

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

23 MAR 13 P3:18

**SENATE** 

s. No. <u>1990</u>

RECEIVED BY:

Introduced by Senator MANUEL "LITO" M. LAPID

## **AN ACT**

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

## **EXPLANATORY NOTE**

Dialysis is a procedure to remove waste products and excess fluid from the blood when the kidneys stop working properly.<sup>1</sup> It often involves diverting blood to a machine to be cleaned. Patients undergoing dialysis suffers from End Stage Renal Disease (ESRD), largely caused by chronic hypertension and diabetes.

In the Philippines, one Filipino dies from kidney failure every hour<sup>2</sup>. There are only 92 dialysis centers<sup>3</sup> providing service to close to 35,000 Filipinos who are undergoing dialysis and treatment for kidney disease in the country. Over the past decade, the number of new cases has increased by about 15% every year; and with uncontrolled diabetes and hypertension as risk factors for kidney disease that could end up requiring a kidney transplant, dialysis is a temporizing measure.<sup>4</sup>

<sup>&</sup>lt;sup>1</sup> National Health Service – United Kingdom | https://www.nhs.uk/conditions/dialysis/

<sup>&</sup>lt;sup>2</sup> Dr. Romina Danguilan, 2020 | Dialysis and COVID-19: Challenges and Opportunities

<sup>&</sup>lt;sup>3</sup> Philippine Society of Nephrology (PSN)

<sup>&</sup>lt;sup>4</sup> University of the Philippines | https://up.edu.ph/up-webinar-takes-on-the-challenges-of-kidney-disease-and-dialysis-in-a-time-of-covid/

The COVID-19 epidemic shut down free-standing hemodialysis facilities. Because to COVID-19 infections among patients and employees, many dialysis clinics had to close. Several hospital-based dialysis centers began accepting fewer patients as well. The National Kidney and Transplant Institute (NKTI) became the only location to go for hundreds of patients who were unable to receive dialysis, and it quickly became overcrowded with patients who required dialysis but had nowhere else to go.

In 2021, the NKTI opened a new hemodialysis center that is exclusive to kidney disease patients with COVID-19 to prevent virus transmission in the hospital. With twenty (20) machines, however, the new center could serve only 60 patients per day because a dialysis session often takes four hours and machines need to be decontaminated after every session.<sup>5</sup>

The price of dialysis in the Philippines can range from Php 2,000 to Php 7,000 and above per treatment.<sup>6</sup> This means that a kidney patient has to spend at least around Six Thousand Pesos (Php6,000.00) to Twenty-One Thousand (Php 21,000.00) per week just to survive.

While the Philippine Health Insurance Corporation (PhilHealth) is set to increase this year its coverage for outpatient hemodialysis to 156 sessions from the current 90 sessions. Decause many, if not all, patients still have to pay for the treatment sessions outside of the 90 days.

Government hospitals often provide lower fees but can only handle a limited number of patients at any one moment. Given the enormous number of patients who require dialysis treatment on a regular basis, dialysis treatment facilities should not only be accessible to these patients, but also economical.

Dahil alam natin ang hirap na pinagdadaanan ng ating mga kakabayang kinakailangang sumailalim sa serye ng dialysis, ating ipinapanukala ang batas na ibibigay nang libre ang naturang serbisyo sa ating pinakamahihirap na kababayang walang kakayahang magbayad para dito. Ito ay inaasahang magbibigay ng malaking

<sup>&</sup>lt;sup>5</sup> https://newsinfo.inquirer.net/1545692/covid-narrows-door-to-dialysis-options-for-kidney-disease-patients

<sup>&</sup>lt;sup>6</sup> https://medicalpinas.com/dialysis-centers-philippines/

<sup>&</sup>lt;sup>7</sup> https://mb.com.ph/2023/02/15/philhealth-to-expand-hemodialysis-coverage-from-90-to-156-sessions/

kaginhawaan sa kanilang mga pamilya nagsasakripisyo kasama ang pasyente. Gayundin, sila ay nakakasigurong madudugtungan ang buhay matagal pang makakasama ang mga mahal sa buhay dahil sa libreng dialysis treatment service hatid ng panukalang batas na ito.

This measure recognizes the long ordeal our dialysis patients have to endure and the financial hardships being experienced by their families. It seeks to require all national, regional, and provincial government tertiary hospitals to establish, operate, and maintain a dialysis ward or unit in their respective hospitals and to provide free dialysis treatment service to indigent patients.

In view of the foregoing, immediate approval of this bill is earnestly sought.

MANUEL "LITO" M. LAPID

Senator



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## SENATE

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Introduced by Senator Manuel "Lito" M. Lapid

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

Be it enacted by the Senate and the House of Representatives of the Philippines in Congress assembled:

SECTION 1. *Title.* — This act shall be known as the "*Free Dialysis for Indigent Patients Act*"

SECTION 2. *Declaration of Policy.* — It is the declared policy of the State to protect and promote the right to health of the people and improve the delivery of health services to the people and to ensure hospital facilities are available, affordable and accessible to the people.

