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HOUSE OF REPRESENTATIVES

H. No. 9156

BY REPRESENTATIVES PADUANO, YAP (A.), VARGAS, TAN (A.), GO (M.), SILVERIO, VILLARICA, AQUINO-MAGSAYSAY, VILLAFUERTE, HOFER, ZARATE, LANETE, DE VERA, BATAOIL, BELMONTE (J.C.), CRISOLOGO, ALVAREZ (F.), PRIMICIAS-AGABAS, CHIPECO, ROBES, RELAMPAGOS, DALIPE, TUGNA, NAVA, BELMONTE (R.), SY-ALVARADO, MERCADO, ALEJANO, GULLAS, ABU, SINGSON (E.), ALCALA, ESTRELLA, CERILLES, DAZA, BENITEZ, MALAPITAN, DY, FORTUN, TAMBUNTING, SAVELLANO, BRAVO (M.V.), NIETO, AGGABAO, CANAMA, CHAVEZ, CO, CORTUNA, FERRIOL-PASCUAL, GARBIN, GARIN (S.), GERON, HERRERA-DY, CUEVA, BELARO, BULUT-BEGTANG, AUMENTADO, VIOLAGO, VERGARA, SUANSING (E.), BERTIZ, TOLENTINO, GONZALEZ, ACOP, ERMITA-BUHAIN, DUAVIT, ADVINCULA, AGARAO, FLOIRENDO, TREÑAS, CALIXTO-RUBIANO, SALO, DATOL, SANGCOPAN, LOPEZ (M.L.), LAZATIN, TEJADA, SANDOVAL, AMANTE, NUÑEZ-MALANYAON, COJUANGCO, LOBREGAT, SAMBAR, MANALO, AMATONG, UY (J.), UYBARRETA, JAVIER, KHO, PINEDA, RAMIREZ-SATO, VILLANUEVA, CASTRO (F.H.), ROA-PUNO, ORTEGA (V.N.), PALMA, NOEL, GONZALES (A.P.), PIMENTEL, GARIN (R.), GARCIA (J.E.), BRAVO (A.), CAMPOS, SALON, ZUBIRI, GONZALES (A.D.), BORDADO, MANGAOANG, CARI, FERNANDO, TUPAS, CUARESMA, ROMUALDO, CALDERON AND MARCOLETA, PER COMMITTEE REPORT NO. 1308

1 AN ACT

2 PROVIDING A COMPREHENSIVE RENAL REPLACEMENT THERAPY (RRT) FOR
3 PATIENTS WITH END STAGE RENAL DISEASE IN NATIONAL, REGIONAL, AND
4 PROVINCIAL GOVERNMENT HOSPITALS, INCREASING THE PHILHEALTH
5 PACKAGE RATE FOR RENAL REPLACEMENT THERAPY OF MEMBERS AND
6 APPROPRIATING FUNDS THEREFOR.

7
8 *Be it enacted by the Senate and the House of Representatives of the Philippines in*
9 *Congress assembled:*

10
11 **SECTION 1.** *Short Title.* - This Act shall be known as the "Comprehensive Renal
12 Replacement Therapy Act."

13
14 **SEC. 2.** *Declaration of Policy.* - It is a declared policy of the State to adopt an integrated
15 and comprehensive approach to health development that will provide Comprehensive
16 Renal Replacement Therapy (RRT) to improve the delivery of health care services to
17 patients diagnosed with End Stage Renal Disease (ESRD), and to encourage them to
18 have a kidney transplant, primarily within the first two (2) years of starting dialysis.

19
20 The State shall endeavour to make essential goods, health and other social
21 services available to all the people at affordable cost. There shall be priority for the needs
22 of the underprivileged sick, elderly, disabled, women and children. The state shall
23 endeavour to provide free medical care to paupers.

24
25 It is also hereby declared as a policy of the State to improve the delivery of health
26 care services to the people and to ensure hospital facilities are available, affordable and
27 accessible to the people.

