evaluation and screening of the kidney donor and recipient up to the transplant
149 procedure and post-transplantation procedures and remedies. This is inclusive
150 of both pre- and post- kidney transplantation measures for the benefit of End
151 Stage Renal Disease patients.

152
153 In order to support kidney transplantation as the best treatment option that
154 provides the highest quality of life for End Stage Renal Disease patients and
155 ensures the return of the patient to full rehabilitation, the PhilHealth and the
156 Philippine Charity Sweepstakes Office (PCSO) shall provide support for all
157 maintenance immunosuppression for the lifetime of the transplant patient, as
158 long as the transplanted organ is functioning and the patient remains dialysis-
159 independent.

160
161 All renal replacement therapy facilities shall be required to engage in
162 regular organ donation advocacy activities that will provide education for all
163 Filipinos to carry the organ donor card. Facilities will likewise establish a
164 potential deceased organ donor referral system that will identify all potential
165 deceased organ donor to the Philippine Network for Organ Sharing.

166
167 SECTION 9. PhilHealth Benefit for Dialysis Treatment. – The PhilHealth shall
168 increase the Z-benefit package rate for the principal member and each of one's
169 qualified dependent on maintenance dialysis per year for peritoneal dialysis
170 covering three (3) peritoneal dialysis exchanges per day for three hundred sixty
171 five (365) days, while the package rate for hemodialysis treatment shall be
172 increased annually to cover a span of ninety (90) hemodialysis session per
173 year. The professional fee of the attending physician and hospital charges shall
174 be included in the PhilHealth benefits for dialysis treatment. The remaining
175 sessions for both peritoneal dialysis and hemodialysis shall be paid for by the
176 Philippine Charity Sweepstakes Office.

177
178 For purposes of providing optimal financial risk protection to the most
179 vulnerable groups including the poorest of the poor, the "No Balance Billing
180 Policy" of the government is hereby provided for indigents.

181
182 The breakdown of the PHIC hemodialysis benefit package shall include
183 standard HD treatment inclusive of the dialyzer and all other supplies needed
184 as well as the minimum basic laboratory tests consisting of complete blood
185 count, creatinine, calcium, phosphorous, potassium, albumin, hepatitis B
186 surface antigen (HBsAg) and anti-hepatitis C Virus (Anti-HCV). The laboratory
187 tests shall be done at a frequency of at least four (4) test per year for the first
188 six (6) tests, and twice a year for the last two (2) tests. The schedule of these
189 tests shall be determined by the attending physician during the course of the
190 annual dialysis treatment sessions.

191
192 SECTION 10. Periodic Assessment and Benefit Package Adjustment for End
193 Renal Stage Disease Patients. – A periodic assessment and reasonable
194 adjustments of the benefit package for dialysis and transplant patients shall be
195 made by the PhilHealth after taking into consideration its financial sustainability
196 and changes in the socio-economic conditions of the country.

197
198 SECTION 11. Free Dialysis Treatment to Indigent Patients. – Dialysis
199 treatment in all national, regional, and provincial governments hospitals shall
200 be provided free of charge to indigent patients as identified by the Department
201 of Social Welfare and Development using the National Household Targeting
202 System for Poverty Reduction. A PD First Policy shall be established for all
203 indigent patients, unless there is a contraindication to its use in a particular
204 patient.

205

206 SECTION 12. Treatment Options. – The PhilHealth shall develop a package
207 that will provide the highest benefit for kidney transplant, followed by peritoneal
208 dialysis, then hemodialysis.

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

- 212
- 213 1) For the donor, the screening testing include blood typing, complete
214 blood count, fasting blood sugar, creatinine, hepatitis B surface
215 antigen, anti-hepatitis C antibody, urinalysis, chest x-ray and
216 ultrasound of the kidneys, ureter, and urinary bladder.
 - 217 2) For the recipient, cardiac evaluation and many other test as needed.

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

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

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

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

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

244

251 SECTION 14. Dialysis Facility. – A dialysis facility shall be compliant with the
252 licensing requirements imposed under DOH Administrative Order No. 2012-
253 0001 dated January 26, 2012 for hemodialysis, and PhilHealth-Accreditation
254 for peritoneal dialysis facilities. Hospitals without dialysis facilities first put up
255 the necessary equipment and qualified staff to perform peritoneal dialysis
256 services. For hospitals with existing hemodialysis facilities, a peritoneal dialysis
257 unit shall be established immediately so that this more cost-effective dialysis
258 option can be made available to patients. Hospitals shall preferentially be
259 provided with the necessary personnel, equipment and supplies as required by
260 PhilHealth for accredited facilities.

