



Senate

Office of the Secretary

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

22 OCT -4 P1 :09

**SENATE**  
S. No. 1362

RECEIVED BY:

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Introduced by Senator Robinhood Padilla

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**AN ACT**  
**CREATING A REGIONAL KIDNEY AND TRANSPLANT INSTITUTE IN EACH OF**  
**THE ADMINISTRATIVE REGIONS IN THE PHILIPPINES, PROVIDING FUNDS**  
**THEREFOR, AND FOR OTHER PURPOSES**

EXPLANATORY NOTE

The Department of Health (DOH) identified renal or kidney diseases as one of the top ten causes of mortality in the Philippines. The burden of kidney diseases has taken a toll on millions of Filipinos over the years. According to DOH, one Filipino dies every hour from kidney failure. Reports from the National Kidney and Transplant Institute (NKTi) stated that more than 7,000 cases of kidney failure are recorded in the country every year.

Medical experts say that having kidney failure is just as disabling and life-threatening as the other silent killer diseases. Kidney diseases require prolonged medications through dialysis while end-stage renal diseases most likely would require kidney transplantation. Both approaches are costly and have adverse impact on patients and their families—financially, physically, psychologically, and emotionally.

Available health data shows an increasing trend in the number of Filipinos affected by kidney diseases. It is more alarming to note that the age of patients has gone down to as young as eight years old due to inherited diabetes or sedentary and unhealthy lifestyle of the younger generations. The prevalence of kidney diseases among young professionals acquiring kidney diseases is also increasing. According to NKTi, 120 in every 1 million Filipinos will most likely develop kidney failure and each

year, approximately 10,000 people need to replace their kidney/s. The 2017 Philippine Renal Disease Registry's annual report recorded that 21,535 Filipinos have undergone dialysis treatments in 2016, a huge jump from around 10,000 cases recorded in 2010. The same report noted that kidney disease cases among Filipinos increase at an annual rate of 8% to 18%.

This increasing trend in the incidence of kidney diseases among Filipinos is also evident in the number and total amount of benefit claims from the Philippine Health Insurance Corporation (PhilHealth) for dialysis sessions. From 2019 to 2021, PhilHealth paid P10.6 Billion; P12.6 Billion; and P14 Billion, respectively, for hemodialysis reimbursements which consistently makes hemodialysis the top in the list of case rates with the highest-paid claims. These amounts were a huge jump from the 2015 claims payment for hemodialysis amounting to P6.3 Billion.

A health status report estimated that adequate dialysis costs around P25,000 to P46,000 per month or P300,000 to P552,000 per year. According to the NKTII, majority of Filipinos are not able to afford this exorbitant cost. In their study, NKTII stated that half of the patients who start dialysis eventually die within the year, presumably because they cannot sustain adequate dialysis treatments.

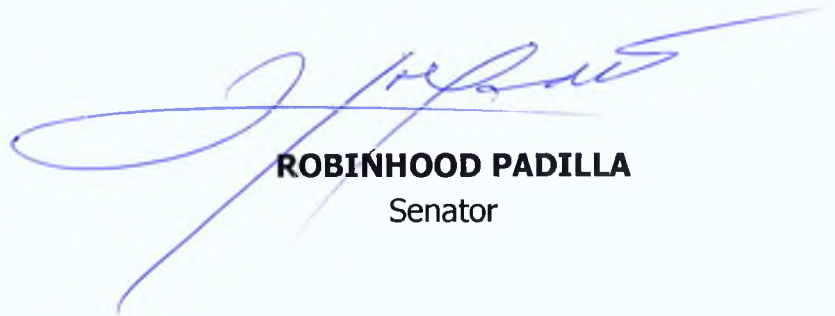
Even with the universal PhilHealth coverage that is supposed to subsidize the cost of dialysis sessions, the out-of-pocket expenses are still high for Filipinos with kidney diseases. As in patients with other dreaded diseases, most kidney disease patients needing advanced renal care have to go to Metro Manila hospitals, particularly to the NKTII. To this effect, NKTII has become a center for the referral of kidney patients from various regional hospitals in the country. This situation is an additional burden to the patients in terms of access and cost because they need to endure long hours of travel just to avail themselves of the services of a specialty hospital.

It is for these reasons that this bill is being proposed to create one Regional Kidney and Transplant Institute (RKTII) in each of the administrative regions in the country. By doing so, the government ensures that equal access and privilege to avail of specialized and quality renal care is extended to more Filipinos. The RKTII shall be administered by the DOH and may be created within the existing DOH Regional Hospitals and Medical Centers. The RKTII shall be equipped with essential renal care

equipment and necessary medical supplies and shall tap the services of kidney specialists and professionals who shall render services at a subsidized cost.

The creation of RKTl will also unburden the patients from the provinces of the additional costs associated with long-distance travel. The same resources can be used for their other basic needs to sustain life. It is envisioned that by bringing specialized kidney care services closer to patients, more lives will eventually be saved.

In light of the foregoing, immediate passage of this bill is earnestly sought.



**ROBINHOOD PADILLA**  
Senator



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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 “Regional Kidney and  
2 Transplant Institute (RKTi) Act”.

