



Republic of the Philippines  
**HOUSE OF REPRESENTATIVES**  
Quezon City

**EIGHTEENTH (18<sup>th</sup>) CONGRESS**  
First Regular Session

**HOUSE BILL NO. 163**

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Introduced by REP. JOSE CHRISTOPHER Y. BELMONTE

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**EXPLANATORY NOTE**

In the 16<sup>th</sup> Congress, House Bill No. 5956, aiming to increase the coverage for dialysis treatment for Filipinos, was introduced by Rep. Francis Calalay and Rep. Leopoldo Bataoil. It was passed on 3<sup>rd</sup> reading by the House of Representatives.

Subsequently, in the 17<sup>th</sup> Congress, House Bill No. 9156, or the Comprehensive Renal Replacement Therapy Act, was principally authored by Rep. Joseph Stephen S. Paduano to further improve the quality of renal health service in the Philippines. It passed on 3<sup>rd</sup> reading and was transmitted to the Senate of the Philippines for appropriate actions, but the Senate failed to act on the proposed bill.

This bill is yet to be enacted to fulfill its mandate to make social services such health affordable to all Filipinos, as stated in Section 11, Article XIII:

*"The State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost. There shall be priority for the needs of the underprivileged, sick, elderly, disabled, women, and children. The State shall endeavor to provide free medical care to paupers."*

One of the primary causes of mortality among Filipinos is Chronic Kidney Disease (CKD). Every hour, one Filipino or about 120 Filipinos per million population dies because of End Stage Renal Disease (ESRD), the last stage of CKD. The numbers continue to rise as experts noted that there is around 10-20 percent increase in the new patients undergoing dialysis in 2018.

In a data from the Philippine Renal Disease Registry, 18,603 new Filipino patients underwent dialysis in 2015 and by the end of that year, it rose to 32,077. From this statistic, only 475 or 1.5 percent Filipino patients received kidney transplant.

The optimum frequency of dialysis treatment is three times a week. But some Filipino patients would settle with once or twice a week because of its high cost and, sometimes, inaccessibility. In turn, their health would deteriorate progressively. Worse, some patients would even die without even the chance to undergo the treatment because they could not afford it.

However, dialysis treatments only serve as a ‘bridge’ for patients to survive. Nephrologist have noted that kidney transplant remains to be the best form of renal replacement therapy. But this procedure is costlier than dialysis treatment. Renal Gift Allowing Life for Others (REGALO), an organ donor advocacy group, also cited a lack in the number of kidney donors in the country.

This bill seeks to establish facilities that would provide quality renal health service for Filipinos. It will also establish health facilities in the national, regional and provincial levels that will give free dialysis for indigent Filipinos. It likewise aims to increase the number of Filipinos renal patients to undergo kidney transplant procedures by developing PhilHeath packages that would cover for their expenses. These packages extend to the living kidney donors including the cost of laboratory work-up, hospitalization, and all medications. This bill will provide available and cost-effective renal replacement therapy for Filipinos.

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

A handwritten signature in black ink, appearing to read "J. Capulante".



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Introduced by REP. JOSE CHRISTOPHER Y. BELMONTE

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**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 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."

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

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

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

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

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

1 common tests to diagnose kidney disease, the most common causes of kidney failure, and  
2 advisories on the appropriate protocols for the diagnostic evaluation of possible kidney disease.

3 Patients and their relatives should be informed about the availability of the proper  
4 medicines from government health centers such as those for diabetes and hypertension, and the  
5 importance of the regular intake of medicines and monitoring of kidney function through  
6 regular laboratory testing and regular clinic follow-up with a qualified physician. All activities  
7 pertaining to the aforementioned programs should be documented accordingly.

