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H. No. 6803

BY REPRESENTATIVES TAN (A.), BELMONTE, SUANSING (E.), SUANSING (H.), PUNO, GAITÉ, ZARATE, CULLAMAT, CASTRO (F.L.), BROSAS, ELAGO, ARROYO, REVILLA, PADUANO, HERNANDEZ, ESPINA, GO (M.), VARGAS, ANGARA, ROMERO, SY-ALVARADO, SILVERIO, AGABAS, VILLAFUERTE, ROBES, REYES, PACQUIAO (R.), EBCAS, ROMUALDO, MARIANO-HERNANDEZ, OUANO-DIZON, NIETO, MADRONA, VERGARA, CUARESMA, LOYOLA, TIANGCO, SALCEDA, SAVELLANO, LAZATIN, MANGAOANG, LOPEZ, GERON, ROMAN, KHO (E.), TY (D.), DELOSO-MONTALLA, CO (A.N.), BARZAGA, DEFENSOR (M.), CHATTO, DAZA, ACOP, ALMARIO, GONZALES (A.), QUIMBO, RADAZA, PALMA, BORDADO, ACOSTA, GULLAS, GATCHALIAN, SALIMBANGON, SAULOG, SUAREZ (D.), ABUEG-ZALDIVAR, CUEVA, GATO, MATUGAS, DY (F.M.C.), ROQUE, LIMKAICHONG, RAMOS, RIVERA, TEVES (J.), VIOLAGO, GARBIN, GARCIA (J.E.), MOMO, BASCUG, NATIVIDAD-NAGAÑO, ROMULO, TUTOR, UNGAB, ERIGUEL, SAKALURAN, AND OLIVAREZ, PER COMMITTEE REPORT NO. 311

AN ACT MANDATING THE PROVISION OF COMPREHENSIVE RENAL REPLACEMENT THERAPY (RRT) TO PATIENTS WITH END STAGE RENAL DISEASE IN

**NATIONAL, REGIONAL, AND PROVINCIAL GOVERNMENT HOSPITALS,
INCREASING FOR THE PURPOSE THE PHILHEALTH PACKAGE RATE FOR
MEMBERS AND APPROPRIATING FUNDS THEREFOR**

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

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

4 **SEC. 2. Declaration of Policy.** – It is the declared policy of the State to make available
5 essential goods, health and other social services to all citizens at affordable cost and
6 to deliver medical care to indigents free of charge. Pursuant to this, the State shall
7 continually improve the delivery of health services and hospital facilities to make those
8 accessible to all.

10 In line with this policy, the State shall adopt an integrated and comprehensive
11 approach to health service delivery that shall include comprehensive renal
12 replacement therapy for patients who are diagnosed with End Stage Renal Disease
13 (ESRD).

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

- 17 a. **Dialysis facility** refers to a health facility that provides treatment for ESRD
18 to indigent patients and disseminates information on the various forms of
19 renal replacement therapy such as kidney transplantation, peritoneal
20 dialysis and hemodialysis;
- 22 b. **End Stage Renal Disease or ESRD** refers to the final stage of chronic
23 kidney disease in which the kidneys no longer function well enough to
24 support the needs of a patient's daily life;
- 26 c. **Hemodialysis or HD** refers to a medical procedure to remove fluid and
27 waste products from the blood and to correct electrolyte imbalances using
28 a synthetic membrane or dialyzer which is also referred to as an "artificial
29 kidney";
- 31 d. **Indigent** refers to a patient who has no source of income or whose income
32 is not sufficient for family subsistence as identified and assessed by the social
33 worker of the Department of Social Welfare and Development (DSWD) or
34 the social worker of the concerned local government unit;

- 1 e. **Kidney Transplant or KT** refers to a surgical procedure to place a healthy
2 kidney from a living or deceased donor into a person whose kidneys no
3 longer function sufficiently to sustain the person's life;
- 4
- 5 f. **National, regional, and provincial hospitals** refer to hospitals and stand-
6 alone dialysis facilities operated and maintained either partially or wholly by
7 the national, regional and provincial government or other political
8 subdivisions, or any department, division, board or agency thereof;
- 9
- 10 g. **No balance billing** refers to the government policy of not charging the
11 medical expenses incurred over and beyond the PhilHealth package rates
12 to a PhilHealth member who has undergone medical treatment;
- 13
- 14 h. **Peritoneal dialysis or PD** refers to a treatment for kidney failure and a type
15 of dialysis that uses the person's peritoneum or the lining of the abdominal
16 cavity, as the membrane through which fluid and toxic substances are
17 exchanged with blood;
- 18
- 19 i. **PD First Policy** refers to the policy where peritoneal dialysis, when feasible,
20 is offered as the first dialysis modality to RRT patients;
- 21
- 22 j. **Renal replacement therapy or RRT** refers to a therapy that partially
23 replaces the functions of the normal kidney. This may be in the form of
24 kidney transplantation, peritoneal dialysis, and hemodialysis.
- 25

