

NINETEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
First Regular Session)



22 OCT 27 P4:11

SENATE

S. No. 1434

RECEIVED BY: _____

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

One Filipino develops chronic renal failure every hour or about 120 Filipinos per million population per year. More than 5,000 Filipino patients are presently undergoing dialysis and approximately 1.1 million people worldwide are on renal replacement therapy (NKT, 2020). Kidney diseases have 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 (LGUs) to deal with these kinds of diseases in their respective units. Instead of patients going to the Metro for treatment, we urge the LGUs 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, swift passage 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 "*Free Dialysis for the*
2 *Indigent Act of 2022.*"

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

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

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

16 Sec. 3. *Definition of Terms.* – As used in this Act, the following terms are hereby
17 defined:

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

1 abdominal cavity) as the membrane through which fluid and toxic
2 substances are exchanged with blood;

- 3 i. *PD First Policy* refers to the policy where peritoneal dialysis, when
4 feasible, is offered as the first dialysis modality to RRT patients;
5 j. *Renal Replacement Therapy or RRT* refers to therapy that partially
6 replaces the functions of the normal kidney. This may be in the form
7 of kidney transplantation, peritoneal dialysis and hemodialysis.

8 Sec. 4. – *Establishment of Dialysis Services Wards or Units in National,*
9 *Regional, and Provincial Government Hospitals.* – Within three (3) years from the
10 effectivity of this Act, all national, provincial, and regional government hospitals,
11 including all stand alone dialysis facilities, are hereby required to establish, operate
12 and maintain a dialysis service facility in their hospital, including both peritoneal
13 dialysis and hemodialysis. The same hospitals and dialysis facilities should also be
14 mandated to train nephrologists, dialysis nurses, dialysis technicians, and operating
15 room nurses in both peritoneal dialysis and hemodialysis.

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

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

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

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

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

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

29 *Sec. 8. PhilHealth Benefit for Kidney Transplantation.* – The PhilHealth benefit
30 for kidney transplantation from living donors shall be expanded accordingly. This shall
31 include the cost of laboratory work-up for both recipient and donor candidate,
32 hospitalization for the transplant operation including induction immunosuppression

1 and maintenance oral immunosuppression, machine perfusion of procured organs, the
2 cost for organ retrieval, all medications required during the hospital stay, as well as
3 post discharge laboratories up to 1 month for the recipient, and up to 1 year for the
4 donor.

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

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

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

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

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

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

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

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

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

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

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

- 29
- 30 1. For the donor, the screening testing includes blood typing, complete blood
31 count, fasting blood sugar, creatinine, hepatitis B surface antigen, anti-hepatitis

1 C antibody, urinalysis, chest x-ray and ultrasound of the kidneys, ureter, and
2 urinary bladder.

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

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

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

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

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

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

27 *Sec. 14. Dialysis Facility.* – A dialysis facility shall be compliant with the licensing
28 requirements imposed under the DOH Administrative Order No. 2012-0001 dated
29 January 26, 2012 for hemodialysis, and PhilHealth-Accreditation for peritoneal dialysis
30 facilities. Hospitals without dialysis facilities first put up the necessary equipment and
31 qualified staff to perform peritoneal dialysis services. For hospitals with existing
32 hemodialysis facilities, a peritoneal dialysis unit shall be established immediately so

1 that this more cost-effective dialysis option can be made available to patients.
2 Hospitals shall preferably be provided with the necessary personnel, equipment and
3 supplies as required by PhilHealth for accredited facilities.

4 Sec. 15. *Training for Peritoneal and Hemodialysis Treatment and Services.* –

5 The DOH, National Kidney and Transplant Institute (NKTi) and the Philippine Society
6 of Nephrology (PSN) shall provide training for medical personnel such as physicians to
7 take charge of the hemodialysis and peritoneal dialysis centers, hemodialysis and
8 peritoneal dialysis nurses, hemodialysis and peritoneal dialysis technicians, operating
9 room nurses, transplant ward nurses, transplant coordinators, and non-medical
10 barangay health workers to support home based peritoneal dialysis. The NKTi shall
11 accredit centers that can provide training for the above personnel and training should
12 include hands-on workshops for dialysis.

13 Sec. 16. *Establishing a Chronic Kidney Disease (CKD) Counseling Clinic.* – All

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

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

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

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

22 Sec. 20. *Appropriations.* – The initial amount necessary to implement the
23 provisions of this Act shall be charged against the current year's appropriation of the
24 DOH. Thereafter, such sum as may be necessary for the continued implementation of
25 this Act shall be included under the Health Facilities Enhancement Fund in the annual
26 General Appropriations Act.

27 Sec. 21. *Implementing Rules and Regulations (IRR).* – Within sixty (60) days
28 from the effectivity of this Act, the Secretary of Health, in coordination with the
29 President of PhilHealth, the Executive Director of the NKTl, and other relevant
30 stakeholders, shall promulgate the IRR to implement the provisions of this Act,
31 *Provided,* That the non-promulgation of the rules and regulations provided under this
32 section shall not prevent the immediate implementation of this Act upon effectivity.

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

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

6 Sec. 24. *Effectivity.* – This Act shall take effect fifteen (15) days after its
7 complete publication in the *Official Gazette* or in two (2) newspapers of general
8 circulation in the Philippines.

Approved,