28
29 **SEC. 3.** *Definition of Terms.* - As used in this Act:

- 30
31 a. **Dialysis facility** refers to a health facility that provides treatment for ESRD to
32 indigent patients and disseminates information on the various forms of RRT
33 such as kidney transplantation, peritoneal dialysis and hemodialysis;
34
35 b. **End Stage Renal Disease or ESRD** refers to the final stage of chronic kidney
36 disease in which the kidneys no longer function well enough to meet the needs
37 of daily life;
38 c. **Hemodialysis or HD** refers to a medical procedure to remove fluid and waste
39 products from the blood and to correct electrolyte imbalances. This is
40 accomplished using a synthetic membrane or dialyzer which is also referred
41 to as an "artificial kidney";
42

- 1 d. **Indigent** refers to a patient who has no source of income or whose income is
2 not sufficient for family subsistence as identified by the Department of Social
3 Welfare and Development (DSWD) through the National Household Targeting
4 System (NHTS) for Poverty Reduction, or those patients who are indigents but
5 are not listed in the NHTS as assessed by the municipal social development
6 officer;
7
- 8 e. **Kidney transplant or KT** refers to a surgical procedure to place a kidney from
9 a live or deceased donor into a person whose kidneys no longer function
10 sufficiently to sustain the person's life;
11
- 12 f. **National, Regional and Provincial hospitals** refer to hospitals and stand
13 alone dialysis facilities operated and maintained either partially or wholly by the
14 national, regional and provincial government or other political subdivisions, or
15 any department, division, board or other agency thereof;
16
- 17 g. **No Balance Billing** refers to the government policy of not charging the medical
18 expenses incurred over and beyond the PhilHealth package rates to a
19 PhilHealth member who has undergone medical treatment;
20
- 21 h. **Peritoneal dialysis or PD** refers to a treatment for kidney failure and a type of
22 dialysis that uses the person's peritoneum (lining of abdominal cavity) as the
23 membrane through which fluid and toxic substances are exchanged with blood;
24
- 25 i. **PD First Policy** refers to the policy where peritoneal dialysis, when feasible, is
26 offered as the first dialysis modality to RRT patients;
27
- 28 j. **Renal replacement therapy or RRT** refers to therapy that partially replaces
29 the functions of the normal kidney. This may be in the form of kidney
30 transplantation, peritoneal dialysis and hemodialysis.
31

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

40 All national, provincial and regional government hospitals, including stand alone
41 dialysis facilities shall have a dialysis service area compliant with the licensing and
42 accreditation requirements imposed by the Department of Health (DOH) and Philippine
43 Health Insurance Corporation (PhilHealth), respectively, for private dialysis clinics. It

1 shall further be provided with the necessary personnel and equipped with complete
2 dialysis equipment and supplies for both hemodialysis and peritoneal dialysis, as required
3 by the DOH and the PhilHealth from private dialysis clinics.
4

5 All patients diagnosed with ESRD must be referred to a DOH-accredited transplant
6 facility to attend a pre-transplant orientation and to be counseled on the advantages of
7 undergoing transplantation as the best treatment for kidney failure. They will undergo
8 medical evaluation for suitability for transplantation. For those found medically suitable
9 for transplantation, all potential organ donors of the patient shall be evaluated to
10 determine compatibility and medical suitability. If no living donors are available then the
11 patient will be enrolled in the deceased organ donor waiting list. This will ensure that all
12 patients with ESRD are offered the option of kidney transplantation.
13

14 **SEC. 5. *Chronic Kidney Disease (CKD) Prevention and Health Promotion.*** - All
15 national, provincial, and regional government hospitals, and stand-alone dialysis facilities
16 should establish CKD prevention strategies and health promotion activities which include:
17 advocacy activities targeting relatives of dialysis patients who are at high risk for
18 developing CKD themselves, the provision of instructional materials and regular
19 educational activities on the common symptoms of kidney disease such as its risk factors,
20 healthy diet and lifestyle, common tests to diagnose kidney disease, the most common
21 causes of kidney failure, and advisories on the appropriate protocols for the diagnostic
22 evaluation of possible kidney disease.
23

24 Patients and their relatives should be informed about the availability of the proper
25 medicines from government health centers such as those for diabetes and hypertension,
26 and the importance of the regular intake of medicines and monitoring of kidney function
27 through regular laboratory testing and regular clinic follow-up with a qualified physician.
28 All activities pertaining to the aforementioned programs should be documented
29 accordingly.
30

