



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

**EIGHTEENTH CONGRESS**  
First Regular Session  
**HOUSE BILL NO. 218**

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**Introduced by Honorable Roberto "Robbie" V. Puno**

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**EXPLANATORY NOTE**

The Department of Health reported that one person dies every hour from kidney failure, which puts it as the ninth-leading cause of death among Filipinos today.

A person whose kidneys are failing need to undergo treatment, usually dialysis, in order to cleanse their blood of excess fluid, minerals, and wastes. According to the National Kidney and Transplant Institute, more than 5,000 Filipinos are presently undergoing dialysis and approximately 1.1 million worldwide are on renal replacement therapy and each year, and around 10,000 people need to have their kidney function replaced.

In light of the available treatment methods, kidney disease is no longer considered a death sentence. However, due to lack of access and high cost of treatment, most of those afflicted with the disease remains to be untreated.

Pursuant to the constitutional mandate of the State to protect and promote the right to health of the people and instill health consciousness among them, this measure intends to aid Filipinos suffering from renal failure by expanding the benefits for Renal Replacement Therapy: kidney transplantation, peritoneal dialysis, and hemodialysis.

This proposed legislation shall provide the highest benefit to kidney transplantation as the primary treatment for kidney disease. Philhealth benefit for kidney transplantation shall include evaluation and screening of kidney donors and recipients, transplant procedure, and post-transplant procedures and remedies. Patients shall also be encouraged to consider undergoing a kidney transplant during the first two (2) years of starting dialysis.

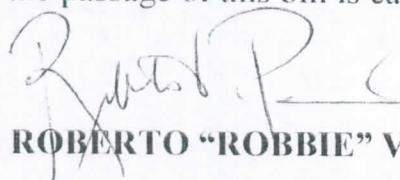
To improve access to treatment, all national, provincial and regional government hospitals, including all stand-alone dialysis facilities are hereby required to establish, operate and maintain a service dialysis facility in their hospital, including both peritoneal dialysis and hemodialysis.

The bill also increased the Philhealth package for peritoneal dialysis and hemodialysis, which shall also include the professional fee and hospital charges. Further, this measure directs the Philippine Charity Sweepstakes Office to provide for the remaining required sessions for dialysis after a patient consumes his Philhealth benefit package. To ensure treatment for all, dialysis treatment in all national, regional, and provincial government hospitals shall be provided free of charge to indigent patients.

Training of nephrologists, nurses, technicians, and other persons involved in treatment of renal diseases and education on prevention and health promotion to patients and their families are also mandated under this measure.

Through the passage of this bill, the financial burden of Filipinos suffering from renal diseases will be alleviated and the necessary treatment will be provided to them, thereby addressing the problem of renal diseases in the country.

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



ROBERTO "ROBBIE" V. PUNO

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## **EIGHTEENTH CONGRESS**

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HOUSE BILL NO. 218

## **Introduced by Honorable Roberto “Robbie” V. Puno**

**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:*

## **CHAPTER I**

### **GENERAL PROVISIONS**

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

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

14 The State shall endeavor to make essential goods, health and other social  
15 services available to all the people at affordable cost. There shall be a priority for  
16 the needs of the underprivileged sick, elderly, disabled, women and children. The  
17 State shall endeavor to [provide free medical care to paupers.

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

4

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

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

- 1       j. ***Renal replacement therapy or RRT*** refers to therapy that partially replaces  
2                  the functions of the normal kidney. This may be in the form of the kidney  
3                  transplantation, peritoneal dialysis and hemodialysis;

4

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

14

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

23

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

33

34       SEC. 5. ***Chronic Kidney Disease (CKD) Prevention and Health***  
35       ***Promotion.*** – All national, provincial, and regional government hospitals and  
36                  stand-alone dialysis facilities to establish CKD prevention strategies and health  
37                  promotion activities which include: advocacy activities targeting relatives of  
38                  dialysis patients who are at high risk for developing CKD themselves, the  
39                  provision of instructional materials and regular education activities on the common

1 symptoms of kidney disease such as its risk factors, healthy diet and lifestyle,  
2 common tests to diagnose kidney disease, the most common causes of kidney  
3 failure, and advisories on the appropriate protocols for the diagnostic evaluation of  
4 possible kidney disease.

5  
6 Patients and their relatives should be informed about the availability of the  
7 proper medicines from the government health centers such as those for diabetes  
8 and hypertension, and the importance of the regular intake of medicines and  
9 monitoring of kidney function through regular laboratory testing and regular clinic  
10 follow-up with a qualified physician.