26 **SEC. 4. Establishment of Dialysis Services Wards or Units in National, Regional,**
27 **Provincial Government Hospitals.**- Within five (5) years from the effectivity of this Act,
28 all national, regional, and provincial government hospitals, including all stand-alone
29 dialysis facilities shall establish, operate and maintain a dialysis service facility in their
30 hospitals. These dialysis facilities shall have all the necessary dialysis machines,
31 equipment and supplies. The same hospitals and dialysis facilities are mandated to
32 train nephrologists, dialysis nurses, dialysis technicians, and operating room nurses in
33 both peritoneal dialysis and hemodialysis.

34 All national, regional, and provincial government hospitals, including all stand-
35 alone dialysis facilities shall have a dialysis service area that is compliant with the
36 licensing and accreditation requirements imposed by the Department of Health (DOH)
37 and Philippine Health Insurance Corporation (PhilHealth). The dialysis service area
38 shall have the necessary personnel, dialysis equipment and supplies for both
39 hemodialysis and peritoneal dialysis, as required by the DOH and the PhilHealth of
40 private dialysis clinics.

41

42 The dialysis facilities shall further have a non-treatment place, which shall serve
43 as a waiting area for chronic kidney disease (CKD) patients and a business area
44 dedicated to the provision, display, and dissemination of information on the prevention
45 of CKD.

1
2 All patients diagnosed with ESRD shall be referred to a DOH-accredited
3 transplant facility to receive orientation and counseling on the advantages of
4 undergoing transplantation as the best treatment for kidney failure. They shall likewise
5 undergo medical evaluation for suitability of transplantation. All potential organ donors
6 of the patient shall be evaluated to determine compatibility. If no living donors are
7 available, the patient shall be enrolled in the deceased organ donor waiting list to
8 ensure that all patients with ESRD have the option to avail of kidney transplantation.
9

10 **SEC.5. Chronic Kidney Disease (CKD) Prevention and Health Promotion.** - All
11 national, regional, and provincial government hospitals, and stand-alone dialysis
12 facilities shall establish CKD prevention strategies and health promotion activities
13 which shall include advocacy activities targeting relatives of dialysis patients who are
14 at high risk in developing CKD themselves, the provision of instructional materials on
15 the common symptoms of kidney disease and regular conduct of educational activities
16 such as healthy diet and lifestyle, availment of regular tests to diagnose kidney
17 disease, information on the most common causes of kidney failure, and advisories on
18 the appropriate protocols for the diagnostic evaluation of possible kidney disease.
19

20 Patients and their relatives shall be informed on the availability of the proper
21 medicines from government health centers such as those for diabetes and
22 hypertension, and the importance of the regular intake of medicines and monitoring of
23 kidney function through regular laboratory testing and check-up by a qualified
24 physician. All activities pertaining to the aforementioned programs shall be
25 documented accordingly.
26

27 **SEC. 6. Quality Standards of Dialysis Services and Transplant Facilities.** – Hospitals
28 and dialysis centers for both hemodialysis and peritoneal dialysis, and transplant
29 facilities shall comply with the safety and quality standards of dialysis or transplant
30 services, which shall be strictly monitored by the PhilHealth and the Health Facilities
31 and Services Regulatory Bureau of the DOH.
32

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

1 **SEC. 8. PhilHealth Benefit for Kidney Transplantation** - The PhilHealth Z-benefit for
2 kidney transplantation from living donors shall be expanded accordingly. This shall
3 include the cost of laboratory work-up for both recipient and donor candidate,
4 hospitalization for the transplant operation, including induction immunosuppression
5 and maintenance oral immunosuppression, machine perfusion of procured organs, the
6 cost for organ retrieval, all medications required during hospitalization, and post
7 discharge laboratory examinations up to one (1) month for the recipient, and up to one
8 (1) year for the donor.

9
10 The cost of organ retrieval and machine perfusion shall be established by the
11 DOH-Philippine Organ Donation and Transplantation Program to be observed by all
12 organ procurement organizations or organ and tissue retrieval units.

