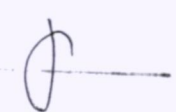


SENATE
S. B. No. 1126



Introduced by **SENATOR IMEE R. MARCOS**

AN ACT
EXPANDING THE PHILHEALTH OUTPATIENT COVERAGE ON DIALYSIS AND
RENAL REPLACEMENT THERAPY, AND FOR OTHER PURPOSES

EXPLANATORY NOTE

Article II, Section 15 of the 1987 Constitution provides that *"the State shall protect and promote the right to health of the people and instill health consciousness among them."* Further, Article XIII, Section 11 of the Constitution provides that *"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."*

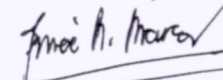
Kidney disease today, particularly end-stage renal disease (ESRD), ranks as the 7th leading cause of death among the Filipinos; one (1) Filipino develops chronic renal failure every hour or, about 120 million Filipinos fall ill due to renal failure every year. According to the 2017 Philippine Renal Disease Registry, almost twenty-two thousand Filipino patients underwent dialysis in 2016.

Most Filipinos, however, cannot afford the exorbitant cost of medical treatment for kidney disease. Renal transplantation, on the other hand, is limited due to the expense and shortage of donors.

1 In 2015, PhilHealth issued Circular No. 022 expanding dialysis coverage from
2 45 to 90 free sessions a year. Each beneficiary receives a case rate amount of PHP
3 2,500 a session; but as the agency itself admitted, a patient with kidney disease
4 usually needs dialysis thrice a week, for a total of 144 sessions a year. This means the
5 patient still has to pay for the 54 sessions in excess of the PhilHealth coverage.

6
7 In line with Republic Act No. 11223 or the "Universal Health Care Act", this bill
8 seeks to further expand the PhilHealth coverage of dialysis patients to include
9 expenses in all dialysis treatments as well as the expenses of donors for renal
10 transplantation procedures.

For the abovementioned reasons, the passage of this bill is earnestly sought.


IMEE R. MARCOS

SENATE
S.B. No. 1126

RECEIVED 

Introduced by **SENATOR IMEE R. MARCOS**

AN ACT
EXPANDING THE PHILHEALTH OUTPATIENT COVERAGE ON DIALYSIS AND
RENAL REPLACEMENT THERAPY, AND FOR OTHER PURPOSES

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 Dialysis and Renal Replacement Therapy Act."

3 **SEC. 2. Declaration of Policy.** - The State shall endeavor to make essential
4 goods, health and other social services available to all the people at affordable cost,
5 as well as to improve the delivery of health care services to the people and to ensure
6 hospital facilities are available, affordable and accessible to the people.

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

12 **SEC. 3. Definition of Terms.** - As used in this Act:

- 13 a. **Dialysis facility** refers to a health facility that provides treatment for ESRD
14 patients and disseminates information on the various forms of RRT such as
15 kidney transplantation, peritoneal dialysis and hemodialysis;
- 16 b. **End Stage Renal Disease or ESRD** refers to the final stage of chronic
17 kidney disease in which the kidneys no longer function well enough to meet
18 the needs of daily life;
- 19 c. **Hemodialysis or HD** refers to a medical procedure to remove fluid and
20 waste products from the blood and to correct electrolyte imbalances. This is
21 accomplished using a synthetic membrane or dialyzer which is also referred
22 to as an "artificial kidney":

- 1 d. **Indigent patient** refers to a patient who has no source of income or whose
2 income is not sufficient for family subsistence as identified by the Department
3 of Social Welfare and Development (DSWD) through the National Household
4 Targeting System (NHTS) for Poverty Reduction, or those patients who are
5 indigents but are not listed in the NHTS as assessed by the provincial social
6 development officer, city social development officer, or municipal social
7 development officer, as the case may be;
- 8 e. **Kidney transplant or KT** refers to a surgical procedure to place a kidney
9 from a live or deceased donor into a person whose kidneys no longer function
10 sufficiently to sustain the person's life;
- 11 f. **No Balance Billing** refers to the government policy of not charging the
12 medical expenses incurred over and beyond the PhilHealth package rates to
13 a PhilHealth member who has undergone medical treatment:
- 14 g. **Peritoneal dialysis or PD** refers to a treatment for kidney failure and a
15 type of dialysis that uses the person's peritoneum (lining of abdominal cavity)
16 as the membrane through which fluid and toxic substances are exchanged
17 with blood;
- 18 h. **PD First Policy** refers to the policy where peritoneal dialysis, when feasible,
19 is offered as the first dialysis modality to RRT patients;
- 20 i. **Renal replacement therapy or RRT** refers to therapy that partially
21 replaces the functions of the normal kidney. This may be in the form of kidney
22 transplantation, peritoneal dialysis and hemodialysis.

23 **SEC. 4. Chronic Kidney Disease (CKD) Prevention and Health Promotion.**

24 - All national, provincial and regional government hospitals with dialysis service facility,
25 and stand-alone dialysis facilities should establish CKD prevention strategies and
26 health promotion activities which include: advocacy activities targeting relatives of
27 dialysis patients who are at high risk for developing CKD themselves, the provision of
28 instructional materials and regular educational activities on the common symptoms of
29 kidney disease such as its risk factors, healthy diet and lifestyle, common tests to
30 diagnose kidney disease, the most common causes of kidney failure, and advisories
31 on the appropriate protocols for the diagnostic evaluation of possible kidney disease.