261
262 SECTION 15. Training for Peritoneal and Hemodialysis Treatment and
263 Services. – The DOH, National Kidney and Transplant Institute (NVTI) and the
264 Philippine Society of Nephrology (PSN) shall provide training for medical
265 personnel such as physician to take charge of the hemodialysis and peritoneal
266 dialysis centers, hemodialysis and peritoneal dialysis nurses, hemodialysis and
267 peritoneal dialysis technicians operating room nurses, transplant ward nurses,
268 transplant coordinators, and non-medical barangay health workers to support
269 home based peritoneal dialysis. The NVTI shall accredit the centers that can
270 provide training for the above personnel and training should include hands-on
271 workshops for dialysis.

272
273 SECTION 16. Establishing a Chronic Kidney Disease (CKD) Counseling Clinic.
274 – All RRT facilities shall establish a chronic kidney disease (CKD) counseling
275 clinic with separate personnel trained to engage patients and explain to them
276 the normal functions of the kidney, the stages of CKD, the laboratories
277 routinely performed by CKD patients, the common medications required that
278 can control the progression of kidney disease, the metabolic complications of
279 ESRD, and the indications for renal replacement. These clinics shall monitor
280 the kidney function of patients so that a timely referral to a nephrologist or
281 internist/pediatrician with specialized training in CKD can be made, with the
282 timely initiation of Renal Replacement Therapy to prevent requiring emergency
283 treatment.

284
285 The NVTI shall provide education and training modules for the medical
286 staff of CKD counseling clinics.

287
288 SECTION 17. Creation of a Renal Disease Control Program (REDCOP). – All
289 RRT facilities shall create a Renal Disease Control Program (REDCOP),
290 following the model of the NVTI, that shall promote the early recognition of
291 kidney disease, identify persons at high risk for the development of kidney
292 disease and initiate preventive strategies to either prevent the development of
293 kidney disease (ie. from diabetes and hypertension) or to delay its progression
294 to end stage renal disease. The DOH will establish a database of these
295 patients to ensure that they are regularly monitored for disease progression
296 and that they are receiving appropriate treatment for CKD.

297
298 SECTION 18. Authority to Receive Donations and Exemptions from Donor's
299 Taxes, Customs and Tariff Duties. – The DOH shall be authorized to receive
300 donations, gifts, and bequests in order to augment the funding for the
301 establishment of the dialysis wards/units created in accordance with this Act.
302 All donations, contributions or endowments which may be made by persons or
303 entities to the dialysis wards/units in national, regional and provincial hospitals
304 and the importation of medical equipment and machineries, spare parts and
305 other medical equipment used solely and exclusively by the dialysis wards or
306 units shall be exempt from income or donor's taxes, any other direct or indirect
307 taxes, wharfage fees and other charges and restrictions.
308
309 SECTION 19. Penalty. – Any hospital chief, administrator or officer-in-charge of
310 hospitals, dialysis centers, and health facilities who fails to comply with Section
311 5 and 6 of this Act shall be meted with a fine of Fifty Thousand pesos
312 (P50,000.00) but not more than One Hundred Thousand pesos (P100,000.00)
313
314 Likewise, persons receiving free treatment of medicines for End Stage
315 Renal Disease or PD or HD services from government hospitals and its
316 agencies (ie. PCSO, PHIC) who are found selling these medications or
317 services instead of using them for their own treatment, shall be penalized with
318 the suspension of their PhilHealth membership and shall be ineligible for
319 assistance from PCSO and other government agencies for a period of one (1)
320 year. If these persons are found to be engaged in the selling of medications or
321 services allotted for their care for the second time, they shall be made
322 permanently ineligible to receive government assistance.
323
324 SECTION 20. Appropriations. – The initial amount necessary to implement the
325 provisions of this Act shall be charged against the current year's appropriation
326 of the DOH. Thereafter, such sum as may necessary for the continued
327 implementation of this Act shall be included in the Annual General
328 Appropriations Act.
329
330 SECTION 21. Implementing Rules and Regulations. – Within sixty (60) days
331 from the effectivity of this Act, the Secretary of Health, in coordination with the
332 President of PhilHealth, the Executive Director of the NFTI, and other relevant
333 stakeholders, shall issue the implementing rules and regulations to implement
334 the provision of this Act.
335
336 SECTION 22. Separability Clause. If any provision or part hereof is held invalid
337 or unconstitutional, the remainder of the law or the provision not otherwise
338 affected shall remain valid and subsisting.
339
340 SECTION 23. Repealing Clause. Any law, presidential decree or issuance,
341 executive order, letter of instruction, administrative order, rule or regulation

342 contrary to or inconsistent with the provisions of this Act are hereby repealed,
343 modified or amended accordingly.

344

345 SECTION 24. Effectivity. – This Act shall take fifteen (15) days after its
346 publication in the Official Gazette or in a newspaper of general circulation.

347

348 Approved,