13
14 The PhilHealth benefit package for kidney transplantation shall cover the
15 evaluation and screening of the kidney donor and recipient up to the transplant and
16 post-transplantation procedures and remedies and shall include cases involving
17 ESRD patients.

18
19 In order to support kidney transplantation as the best treatment option that
20 provides the highest quality of life for ESRD patients and ensures the return of the
21 patient to full rehabilitation, the PhilHealth shall provide lifetime support for all
22 maintenance immunosuppression of the transplant patient, as long as the transplanted
23 organ is functioning and the patient remains dialysis-independent.

24
25 All renal replacement therapy facilities shall be required to engage in regular
26 organ donation advocacy activities. All donor- Filipino citizens shall carry the organ
27 donor card to be prescribed by the DOH. Health RRT facilities will likewise establish
28 an organ and tissue donor referral system that will identify all potential organ and tissue
29 donors to the Philippine Network for Organ Sharing (PhilNOS).

30
31 **SEC. 9. PhilHealth Benefit for Dialysis Treatment.**-The PhilHealth shall increase the
32 Z-benefit package rate for the principal member and the members' qualified
33 dependents for maintenance peritoneal dialysis covering three (3) peritoneal dialysis
34 exchanges per day for three hundred sixty five (365) days, while the package rate for
35 hemodialysis treatment shall be increased annually to cover a minimum of three (3)
36 hemodialysis sessions frequency a week, four (4) hours per session, or as may be
37 necessary. The professional fee of the attending physician and hospital charges shall
38 be incorporated in the PhilHealth benefit package for dialysis treatment.

39
40 For purposes of providing optimal financial risk protection to the most
41 vulnerable groups including the poorest of the poor, the "no balance billing policy" of
42 the government shall be strictly observed in the case of indigent patients.

1
2 The breakdown of the PHIC hemodialysis benefit package shall include
3 standard HD treatment, dialyzer and epoetin injection, and all other supplies needed
4 as well as the minimum basic laboratory tests consisting of complete blood count,
5 creatinine, calcium, phosphorus, potassium, albumin, hepatitis B surface antigen
6 (HBsAg) and anti-hepatitis C virus (Anti-HCV). The laboratory tests shall be done at a
7 frequency of at least four (4) tests per year for the first six (6) tests, and twice a year
8 for the last two (2) tests. The schedule of these tests shall be determined by the
9 attending physician during the course of the annual dialysis treatment sessions.

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

16
17 **SEC. 11. Free Dialysis Treatment to Indigent Patients.** - Dialysis treatment in all
18 national, regional, and provincial government hospitals shall be provided free of
19 charge to indigent patients. A PD First Policy shall be observed for all indigent patients,
20 unless there is a contraindication for its use in a particular patient.

21
22 **SEC. 12. Treatment Options.** - The PhilHealth shall develop a care rate package that
23 shall provide the highest benefit for a kidney transplant procedure, peritoneal dialysis,
24 and hemodialysis procedures.

25
26 The benefit package shall include a screening test for both the kidney
27 transplantation donor and recipient. The screening test for possible kidney
28 transplantation of both the donor and recipient shall include:

- 29
- 30 1) For the donor, screening test shall include blood typing, complete blood count,
31 fasting blood sugar, creatinine, hepatitis B surface antigen, anti-hepatitis C
32 antibody, urinalysis, chest x-ray and ultrasound of the kidneys, ureter, and
33 urinary bladder
- 34
- 35 2) For the recipient, cardiac evaluation and other tests as may be needed.

36
37 During the availment of the full benefits of dialysis within the first two (2) years
38 of dialysis initiation, the cost of dialysis treatment shall be paid for by the PhilHealth as
39 described in Section 8. These options are provided to encourage more patients to
40 undergo kidney transplantation and attain full rehabilitation.

41
42 If the patient passes the criteria for the PhilHealth Z-benefit package for
43 transplantation, the expenses for selected laboratory tests may be reimbursed to the

1 patient by the healthcare institution after the PhilHealth pays the benefit to the
2 healthcare institution for such laboratory expenses.

3
4 **SEC. 13. Rehabilitation Program.** - The DOH, in coordination with the Department of
5 Labor and Employment, the Technical Education and Skills Development Authority,
6 the DSWD, and other pertinent agencies, shall establish a comprehensive
7 rehabilitation program for both kidney donors and dialysis patients who have
8 undergone kidney transplant procedure in order to help them reach their fullest
9 physical, psychological, social, vocational, and educational potential consistent with
10 their physiologic or anatomic condition, environmental limitations, life plans and
11 desires.