31 **SEC. 6. *Quality Standards of Dialysis Services and Transplant Facilities.*** - Hospitals,
32 dialysis centers for both hemodialysis and peritoneal dialysis, and transplant facilities
33 shall comply with the safety and quality standards of dialysis or transplant services which
34 shall be strictly monitored by the PhilHealth and the Health Facilities and Services
35 Regulatory Bureau of the DOH.
36

37 **SEC. 7. *Philippine Renal Disease Registry.*** - Private and public hospitals, dialysis centers
38 for both hemodialysis and peritoneal dialysis, and transplant facilities shall be mandated
39 to report to the Philippine Renal Disease Registry of the DOH the incidence and
40 prevalence of patients receiving peritoneal dialysis or hemodialysis treatment, and who
41 have received a kidney transplant as a requirement for the renewal of their

1 respective DOH licenses to operate a dialysis center or transplant facility Registration of
2 all dialysis patients in the PhilHealth dialysis database will be required prior to the
3 availment of benefits for both peritoneal dialysis and hemodialysis.

4
5 **SEC. 8. *PhilHealth Benefit for Kidney Transplantation*** - The PhilHealth benefit for kidney
6 transplantation from living donors shall be expanded accordingly. This shall include the
7 cost of laboratory work-up for both recipient and donor candidate, hospitalization for the
8 transplant operation including induction immunosuppression and maintenance oral
9 immunosuppression, machine perfusion of procured organs, the cost for organ retrieval,
10 all medications required during the hospital stay, as well as post discharge laboratories
11 up to 1 month for the recipient, and up to 1 year for the donor.

12
13 The cost for organ retrieval and machine perfusion will be established by the
14 DOH-Philippine Organ Donation Program for all organ procurement organizations.

15
16 The PhilHealth benefit package for kidney transplantation shall cover the
17 evaluation and screening of the kidney donor and recipient up to the transplant procedure
18 and post-transplantation procedures and remedies. This is inclusive of both pre- and post-
19 kidney transplantation measures for the benefit of End Stage Renal Disease patients.

20
21 In order to support kidney transplantation as the best treatment option that provides
22 the highest quality of life for End Stage Renal Disease patients and ensures the return of
23 the patient to full rehabilitation, the PhilHealth and the Philippine Charity Sweepstakes
24 Office (PCSO) shall provide support for all maintenance immunosuppression for the
25 lifetime of the transplant patient, as long as the transplanted organ is functioning and the
26 patient remains dialysis-independent.

27
28 All renal replacement therapy facilities shall be required to engage in regular organ
29 donation advocacy activities that will provide education for all Filipinos to carry the organ
30 donor card. Facilities will likewise establish a potential deceased organ donor referral
31 system that will identify all potential deceased organ donors to the Philippine Network for
32 Organ Sharing.

33
34 **SEC. 9. *PhilHealth Benefit for Dialysis Treatment***. – The PhilHealth shall increase the Z-
35 benefit package rate for the principal member and each of one's qualified dependent on
36 maintenance dialysis per year for peritoneal dialysis covering three (3) peritoneal dialysis
37 exchanges per day for three hundred sixty five (365) days, while the package rate for
38 hemodialysis treatment shall be increased annually to cover a span of ninety (90)
39 hemodialysis sessions per year. The professional fee of the attending physician and
40 hospital charges shall be included in the PhilHealth benefits for dialysis treatment.

1 The remaining sessions for both peritoneal dialysis and hemodialysis shall be paid for by
2 the Philippine Charity Sweepstakes Office.

3
4 For purposes of providing optimal financial risk protection to the most vulnerable
5 groups including the poorest of the poor, the "No Balance Billing Policy" of the government
6 is hereby provided for indigents.

7
8 The breakdown of the PHIC hemodialysis benefit package shall include standard
9 HD treatment inclusive of the dialyzer and all other supplies needed as well as the
10 minimum basic laboratory tests consisting of complete blood count, creatinine, calcium,
11 phosphorus, potassium, albumin, hepatitis B surface antigen (HBsAg) and anti-hepatitis
12 C virus (Anti-HCV). The laboratory tests shall be done at a frequency of at least four (4)
13 tests per year for the first six (6) tests, and twice a year for the last two (2) tests. The
14 schedule of these tests shall be determined by the attending physician during the course
15 of the annual dialysis treatment sessions.