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

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

27  
28 SEC. 8. ***PhilHealth Benefit for Kidney Transplantation.*** – The PhilHealth  
29 benefit for kidney transplantation from living donors shall be expanded  
30 accordingly. This shall include the cost of laboratory work-up for both recipient  
31 and donor candidate, hospitalization for the transplant operation including  
32 induction immunosuppression, machine perfusion of procured organs, the cost for  
33 organ retrieval, all medication required during the hospital stay, as well as post  
34 discharge laboratories up to 1 month for the recipient, and up to 1 year for the  
35 donor.

36  
37 The cost for organ retrieval and machine perfusion will be established by the  
38 DOH-Philippine Organ Donation Program for all organ procurement organizations.  
39

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

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

14  
15        All renal replacement therapy facilities shall be required to engage in regular  
16 organ donation advocacy activities that will provide education for all Filipinos to  
17 carry the organ donor card. Facilities will likewise establish a potential deceased  
18 organ donor referral system that will identify all potential deceased organ donors to  
19 the Philippine Network for Organ Sharing.

20  
21        SEC. 9. ***PhilHealth Benefit for Dialysis Treatment.*** – The PhilHealth shall  
22 increase the Z-benefit package rate for the principal member and each of one's  
23 qualified dependent on maintenance dialysis per year for peritoneal dialysis for  
24 three (3) peritoneal dialysis exchanges per day for three hundred sixty five (365)  
25 days, while the package rate for hemodialysis treatment shall be increased annually  
26 to cover a span of ninety (90) hemodialysis sessions per year. The professional fee  
27 for the attending physician and hospital charges shall be included in the PhilHealth  
28 benefits for dialysis treatment.

29  
30        The remaining sessions for both peritoneal dialysis and hemodialysis shall  
31 be paid for by the Philippine Charity Sweepstakes Office.

32  
33        For purposes of providing optimal financial risk protection to the most  
34 vulnerable groups including the poorest of the poor, the “No Balance Billing  
35 Policy” of the government is hereby provided for indigents.

36  
37        The breakdown of the PHIC hemodialysis benefit package shall include HD  
38 standard treatment inclusive of the dialyzer and all other supplies needed as well as  
39 the minimum basic laboratory tests consisting of complete blood count, creatinine,

1 calcium, phosphorus, potassium, albumin, hepatitis B surface antigen (HBsAG)  
2 and anti-hepatitis C virus (Anti-HCV). The laboratory tests shall be done at a  
3 frequency of at least four (4) tests per year for the first six (6) tests, and twice a  
4 year for the least two (2) tests. The schedule of these tests shall be determined by  
5 the attending physician during the course of the annual dialysis treatment sessions.

6

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

12

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

19

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

23

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

- 27
- 28       1) For the donor, the screening test shall include blood typing, complete blood  
29 count, fasting blood sugar, creatinine, hepatitis B surface antigen, anti-  
30 hepatitis C antibody, urinalysis, chest x-ray and ultrasound of the kidneys,  
31 ureter, and urinary bladder.  
32       2) For the recipient, cardiac evaluation and many other tests as needed.

33

34       During the availment of full benefits of dialysis within the first two (2) years  
35 of dialysis initiation, the cost of dialysis treatment shall be paid for by the  
36 PhilHealth and the PCSO as described in Section 8.

37

38       If the patient passes the criteria for the PhilHealth benefit package for  
39 transplantation, the expenses for the lab work-up shall be reimbursed to the patient

1 by the healthcare institution after the PhilHealth pays the benefit to the healthcare  
2 institution.

3  
4 The cost of the operation for transplantation shall be included in the  
5 PhilHealth Z-benefit package which includes a month of post-hospital discharge  
6 laboratory tests for the recipient and one (1) year follow up of laboratory tests for  
7 the donor. The Z-benefit shall be expanded accordingly.  
8

9 The immunosuppression medication needed by the transplant patient, if  
10 there is no graft rejection, shall be lifelong. For PhilHealth patients, these  
11 medicines shall be provided for one (1) year by PCSO. After the first year, the  
12 patient may reapply with the PCSO for assistance for such medications.  
13

14 SEC. 13. ***Rehabilitation Program.*** – The DOH, in coordination with the  
15 Department of Labor and Employment, Technical Education and Skills  
16 Development Authority, and the DSWD and other pertinent agencies, shall  
17 establish a comprehensive rehabilitation program for ESRDtr patients who have  
18 undergone kidney transplant in order to help them reach their fullest physical,  
19 psychological, social, vocational, avocational, and educational potential consistent  
20 with their physiologic or anatomic condition, environmental limitations, life plans  
21 and desires.  
22

23 SEC. 14. ***Dialysis Facility.*** - A dialysis facility shall be compliant with the  
24 licensing requirements imposed under DOH Administrative Order no. 2012-0001  
25 dated January 26, 2012 for hemodialysis, and PhilHealth-Accreditation for  
26 peritoneal dialysis facilities. Hospitals without dialysis facilities first put up the  
27 necessary equipment and qualified staff to perform peritoneal dialysis services. For  
28 hospitals with existing hemodialysis facilities, a peritoneal dialysis unit shall be  
29 established immediately so that this more cost-effective dialysis option can be  
30 made available to patients. Hospitals shall preferentially be provided with the  
31 necessary personnel, equipment and supplies as required by PhilHealth for  
32 accredited facilities.  
33