3 Sec. 2. *Declaration of Policy.* — It is hereby declared the policy of the State to  
4 secure the well-being of its people by providing them with specialized health services  
5 and addressing the increasing incidence of deadly diseases like kidney illness in the  
6 country. It is also the policy of the State to take the initiative in medical and scientific  
7 research and study on kidney and allied diseases and to contribute to the prevention  
8 and treatment of such diseases. It is also the policy of the State to ensure that every  
9 region in the country shall have an equal opportunity to benefit from public specialty  
10 healthcare services. Towards this end, the State shall create regional kidney and  
11 transplant institutes throughout the country.

12 Sec. 3. *Regional Kidney and Transplant Institute.* — There is hereby created a  
13 Regional Kidney and Transplant Institute (RKTi) which shall provide specialized renal  
14 care services for Filipinos suffering from kidney diseases in each of the following  
15 administrative regions in the country:

16 a) Region I - Ilocos Region;

- 1 b) Region II - Cagayan Valley;
- 2 c) Region III - Central Luzon;
- 3 d) National Capital Region;
- 4 e) Region IV A - Cavite, Laguna, Batangas, Rizal, and Quezon (CALABARZON);
- 5 f) Region IV B - Mindoro Occidental, Mindoro Oriental, Marinduque, Romblon,
- 6 and Palawan (MIMAROPA);
- 7 g) Region V - Bicol Region;
- 8 h) Region VI - Western Visayas;
- 9 i) Region VII - Central Visayas;
- 10 j) Region VIII - Eastern Visayas;
- 11 k) Region IX - Zamboanga Peninsula;
- 12 l) Region X - Northern Mindanao;
- 13 m) Region XI - Davao Region;
- 14 n) Region XII - South Cotabato, Cotabato, Sarangani, Sultan Kudarat, and
- 15 General Santos (SOCCSKSARGEN);
- 16 o) Region XIII - Caraga Region;
- 17 p) Cordillera Administrative Region; and
- 18 q) Bangsamoro Autonomous Region in Muslim Mindanao.

19 Sec. 4. *Functions of the RKTI.* — Within its respective region, every RKTI shall  
20 have the following powers and functions:

- 21 a) To maintain, administer, and operate an integrated medical institution  
22 specialized in the prevention, diagnosis, treatment, care, rehabilitation,  
23 and/or relief of kidney and allied diseases;
- 24 b) To provide specialized health and medical services in minimizing the  
25 incidence of kidney and allied diseases;
- 26 c) To promote medical and scientific research relative to the prevention and  
27 treatment of kidney and allied diseases;
- 28 d) To encourage planning, invention, and development of artificial means of  
29 kidney support and transplantation;
- 30 e) To conduct research on kidney-related diseases and to report, publish and  
31 disseminate information on kidney and allied diseases;

- 1 f) To sponsor, hold, or participate in congresses, conventions, conferences,  
2 seminars, workshops, and training programs on kidney-related diseases in  
3 the Philippines or abroad;
- 4 g) To encourage and assist in the education and training of physicians, nurses,  
5 health officers, social workers, and medical and technical personnel in the  
6 practical and scientific implementation of services to kidney patients;
- 7 h) To assist universities, hospitals, and research institutions in their studies on  
8 kidney and allied diseases and other related fields, to encourage and grant  
9 scholarships for advanced training and specialization in renal and related  
10 fields, and to support educational programs of value to general public  
11 health; and
- 12 i) To stimulate the formation of other organizations on the national,  
13 provincial, city, and/or local levels, and to coordinate the various efforts  
14 and activities of such organizations for the purpose of achieving a more  
15 effective approach to the common problem relative to the purposes and  
16 objectives enumerated herein.

17 *Sec. 5. Accessibility to Marginalized and Indigent Patients.* — The RKTIs shall  
18 promulgate rules in providing free and accessible medical services to indigent patients.

19 *Sec. 6. Establishment of RKTIs.* — It shall be the duty of the DOH to establish,  
20 maintain, and operate RKTIs in every region. The RKTIs may be created within the  
21 existing DOH Regional Hospitals and Medical Centers as deemed feasible by the DOH.  
22 In consultation with the Department of Budget and Management (DBM), the DOH shall  
23 determine the organizational structure, necessary position qualifications, and  
24 standards for its personnel following civil service laws, rules, and regulations.

25 *Sec. 7. Appropriations.* — The amount necessary for the implementation of this  
26 Act and the initial operation and maintenance of the RKTIs shall be charged against  
27 the Contingent Fund. Thereafter, such sums as may be necessary for the  
28 implementation of this Act shall be included in the subsequent annual General  
29 Appropriations Act under the budget of the DOH.

1            *Sec. 8. Implementing Rules and Regulations.* — Within ninety days (90) after  
2 the effectivity of this Act, the DOH and the DBM shall promulgate the necessary rules  
3 and regulations for the proper implementation of this Act.

4            *Sec. 9. Separability Clause.* — If any portion or provision of this Act is declared  
5 unconstitutional, the remainder of this Act or any provisions not affected thereby shall  
6 remain in force and effect.

7            *Sec. 10. Repealing Clause.* — Any law, presidential decree or issuance,  
8 executive order, letter of instruction, rule or regulation inconsistent with the provisions  
9 of this Act is hereby repealed or modified accordingly.

10           *Sec. 11. Effectivity.* — This Act shall take effect after fifteen (15) days following  
11 its complete publication in the Official Gazette or a newspaper of general circulation.

Approved,