16
17 **SEC. 10. Periodic Assessment and Benefit Package Adjustments for End Stage Renal**
18 **Disease Patients.** - A periodic assessment and reasonable adjustments of the benefit
19 package for dialysis and transplant patients shall be made by the PhilHealth after taking
20 into consideration its financial sustainability and changes in the socio-economic
21 conditions of the country.

22
23 **SEC. 11. Free Dialysis Treatment to Indigent Patients.** - Dialysis treatment in all national,
24 regional, and provincial government hospitals shall be provided free of charge to indigent
25 patients as identified by the Department of Social Welfare and Development using the
26 National Household Targeting System for Poverty Reduction. A PD First Policy shall be
27 established for all indigent patients, unless there is a contraindication to its use in a
28 particular patient.

29
30 **SEC. 12. Treatment Options.** - The PhilHealth shall develop a package that will provide
31 the highest benefit for kidney transplant, followed by peritoneal dialysis, then
32 hemodialysis.

33
34 The benefit package shall include a screening test for both the donor and recipient.
35 The screening test for possible kidney transplantation of both the donor and recipient shall
36 include the following:

- 37
38 1) For the donor, the screening testing include blood typing, complete blood count,
39 fasting blood sugar, creatinine, hepatitis B surface antigen, anti-hepatitis C
40 antibody, urinalysis, chest x-ray and ultrasound of the kidneys, ureter, and
41 urinary bladder.

1
2 2) For the recipient, cardiac evaluation and many other tests as needed.
3

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

9 If the patient passes the criteria for the PhilHealth benefit package for
10 transplantation, the expenses for lab work-up shall be reimbursed to the patient by the
11 healthcare institution after the PhilHealth pays the benefit to the healthcare institution.
12

13 The cost of the operation for transplantation shall be included in the PhilHealth Z-
14 benefit package which includes a month of post-hospital discharge laboratory tests for
15 the recipient and a one (1) year follow up laboratory tests for the donor. The Z-benefit
16 package shall be expanded accordingly.
17

18 The immunosuppression medications needed by the transplant patient, if there is
19 no graft rejection, shall be lifelong. For PhilHealth patients, these medicines shall be
20 provided for one (1) year by PCSO. After the first year, the patient may reapply with the
21 PCSO for assistance for such medications.
22

23 **SEC. 13. Rehabilitation Program.** - The DOH, in coordination with the Department of
24 Labor and Employment, Technical Education and Skills Development Authority, and the
25 DSWD and other pertinent agencies, shall establish a comprehensive rehabilitation
26 program for ESRD patients who have undergone kidney transplant in order to help them
27 reach their fullest physical, psychological, social, vocational, avocational, and educational
28 potential consistent with their physiologic or anatomic condition, environmental
29 limitations, life plans and desires.
30

31 **SEC. 14. Dialysis Facility.** A dialysis facility shall be compliant with the licensing
32 requirements imposed under DOH Administrative Order No. 2012-0001 dated January
33 26, 2012 for hemodialysis, and PhilHealth-Accreditation for peritoneal dialysis facilities.
34 Hospitals without dialysis facilities first put up the necessary equipment and qualified staff
35 to perform peritoneal dialysis services. For hospitals with existing hemodialysis facilities,
36 a peritoneal dialysis unit shall be established immediately so that this more cost-effective
37 dialysis option can be made available to patients. Hospitals shall preferentially be
38 provided with the necessary personnel, equipment and supplies as required by PhilHealth
39 for accredited facilities.
40

41 **SEC. 15. Training for Peritoneal and Hemodialysis Treatment and Services.** - The DOH,
42 National Kidney and Transplant Institute (NKTi) and the Philippine Society of Nephrology
43 (PSN) shall provide training for medical personnel such as physicians to take charge of
44 the hemodialysis and peritoneal dialysis centers, hemodialysis and peritoneal dialysis
45 nurses, hemodialysis and peritoneal dialysis technicians, operating room nurses,
46 transplant ward nurses, transplant coordinators, and non-medical
47 barangay health workers to support home based peritoneal dialysis. The NKTi shall

1 accredit the centers that can provide training for the above personnel and training should
2 include hands-on workshops for dialysis.

