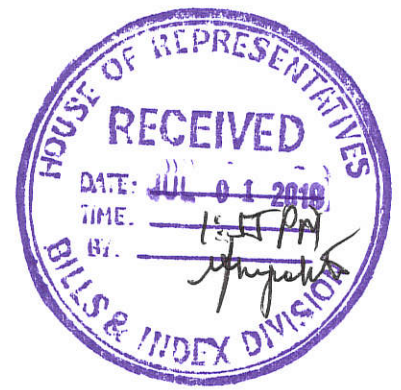


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

EIGHTEENTH CONGRESS
First Regular Session

436

HOUSE BILL NO. _____



Introduced by HONORABLE STRIKE B. REVILLA

EXPLANATORY NOTE

Kidney problems consistently rank in the top 10 causes of death both in the Philippines and worldwide. For the indigent Filipino, the cost of dialysis at Php 2,500.00 per session is a heavy burden.

Given the current situation of kidney disease, a State provision for this particular health care issue is necessary. The increase in the cases entails an increase in support by the State, especially for indigent patients.

With this bill, the need is addressed by establishing dialysis clinics in all national, regional, and provincial hospitals in the country. The National Kidney and Transplant Institute serves an average of 34,000 dialysis sessions every year, including patients from outside of Metro Manila. Branching out dialysis treatment for free to the regions and provinces would help in battling chronic kidney disease in the country.


REP. STRIKE B. REVILLA
2nd District, Cavite

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

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HOUSE BILL NO. 436

Introduced by HONORABLE STRIKE B. REVILLA

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:

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

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

The State shall endeavour 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 endeavour to provide free medical care to paupers.

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

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

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

advisories on the appropriate protocols for the diagnostic evaluation of possible kidney disease.

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

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

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

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

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

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

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

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

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

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

The breakdown of the PHC hemodialysis benefit package shall include standard HD treatment inclusive of the dialyzer and all other supplies needed as well as the minimum basic laboratory tests consisting of complete blood count, creatinine, calcium, phosphorus, potassium, albumin, hepatitis B surface antigen (HBsAG) and anti-hepatitis C Virus (Anti-HCV). The laboratory tests shall be done at a frequency of at least four (4) tests per year for the first six (6) tests, and twice a year for the last two (2) tests. The schedule of these tests

shall be determined by the attending physician during the course of the annual dialysis treatment sessions.

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

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

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

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

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

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

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

The cost of the operation for the transplantation shall be included in the PhilHealth Z-benefit package which includes a month of post-hospital discharge laboratory tests for the

recipient and a one (1) year follow up laboratory tests for the donor. The Z-benefit package shall be expanded accordingly.

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

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

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

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

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

The NKTi shall provide education and training modules for the medical staff or CKD counselling clinics.

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

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

SEC. 19. Penalty. – Any hospital chief, administrator or officer-in-charge of hospitals, dialysis centers, and health facilities who fails to comply with Sections 5 and 6 of this Act

shall be meted with a fine of Fifty Thousand Pesos (P50,000.00) but not more than One Hundred Thousand Pesos (P100,000.00).

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

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

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

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

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

SEC. 24. Effectivity. – This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in two (2) newspapers of general circulation.

Approved,