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

1 **SEC. 5. *Philippine Renal Disease Registry.*** - Private and public hospitals,
2 dialysis centers for both HD and PD, and transplant facilities shall be mandated to
3 report to the Philippine Renal Disease Registry of the DOH the incidence and
4 prevalence of patients receiving peritoneal dialysis or hemodialysis treatment, and who
5 have received a kidney transplant as a requirement for the renewal of their respective
6 DOH licenses to operate a dialysis center or transplant facility. Registration of all
7 dialysis patients in the PhilHealth dialysis database will be required prior to the
8 availment of benefits for both peritoneal dialysis and hemodialysis.

9 **SEC. 6. *PhilHealth Benefit for Dialysis Treatment.*** - The PhilHealth shall
10 cover all expenses for maintenance dialysis treatments, in accordance with the
11 implementing rules and regulations of R.A. No. 11223, or the "Universal Health Care
12 Act." The professional fee of the attending physician and hospital charges shall be
13 included in the PhilHealth benefits for dialysis treatment.

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

17 **SEC. 7. *Dialysis Facility.*** - A dialysis facility shall be compliant with the licensing
18 requirements imposed under DOH Administrative Order No. 2012-0001 dated January
19 26, 2012 for hemodialysis, and PhilHealth-Accreditation for peritoneal dialysis facilities.
20 Hospitals without dialysis facilities first put up the necessary equipment and qualified
21 Staff to perform peritoneal dialysis services. For hospitals with existing hemodialysis
22 facilities, a peritoneal dialysis unit shall be established immediately so that this more
23 cost-effective dialysis option can be made available to patients. Hospitals shall
24 preferentially be provided with the necessary personnel, equipment and supplies as
25 required by PhilHealth for accredited facilities.

26 **SEC. 8. *Training for Peritoneal and Hemodialysis Treatment and***
27 ***Services.*** - The DOH, National Kidney and Transplant Institute (NKTi) and the
28 Philippine Society of Nephrology (PSN) shall provide training for medical personnel
29 such as physicians to take charge of the hemodialysis and peritoneal dialysis centers,
30 hemodialysis and peritoneal dialysis nurses, hemodialysis and peritoneal dialysis
31 technicians, operating room nurses, transplant ward nurses, transplant coordinators,
32 and non-medical barangay health workers to support home based peritoneal dialysis.
33 The NKTi shall accredit the centers that can provide training for the above personnel
34 and training should include hands-on workshops for dialysis.

35 **SEC. 9. *PhilHealth Benefit for Kidney Transplantation.*** - All expenses for
36 kidney transplantation from living donors shall be shouldered by PhilHealth, pursuant
37 to R.A. No. 1122, or the "Universal Health Care Act." This shall include the cost of
38 laboratory work-up for both recipient and donor candidate, hospitalization for the
39 transplant operation including induction immunosuppression and maintenance oral
40 immunosuppression, machine perfusion of procured organs, the cost for organ

1 retrieval, all medications required during the hospital stay, as well as post discharge
2 laboratories.

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

5 The PhilHealth shall also cover the evaluation and screening of the kidney donor
6 and recipient up to the transplant procedure and post-transplantation procedures and
7 remedies. This is inclusive of both pre- and post-kidney transplantation measures for
8 the benefit of ESRD patients.

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

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

20 **SEC. 10. *Rehabilitation Program.*** - The DOH, in coordination with the
21 Department of Labor and Employment (DOLE), Technical Education and Skills
22 Development Authority (TESDA), and the DSWD and other pertinent agencies, shall
23 establish a comprehensive rehabilitation program for ESRD patients who have
24 undergone kidney transplant in order to help them reach their fullest physical,
25 psychological, social, vocational, avocational, and educational potential consistent with
26 their physiologic or anatomic condition, environmental limitations, life plans and
27 desires.

28 **SEC. 11. *Appropriations.*** - The initial amount necessary to implement the
29 provisions of this Act shall be charged against the current year's appropriation of the
30 DOH and other concerned departments/agencies. Thereafter, such sum as may be
31 necessary for the continued implementation of this Act shall be included in the Annual
32 General Appropriations Act.

33 **SEC. 12. *Implementing Rules and Regulations.*** - Within sixty (60) days from
34 the effectivity of this Act, the Secretary of Health, in coordination with the President
35 of PhilHealth, and the Executive Director of the NKTi, shall issue the implementing
36 rules and regulations to implement the provisions of this Act.

37 **SEC. 13. *Separability Clause.*** - If any provision or part hereof is held invalid
38 or unconstitutional, the remainder of the law or the provision not otherwise affected
39 shall remain valid and subsisting.

1 **SEC. 14. *Repealing Clause.*** - Any law, presidential decree or issuance,
2 executive order, letter of instruction, administrative order, rule or regulation contrary
3 to or inconsistent with the provisions of this Act are hereby repealed, modified or
4 amended accordingly.

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

Approved,