Towards this end, the State shall ensure that patients suffering from diseases are accorded timely and appropriate treatment with the provision of accessible dialysis clinics and free dialysis treatments.

SECTION 3. *Definition of Terms.* — For purposes of this Act, the following terms shall mean:

a. *Dialysis Center* – refers an independent or hospital-based unit which is legally authorized and licensed by the relevant government authority and provides outpatient dialysis services (maintenance dialysis services, home dialysis

- training and support services or both) for the treatment of end stage renal disease (ESRD) patients.
- b. *National Government Hospital* refers hospital operated and maintained either
   partially or wholly by the national government or by any department, division,
   board or other agency thereof;
- c. Regional Government Hospital refers to a hospital operated and maintained either partially or wholly by the national government or by any department, division, board or other agency thereof;

- d. *Provincial Government Hospital* refers to a hospital operated and maintained either partially or wholly by the provincial government or other political subdivision, or by any department division, board or other agency thereof; and
  - e. *Indigent Patient* refers to patient who has no visible means of income, compensation, financial assistance from his/her relatives to support his/her basic needs or whose income is insufficient for the subsistence of their family, as determined by the Department of Social Welfare and Development (DSWD);
- SECTION 4. *Establishment, Operation and Maintenance of a Dialysis Ward or Unit.* Within two (2) years from the effectivity of this Act, all national, regional, and provincial government tertiary hospitals are hereby required to establish, operate and maintain a dialysis ward or unit in their hospital. The dialysis ward or unit shall be equipped with complete dialysis machines, equipment and supplies.
- SECTION 5. *Free Dialysis Treatment to Indigent Patients.* Department of Health (DOH), in coordination with the Philippine Health Insurance Corporation (PHILHEALTH), shall ensure that dialysis treatment in all national, regional and provincial government hospitals shall be provided free of charge to indigent patients as defined in Section 3 (d) hereof.
- SECTION 6. *Eligibility for Free Dialysis Service Treatment.* The patient is required to submit the following documents to be eligible for free dialysis service treatment:

a. Affidavit of Indigency; and

- b. Certificate of Indigency from the DSWD, or the City or Municipal Social Welfare
   and Development Office having jurisdiction over the residence of the patient;
   or
  - c. Certificate of Indigency and/or No Income from the Office of the Punong Barangay/Barangay Chairperson having jurisdiction over the residence of the applicant.

SECTION 7. Authority to Receive Donations and Exemption from Donor's Taxes, Customs and Tariff Duties. The DOH shall have the authority to receive donations, gifts and bequests in order to augment the funding for the establishment of the dialysis clinics created in accordance with this Act. All donations, contributions or endowments which may be made by persons or entities to the dialysis clinics in national, regional and provincial hospitals. The importation of medical equipment and machineries, spare parts and other medical equipment used solely and exclusively by the dialysis clinics shall be exempt from income or donor's taxes, any other direct or indirect taxes, wharfage fees and other charges and restrictions.

SECTION 8. *Penalty.* — Any hospital chief, administrator or officer-in-charge who through malfeasance, misfeasance or nonfeasance fails to comply with this Act shall be punished with a fine of not less than Fifty Thousand Pesos (P50,000.00) but not more than Five Hundred Thousand Pesos (P500,000.00) or dismissal from their office and forfeiture of all privileges and benefits which may accrue to them, or both at the discretion of the court.

SECTION 9. *Implementing Rules and Regulations.* — The Department of Health, Philippine Health Insurance Corporation, Department of Social Welfare and Development, and the Department of Interior and Local Government in consultation with the Department of Budget and Management and other concerned government agencies and stakeholders, shall promulgate and issue the implementing rules and regulations within ninety (90) days upon approval of this Act.

SECTION 10. *Appropriations*. — Such amount as may be necessary to implement the provisions of this Act is hereby authorized to be appropriated from the National Treasury. Thereafter, the amount necessary for the continuous implementation of this Act shall be included in the government hospital's annual appropriations.

SECTION 11. Separability Clause. — In the event that any part, section or provision of this Act shall be declared unconstitutional or invalid by a competent court, the remaining provisions thereby shall remain valid and in full force and effect as if the sections or provisions so annulled or voided had never been incorporated herein.

SECTION 12. *Repealing Clause*. — All laws, decrees, executive orders, issuances, rules and regulations, or parts thereof not consistent with the provisions of this Act are hereby repealed or modified and/or superseded as case may be by this Act accordingly.

SECTION 13. *Effectivity.* — This Act shall take effect fifteen (15) days after its complete publication in the Official Gazette or in at least two (2) newspapers of general circulation, whichever comes earlier.

Approved,