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

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

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

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

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

1        In order to support kidney transplantation as the best treatment option that provides the  
2 highest quality of life for End Stage Renal Disease patients and ensures the return of the patient  
3 to full rehabilitation, the PhilHealth and the Philippine Charity Sweepstakes Office (PCSO)  
4 shall provide support for all maintenance immunosuppression for the lifetime of the transplant  
5 patient, as long as the transplanted organ is functioning and the patient remains dialysis-  
6 independent.

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

12        **SEC. 9. PhilHealth Benefit for Dialysis Treatment.** – The PhilHealth shall increase the  
13 Z-benefit package rate for the principal member and each of one's qualified dependent on  
14 maintenance dialysis per year for peritoneal dialysis covering three (3) peritoneal dialysis  
15 exchanges per day for three hundred sixty five (365) days, while the package rate for  
16 hemodialysis treatment shall be increased annually to cover a span of ninety (90) hemodialysis  
17 sessions per year. The professional fee of the attending physician and hospital charges shall be  
18 included in the PhilHealth benefits for dialysis treatment. The remaining sessions for both  
19 peritoneal dialysis and hemodialysis shall be paid for by the Philippine Charity Sweepstakes  
20 Office.

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

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

32        **SEC. 10. Periodic Assessment and Benefit Package Adjustments for End Stage Renal**  
33 *Disease Patients.* - A periodic assessment and reasonable adjustments of the benefit package  
34 for dialysis and transplant patients shall be made by the PhilHealth after taking into

1 consideration its financial sustainability and changes in the socio-economic conditions of the  
2 country.

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

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

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

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

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

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

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

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

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

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

8           **SEC. 14. Dialysis Facility.** A dialysis facility shall be compliant with the licensing  
9 requirements imposed under DOH Administrative Order No. 2012-0001 dated January 26,  
10 2012 for hemodialysis, and PhilHealth-Accreditation for peritoneal dialysis facilities. Hospitals  
11 without dialysis facilities first put up the necessary equipment and qualified staff to perform  
12 peritoneal dialysis services. For hospitals with existing hemodialysis facilities, a peritoneal  
13 dialysis unit shall be established immediately so that this more cost-effective dialysis option  
14 can be made available to patients. Hospitals shall preferentially be provided with the necessary  
15 personnel, equipment and supplies as required by PhilHealth for accredited facilities.

16           **SEC. 15. Training for Peritoneal and Hemodialysis Treatment and Services.** - The  
17 DOH, National Kidney and Transplant Institute (NKTI) and the Philippine Society of  
18 Nephrology (PSN) shall provide training for medical personnel such as physicians to take  
19 charge of the hemodialysis and peritoneal dialysis centers, hemodialysis and peritoneal dialysis  
20 nurses, hemodialysis and peritoneal dialysis technicians, operating room nurses, transplant  
21 ward nurses, transplant coordinators, and non-medical barangay health workers to support  
22 home based peritoneal dialysis. The NKTI shall accredit the centers that can provide training  
23 for the above personnel and training should include hands-on workshops for dialysis.

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

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

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

9           **SEC. 18. Authority to Receive Donations and Exemptions from Donor's Taxes,  
10 Customs and Tariff Duties** – The DOH shall be authorized to receive donations, gifts and  
11 bequests in order to augment the funding for the establishment of the dialysis wards/units  
12 created in accordance with this Act. All donations, contributions or endowments which  
13 may be made by persons or entities to the dialysis wards/units in national, regional and  
14 provincial hospitals and the importation of medical equipment and machineries, spare  
15 parts and other medical equipment used solely and exclusively by the dialysis wards  
16 or units shall be exempt from income or donor's taxes, any other direct or indirect taxes,  
17 wharfage fees and other charges and restrictions.

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

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

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

33           **SEC. 21. Implementing Rules and Regulations** – Within sixty (60) days from the  
34 effectivity of this Act, the Secretary of Health, in coordination with the President of

1 PhilHealth, the Executive Director of the NFTI, and other relevant stakeholders, shall issue  
2 the implementing rules and regulations to implement the provisions of this Act.

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

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

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

11 *Approved,*