34 SEC. 15. ***Training for Peritoneal and Hemodialysis Treatment and***  
35 ***Services.*** – The DOH, National Kidney and Transplant Institute (NKTI) and the  
36 Philippine Society of Nephrology (PSN) shall provide training for medical  
37 personnel such as physicians to take charge of the hemodialysis and peritoneal  
38 dialysis centers, hemodialysis and peritoneal dialysis nurses, hemodialysis and  
39 peritoneal dialysis technicians, operating room nurses, transplant ward nurses,

1 transplant coordinators, and non-medical barangay health workers to support home  
2 based peritoneal dialysis. The NIKI shall accredit the centers that can provide the  
3 training for the above personnel and training should include hands-on workshops  
4 for dialysis.

5  
6 SEC. 16. ***Establishing a Chronic Kidney Disease (CKD) Counseling Clinic.*** –  
7 All RRT facilities shall establish a chronic kidney disease (CKD) counseling clinic  
8 with separate personnel trained to engage patients and explain to them the normal  
9 functions of the kidney, the stages of CKD, the laboratories routinely performed  
10 for CKD patients, the common medications required that can control the  
11 progression of kidney disease, the metabolic complications of ESRD, and the  
12 indications for renal replacement. These clinics shall monitor the kidney function  
13 of patients so that a timely referral to a nephrologist or internist/pediatrician with  
14 specialized training in CKD can be made, with the timely initiation of Renal  
15 Replacement Therapy to prevent requiring emergency treatment.

16  
17 The NIKI shall provide education and training modules for the medical staff  
18 of CKD counseling clinics.

19  
20 SEC. 17. ***Creation of a Renal Disease Control Program (REDCOP).*** – All  
21 RRT facilities shall create a Renal Disease Control Program (REDCOP), following  
22 the model of the NIKI, that shall promote the early recognition of kidney disease,  
23 identify persons at high risk for the development of the kidney disease and initiate  
24 preventive strategies to either prevent the development of kidney disease (i.e. from  
25 diabetes to hypertension) or to delay its progression to end stage renal disease. The  
26 DOH will establish a database of these patients to ensure that they are regularly  
27 monitored for disease progression and that they are receiving appropriate treatment  
28 for CKD.

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

1  
2        SEC. 19. ***Penalty.*** – Any hospital chief, administrator, or officer-in-charge  
3 of hospitals, dialysis centers and health facilities who fails to comply with this Act  
4 shall be meted with a fine of Fifty thousand pesos (P50,000.00) but not more than  
5 One hundred thousand pesos (P100,000.00).

6  
7        Likewise, persons receiving free treatment of medicines for End Stage Renal  
8 Disease or PD or HD services from government hospitals and its agencies (ie.  
9 PCSO, PHIC) who are found selling these medications instead of selling them for  
10 their own treatment, shall be penalized with the suspension of their PhilHealth  
11 membership and shall be ineligible for assistance from PCSO and other  
12 government agencies for a period of one (1) year. If these persons are found to be  
13 engaged in the selling of medications or services allotted for their care for the  
14 second time, they shall be permanently ineligible to receive government assistance.

15  
16       SEC. 20 ***Appropriations.*** – The initial amount necessary to implement the  
17 provisions this Act shall be charged against the current year's appropriation of the  
18 DOH. Thereafter, such sum as may be necessary for the continued implementation  
19 of this Act shall be included in the annual General Appropriations Act.

20  
21       SEC. 21. ***Implementing Rules and Regulations.*** – Within sixty (60) days  
22 from the effectivity of this Act, the Secretary of Health, in coordination with the  
23 President of the PhilHealth, the Executive Director of the NHTI, and other relevant  
24 stakeholders, shall issue the implementing rules and regulations to implement the  
25 provisions of this Act.

26  
27       SEC. 22. ***Separability Clause.*** If any provision or part hereof is held invalid  
28 or unconstitutional, the remainder of the law or the provision not otherwise  
29 affected shall remain valid and subsisting.

30  
31       SEC. 23. ***Repealing Clause.*** Any law, presidential decree or issuance,  
32 executive order, letter of instruction, administrative order, rule or regulatory  
33 contrary to or inconsistent with the provisions of this Act are hereby repealed,  
34 modified, or amended accordingly.

35  
36       SEC. 24. ***Effectivity.*** This Act shall take effect fifteen (15) days after its  
37 publication in the Official Gazette or in a newspaper of general circulation.

38  
39       Approved,