12
13 **SEC. 14. Dialysis Facility.** - A dialysis facility shall comply with the licensing
14 requirements imposed by the DOH for hemodialysis services before it operates as
15 such. Hospitals desiring to provide peritoneal dialysis treatment services shall provide
16 the necessary equipment and qualified staff to perform such a procedure as prescribed
17 by the Philhealth. Hospitals with existing hemodialysis facilities only shall immediately
18 establish a peritoneal dialysis unit to provide a cost-effective dialysis option to patients.

19
20 **SEC. 15. Training for Peritoneal and Hemodialysis, and Transplant Treatment and**
21 **Services.** - The DOH, National Kidney and Transplant Institute (NVTI), Philippine
22 Society for Transplant Surgeons (PSTS), and the Philippine Society of Nephrology
23 (PSN) shall provide training for medical personnel such as physicians, surgeons,
24 nurses, technicians and coordinators who shall work in hemodialysis and peritoneal
25 dialysis facilities, operating rooms, transplant wards, and for non-medical barangay
26 health workers who shall assist home-based peritoneal dialysis treatment. The NVTI
27 shall accredit the facilities that may provide training for these personnel, which training
28 shall include hands-on workshops for dialysis.

29
30 **SEC. 16. Establishing a Chronic Kidney Disease (CKD) Counseling Clinic.** - All RRT
31 facilities shall establish a CKD counseling clinic and shall separately provide personnel
32 trained to engage patients and explain to them the normal functions of the kidney, the
33 stages of CKD, the laboratory examinations routinely performed for CKD patients, the
34 common medications required that can control the progression of kidney disease, the
35 metabolic complications of ESRD, and the indications for renal replacement. These
36 clinics shall monitor the kidney function of patients so that a timely referral to a
37 nephrologist or internist/pediatrician with specialized training in CKD can be made.

38
39 The NVTI shall provide education and training modules for the medical staff of
40 CKD counseling clinics.

41
42 **SEC. 17. Availment of Persons with Disability (PWD) Benefits by CKD Patients.** -CKD
43 patients shall be classified as PWD. They shall be entitled to PWD benefits in
44 accordance with Republic Act No. 7277, otherwise known as the Magna Carta
45 for Disabled Persons. The PhilHealth and DOH Health Technology Assessment
46 Council shall conduct an in-depth study on both the direct and indirect cost of being
47 afflicted with kidney disease and undergoing treatment for it.

1 **SEC. 18. Creation of a Renal Disease Control Program.** - All RRT facilities shall create
2 a Renal Disease Control Program that shall promote the early recognition of kidney
3 disease, identify persons at high risk of developing kidney disease and initiate
4 preventive strategies to either prevent the development of kidney disease from
5 diabetes and hypertension, or to delay its progression to end stage renal disease. The
6 DOH will establish a database of these patients to ensure that they are regularly
7 monitored for disease progression and that they are receiving appropriate treatment
8 for CKD.

9

10 **SEC. 19. Penalty.**- Any head or chief of hospital, administrator or officer-in-
11 charge of a hospital, dialysis center, and health facility who fails to comply with
12 Sections 5 and 6 of this Act shall be meted with a fine of Fifty thousand pesos
13 (P50,000.00) up to a maximum of One hundred thousand pesos (P100,000.00).

14

15 Likewise, persons receiving free treatment of medicines for ESRD, PD or HD services
16 from government hospitals, such as the PHIC, who are found selling these medicines
17 or services instead of using them for their own treatment, shall be penalized with the
18 suspension of their PhilHealth membership and other government assistance for a
19 period of six (6) months, upon due process and hearing. If these persons are found to
20 have committed the same violation for the second time, they shall be permanently
21 ineligible to receive government assistance.

22

23 **SEC. 20. Appropriations.** - The initial amount necessary to implement the provisions of
24 this Act for national and regional hospitals shall be charged against the current
25 year's Appropriation of the DOH. Thereafter, such sum as may be necessary for its
26 continued implementation shall be included in the annual General Appropriations Act.

27

28 For provincial hospitals, the local government concerned shall provide the necessary
29 funds for the establishment and operationalization of its dialysis service units.

30

31 **SEC. 21. Implementing Rules and Regulations** – Within ninety (90) days from the
32 effectivity of this Act, the DOH shall, in coordination with the PhilHealth, the NIKI, and
33 other relevant stakeholders, issue the implementing rules and regulations to
34 implement the provisions of this Act.

35

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

40

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

45

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

48

49 Approved,