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BILLS & INDEX DIVISION

Republic of the Philippines
House of Representatives
Quezon City

Eighteenth Congress
First Regular Session

0197
House Bill No. _____

Introduced by Representatives
Estrellita B. Suansing and Horacio P. Suansing, Jr.

EXPLANATORY NOTE

Kidney diseases, including chronic kidney disease and end stage renal disease, consistently rank among the top 10 causes of morbidity (7th) and mortality (8th) in the Philippines.¹ Many Filipinos damage their kidneys as a result of various risk factors, among these are poor diet, unhealthy lifestyle and complications of poorly managed chronic illnesses such as diabetes and hypertension. The damage to the kidneys is irreversible, hence, treatment options such as peritoneal dialysis, hemodialysis, and kidney transplants become inevitable.

The 2017 Philippine Renal Disease Registry annual report shows that 21,535 Filipinos underwent dialysis due to kidney failure in 2016; this data does not include those who are unable to get treatment due to prohibitive costs or inaccessibility to treatment centers. The cost of one dialysis session ranges from P2,800 to P4,000 per session.² While PhilHealth expanded its coverage for hemodialysis from 45 to 90 sessions per year for its members, it is not enough, especially for those who need to have at least two (2) dialysis sessions per week.

This bill seeks to provide a comprehensive Renal Replacement Therapy for patients with end stage renal disease in national, regional, and provincial government hospitals by including it in the coverage of treatment services provided by the PhilHealth.

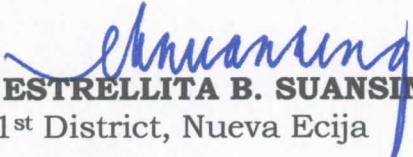
Among the key provisions of this bill include the establishment of renal replacement therapy facilities in national, regional and provincial government hospitals, establishment of the Chronic Kidney Disease Prevention and Health Promotion for the benefit of patients of end stage renal disease and their relatives, expansion of the PhilHealth benefit package for kidney transplantation from living donors, mandatory reporting of private and public

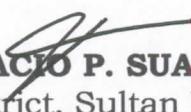
¹ Philippine Statistics Authority

² Philippine Daily Inquirer 28 May 2019

hospitals, as well as dialysis centers and transplant facilities, to the Philippine Renal Disease Registry, increasing the PhilHealth Z-benefit package rates for peritoneal dialysis and hemodialysis and directing the Philippine Charity Sweepstakes Office to provide for the remaining sessions needed by the patient for peritoneal dialysis or hemodialysis exceeding the number of sessions provided in the PhilHealth package, free dialysis treatment for indigent patients while promoting peritoneal dialysis as the first option to attain adequate dialysis, provide training for medical and non-medical practitioners directly involved in the care of patients with end stage renal disease and undergoing peritoneal dialysis and hemodialysis, establishment of a Chronic Kidney Disease Counseling Clinic, and the creation of a Renal Disease Control Program.

This bill is a re-file of House Bill No. 9156, which was approved by the House of Representatives on Third and Final Reading during the 17th Congress. In view of the foregoing, immediate passage of this bill is earnestly sought.


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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
2 Renal Replacement Therapy Act.”

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

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

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

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

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

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

8 (c) *Hemodialysis (HD)* refers to a medical procedure to remove fluid
9 and waste products from the blood and to correct electrolyte imbalances. This
10 is accomplished using a synthetic membrane or dialyzer which is also referred
11 to as an “artificial kidney”;

12 (d) *Indigent* refers to a patient who has no source of income or whose
13 income is not sufficient for family subsistence as identified by the Department
14 of Social Welfare and Development (DSWD) through the National Household
15 Targeting System (NHTS) for Poverty Reduction, or those patients who are
16 indigents but are not listed in the NHTS as assessed by the municipal social
17 development officer;

18 (e) *Kidney transplant (KT)* refers to a surgical procedure to place a
19 kidney from a live or deceased donor into a person whose kidneys no longer
20 function sufficiently to sustain the person’s life;

21 (f) *National, Regional and Provincial hospitals* refer to hospitals and
22 stand-alone dialysis facilities operated and maintained either partially or
23 wholly by the national, regional and provincial government or other political
24 subdivisions, or any department, division, board or other agency thereof;

25 (g) *No Balance Billing* refers to the government policy of not charging
26 the medical expenses incurred over and beyond the PhilHealth package rates
27 to a PhilHealth member who has undergone medical treatment;

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

32 (i) *PD First Policy* refers to the policy where peritoneal dialysis, when
33 feasible, is offered as the first dialysis modality to RRT patients;

34 (j) *Renal replacement therapy (RRT)* refers to therapy that partially
35 replaces the functions of the normal kidney. This may be in the form of kidney
36 transplantation, peritoneal dialysis and hemodialysis.

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

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

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

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

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

1 pertaining to the aforementioned programs should be documented
2 accordingly.

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

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

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

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

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

35 In order to support kidney transplantation as the best treatment option
36 that provides the highest quality of life for End Stage Renal Disease patients
37 and ensures the return of the patient to full rehabilitation, the PhilHealth and
38 the Philippine Charity Sweepstakes Office (PCSO) shall provide support for all
39 maintenance immunosuppression for the lifetime of the transplant patient, as

1 long as the transplanted organ is functioning and the patient remains
2 dialysis-independent.

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

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

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

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

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

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

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

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

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

11 (2) For the recipient, cardiac evaluation and may other tests as
12 needed.

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

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

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

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

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

1 **SEC. 14. Dialysis Facility.** – A dialysis facility shall be compliant with the
2 licensing requirements imposed under DOH Administrative Order No. 2012-
3 0001 dated January 26, 2012 for hemodialysis, and PhilHealth-Accreditation
4 for peritoneal dialysis facilities. Hospitals without dialysis facilities first put
5 up the necessary equipment and qualified staff to perform peritoneal dialysis
6 services. For hospitals with existing hemodialysis facilities, a peritoneal
7 dialysis unit shall be established immediately so that this more cost-effective
8 dialysis option can be made available to patients. Hospitals shall
9 preferentially be provided with the necessary personnel, equipment and
10 supplies as required by PhilHealth for accredited facilities.

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

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

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

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

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

11 **SEC. 19. Penalties.** – Any hospital chief, administrator or office-in-charge of
12 hospitals, dialysis centers, and health facilities who fails to comply with
13 Sections 5 and 6 of this Act shall be meted with a fine of Fifty thousand pesos
14 (P50,0000.00) but not more than One hundred thousand pesos
15 (P100,000.00).

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

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

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

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

38 **SEC. 23. Repealing Clause.** – Any law, presidential decree or issuance,
39 executive order, letter of instruction, administrative order, rule or regulation

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

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

Approved,