3
4 **SEC. 16.** *Establishing a Chronic Kidney Disease (CKD) Counseling Clinic.* - All RRT
5 facilities shall establish a chronic kidney disease (CKD) counseling clinic with separate
6 personnel trained to engage patients and explain to them the normal functions of the
7 kidney, the stages of CKD, the laboratories routinely performed for CKD patients, the
8 common medications required that can control the progression of kidney disease, the
9 metabolic complications of ESRD, and the indications for renal replacement. These clinics
10 shall monitor the kidney function of patients so that a timely referral to a nephrologist or
11 internist/pediatrician with specialized training in CKD can be made, with the timely
12 initiation of Renal Replacement Therapy to prevent requiring emergency treatment.

13
14 The NKTl shall provide education and training modules for the medical staff of
15 CKD counseling clinics.

16
17 **SEC. 17.** *Creation of a Renal Disease Control Program (REDCOP).* - All RRT facilities
18 shall create a Renal Disease Control Program (REDCOP), following the model of the
19 NKTl, that shall promote the early recognition of kidney disease, identify persons at high
20 risk for the development of kidney disease and initiate preventive strategies to either
21 prevent the development of kidney disease (ie. from diabetes and hypertension) or to
22 delay its progression to end stage renal disease. The DOH will establish a database of
23 these patients to ensure that they are regularly monitored for disease progression and
24 that they are receiving appropriate treatment for CKD.

25
26 **SEC. 18.** *Authority to Receive Donations and Exemptions from Donor's Taxes, Customs
27 and Tariff Duties* – The DOH shall be authorized to receive donations, gifts and
28 bequests in order to augment the funding for the establishment of the dialysis
29 wards/units created in accordance with this Act. All donations, contributions or
30 endowments which may be made by persons or entities to the dialysis wards/units
31 in national, regional and provincial hospitals and the importation of medical
32 equipment and machineries, spare parts and other medical equipment used
33 solely and exclusively by the dialysis wards or units shall be exempt from income or
34 donor's taxes, any other direct or indirect taxes, wharfage fees and other charges and
35 restrictions.

36
37 **SEC. 19.** *Penalty.* - Any hospital chief, administrator or officer-in-charge of hospitals,
38 dialysis centers, and health facilities who fails to comply with Sections 5 and 6 of this
39 Act shall be meted with a fine of Fifty thousand pesos (P50,000.00) but not more than
40 One hundred thousand pesos (P100,000.00).

41 Likewise, persons receiving free treatment of medicines for End Stage Renal
42 Disease or PD or HD services from government hospitals and its agencies (ie. PCSO,
43 PHIC) who are found selling these medications or services instead of using them for
44 their own treatment, shall be penalized with the suspension of their PhilHealth
45 membership and shall be ineligible for assistance from PCSO and other government

1 agencies for a period of one (1) year. If these persons are found to be engaged in the
2 selling of medications or services allotted for their care for the second time, they shall be
3 permanently ineligible to receive government assistance.
4

5 **SEC. 20. Appropriations.** - The initial amount necessary to implement the provisions of
6 this Act shall be charged against the current year's appropriation of the DOH. Thereafter,
7 such sum as may be necessary for the continued implementation of this Act shall be
8 included in the annual General Appropriations Act.
9

10 **SEC. 21. Implementing Rules and Regulations** – Within sixty (60) days from the
11 effectivity of this Act, the Secretary of Health, in coordination with the President of
12 PhilHealth, the Executive Director of the NKTl, and other relevant stakeholders, shall
13 issue the implementing rules and regulations to implement the provisions of this Act.
14

15 **SEC. 22. Separability Clause.** If any provision or part hereof is held invalid or
16 unconstitutional, the remainder of the law or the provision not otherwise affected shall
17 remain valid and subsisting.
18

19 **SEC. 23. Repealing Clause.** Any law, presidential decree or issuance, executive order,
20 letter of instruction, administrative order, rule or regulation contrary to or inconsistent with
21 the provisions of this Act are hereby repealed, modified or amended accordingly.
22

23 **SEC. 24. Effectivity.**-This Act shall take effect fifteen (15) days after its publication in the
24 *Official Gazette* or in a newspaper of general circulation.
25
26

27 *Approved,*