

EIGHTEENTH CONGRESS OF THE  
REPUBLIC OF THE PHILIPPINES )  
*First Regular Session* )



SENATE

'19 JUL -8 P3:41

SENATE

S. No. 298

RECEIVED BY SF

Introduced by SENATOR RAMON BONG REVILLA, JR.

**AN ACT**

**REQUIRING ALL NATIONAL, REGIONAL, AND PROVINCIAL GOVERNMENT HOSPITALS TO ESTABLISH, OPERATE AND MAINTAIN A DIALYSIS WARD OR UNIT IN THEIR RESPECTIVE HOSPITAL AND PROVIDING FREE DIALYSIS TREATMENT TO INDIGENT PATIENTS**

**EXPLANATORY NOTE**

In 2013, the Department of Health has expressed alarm over the rising cases of kidney disease. Kidney diseases has consistently ranked in the 10 most deadly diseases both in the Philippines and worldwide.

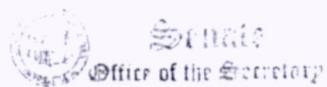
In this light, it is imperative that the State adopts a systematic and far-reaching strategy to address this health issue. This bill proposes to equip local government units to deal with these kinds of diseases in their respective units. Instead of patients going to the Metro for treatment, we urge local government units to be able to treat their constituents in their own local hospitals.

Furthermore, this proposed measure expands the coverage of benefits for kidney patients. This will aid significantly in the finances of the patients. More importantly, this bill institutionalizes free dialysis treatment to indigent patients.

This bill is in consonance with the mandate of the Constitution to make health services accessible to our countrymen at affordable cost. For the efficient delivery of healthcare services to the Filipino people, consideration of this proposed measure is earnestly sought.

  
**RAMON BONG REVILLA, JR.**

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*Be it enacted by the Senate and 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 of 2019.”

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

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

15

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

4

5

6        Sec. 3. *Definition of Terms.* – As used in this Act:

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- 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;

- 1                   g. *No Balance Billing* refers to the government policy of not charging  
2                   the medical expenses incurred over and beyond the PhilHealth  
3                   package rates to a PhilHealth member who has undergone medical  
4                   treatment;
- 5                   h. *Peritoneal dialysis or PD* refers to a treatment for kidney failure and  
6                   a type of dialysis that uses the person's peritoneum (lining of the  
7                   abdominal cavity) as the membrane through which fluid and toxic  
8                   substances are exchanged with blood;
- 9                   i. *PD First Policy* refers to the policy where peritoneal dialysis, when  
10                  feasible, is offered as the first dialysis modality to RRT patients;
- 11                  j. *Renal Replacement Therapy or RRT* refers to therapy that partially  
12                  replaces the functions of the normal kidney. This may be in the form  
13                  of kidney transplantation, peritoneal dialysis and hemodialysis.

14

15                  Sec. 4. – *Establishment of Dialysis Services Wards or Units in National,*  
16                  *Regional, and Provincial Government Hospitals.* – Within five (5) years from the  
17                  effectivity of this Act, all national, provincial, and regional government hospitals,  
18                  including all stand alone dialysis facilities are hereby required to establish, operate and  
19                  maintain a dialysis service facility in their hospital, including both peritoneal dialysis  
20                  and hemodialysis. The same hospitals and dialysis facilities should also be mandated  
21                  to train nephrologists, dialysis nurses, dialysis technicians, and operating room nurses  
22                  in both peritoneal dialysis and hemodialysis.

23

24                  All national, provincial, and regional government hospitals, including stand  
25                  alone dialysis facilities shall have a dialysis service area compliant with the licensing  
26                  and accreditation requirements imposed by the Department of Health (DOH) and  
27                  Philippine Health Insurance Corporation (PhilHealth), respectively, for private dialysis  
28                  clinics. It shall further be provided with the necessary personnel and supplies for both  
29                  hemodialysis and peritoneal dialysis, as required by the DOH and the PhilHealth from  
30                  private dialysis clinics.

31

1        All patients diagnosed with ESRD must be referred to a DOH-accredited  
2 transplant facility to attend a pre-transplant orientation and to be counselled on the  
3 advantages of undergoing transplantation as the best treatment for kidney failure.  
4 They will undergo medical evaluation for suitability for transplantation. For those found  
5 medically suitable for transplantation, all potential organ donors of the patient shall  
6 be evaluated to determine compatibility and medical suitability. If no living donors are  
7 available then the patient will be enrolled in the deceased organ donor waiting list.  
8 This will ensure that all patients with ESRD are offered the option of kidney  
9 transplantation.

10

11        Sec. 5. – *Chronic Kidney Disease (CKD) Prevention and Health Promotion.* – All  
12 national, regional, and provincial government hospitals, and stand alone dialysis  
13 facilities should establish CKD prevention strategies and health promotion activities  
14 which include: advocacy activities targeting relatives of dialysis patients who are at  
15 risk for developing CKD themselves, the provision of instructional materials and regular  
16 educational activities on the common symptoms of kidney disease such as its risk  
17 factors, healthy diet and lifestyle, common tests to diagnose kidney disease, the most  
18 common causes of kidney failure, and advisories on the appropriate protocols for the  
19 diagnostic evaluation of possible kidney disease.

20

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

27

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

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

10

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

19

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

22

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

28

29           In order to support kidney transplantation as the best treatment option that  
30 provides the highest quality of life for End Stage Renal Disease patients and ensures  
31 the return of the patient to full rehabilitation, the PhilHealth and the Philippine Charity  
32 Sweepstakes office (PCSO) shall provide support for all maintenance

1       immunosuppression for the lifetime of the transplant patient, as long as the  
2       transplanted organ is functioning and the patient remains dialysis-independent.

3

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

9

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

19

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

23

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

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

6

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

13

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

17

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

21

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

27

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

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

5

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

10

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

15

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

23

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

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

10

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

21

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

24

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

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

10

11           *Sec. 19. Penalty.* – Any hospital chief, administrator or officer-in-charge of  
12     hospitals, dialysis centers, and health facilities who fails to comply with Sections 5 and  
13     6 of this Act shall be meted with a fine of Fifty Thousand Pesos (P50,000.00) but not  
14     more than One Hundred Thousand Pesos (P100,000.00).

15

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

24

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 of the  
27     DOH. Thereafter, such sum as may be necessary for the continued implementation of  
28     this Act shall be included in the annual General Appropriations Act.

29

30           *Sec. 21. Implementing Rules and Regulations.* – Within sixty (60) days from  
31     the effectivity of this Act, the Secretary of Health, in coordination with the President  
32     of the PhilHealth, the Executive Director of the NIKTI, and other relevant stakeholders,

1 shall issue the implementing rules and regulations to implement the provisions of this  
2 Act.

3

4 Sec. 22. *Separability Clause.* – If for any reason any section or provision of this  
5 Act is declared unconstitutional, other provisions hereof which are not affected thereby  
6 shall continue to be in full force and effect.

7

8 Sec. 23. *Repealing Clause.* – All laws, orders, rules and regulations or parts  
9 thereof inconsistent with this Act are hereby repealed or modified accordingly.

10

11 Sec. 24. *Effectivity.* – This Act shall take effect fifteen (15) days after its  
12 publication in at least two (2) newspapers of general circulation.

13

14 Approved,