

SENATE  
Senate Bill No. 1749

20 JUL 28 P1 :44

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INTRODUCED BY SENATOR CHRISTOPHER LAWRENCE "BONG" T. GO

**AN ACT  
PROVIDING FOR A COMPREHENSIVE RENAL REPLACEMENT THERAPY  
(RRT) FOR PATIENTS WITH END STAGE RENAL DISEASE IN NATIONAL,  
REGIONAL, AND PROVINCIAL GOVERNMENT HOSPITALS, INCREASING THE  
PHILHEALTH PACKAGE RATE FOR RENAL REPLACEMENT THERAPY OF  
MEMBERS AND APPROPRIATING FUNDS THEREFOR**

**EXPLANATORY NOTE**

In 2018, the Department of Health reported that one (1) person dies every hour from kidney failure. In fact, the approximate number of cases of kidney failure, the ninth-leading cause of death among Filipinos according to the National Kidney and Transplant Institute (NKTi), is more than 7,000 cases every year. According to NKTi, for every 1 million Filipinos, 120 are most likely to develop kidney failure. As a result, approximately 10,000 people need to replace their kidney function each year.<sup>1</sup>

This measure aims to make comprehensive renal replacement therapy services available to all Filipinos who suffer from End Stage Kidney Disease by including it in the coverage of treatment services provided by the PhilHealth. It also supports kidney transplantation as the best treatment option that provides the highest quality of life for End Stage Renal Disease patients and ensures the return of the patient to full rehabilitation.

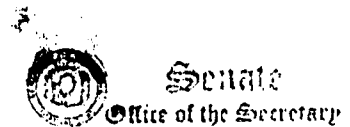
<sup>1</sup> Kidney Problems on the Rise, Business Mirror Philippines, available at <https://businessmirror.com.ph/2018/04/05/kidney-problems-on-the-rise>

Among the key provisions are the the expansion of PhilHealth benefit packages for kidney transplantation or renal replacement therapy and the provision of free dialysis services to indigent patients. In addition, all national, provincial, and regional government hospitals, including all stand-alone dialysis facilities are required to establish, operate and maintain a dialysis service facility in their hospital.

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



**SENATOR CHRISTOPHER LAWRENCE "BONG" T. GO**



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**AN ACT**  
**PROVIDING A COMPREHENSIVE RENAL REPLACEMENT THERAPY (RRT)**  
**FOR PATIENTS WITH END STAGE RENAL DISEASE IN NATIONAL,**  
**REGIONAL, AND PROVINCIAL GOVERNMENT HOSPITALS, INCREASING THE**  
**PHILHEALTH PACKAGE RATE FOR RENAL REPLACEMENT THERAPY OF**  
**MEMBERS AND APPROPRIATING FUNDS THEREFOR**

*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  
2 Renal Replacement Therapy Act of 2020."  
3

4           **SEC. 2. Declaration of Policy.** – It is the declared policy of the State to make  
5 available essential goods, health and other social services to all citizens at affordable  
6 cost and to deliver medical care to indigents free of charge. Pursuant to this, the State  
7 shall continuously improve the delivery of health services and hospital facilities to  
8 make those accessible to all.  
9

10           Towards this end, the State shall adopt an integrated and comprehensive  
11 approach to health service delivery that shall include comprehensive renal replacement  
12 therapy for patients who are diagnosed with End Stage Renal Disease (ESRD).  
13

14           **SEC. 3. Definition of Terms.** – As used in this Act:  
15

- 16           a. **Dialysis facility** refers to a health facility that provides treatment for ESRD  
17 to indigent patients and disseminates information on the various forms of  
18 renal replacement therapy (RRT) such as kidney transplantation, peritoneal  
19 dialysis and hemodialysis;  
20  
21           b. **End Stage Renal Disease or ESRD** refers to the final *stage of chronic*  
22 *kidney disease* in which the *kidneys* no longer function well enough to meet  
23 the needs of a patient's daily life;  
24

- 1 c. **Hemodialysis or HD** refers to a medical procedure to remove fluid and  
2 waste products from the blood and to correct electrolyte imbalances using  
3 a synthetic membrane or dialyzer which is also referred to as an "artificial  
4 kidney";  
5  
6 d. **Indigent** refers to a patient who has no source of income or whose income  
7 is not sufficient for family subsistence as identified by the Department of  
8 Social Welfare and Development (DSWD) or the social worker of the  
9 concerned local government unit;  
10  
11 e. **Kidney transplant or KT** refers to a surgical procedure to place a healthy  
12 kidney from a live or deceased donor into a person whose kidneys no longer  
13 function sufficiently to sustain the person's life;  
14  
15 f. **National, Regional and Provincial hospitals** refer to hospitals and  
16 stand-alone dialysis facilities operated and maintained either partially or  
17 wholly by the national, regional and provincial government or other political  
18 subdivisions, or any department, division, board or other agency thereof;  
19  
20 g. **No Balance Billing** refers to the government policy of not charging the  
21 medical expenses incurred over and beyond the PhilHealth package rates to  
22 a PhilHealth member who has undergone medical treatment;  
23  
24 h. **Peritoneal dialysis or PD** refers to a treatment for kidney failure and a  
25 type of dialysis that uses the person's peritoneum or the lining of abdominal  
26 cavity as the membrane through which fluid and toxic substances are  
27 exchanged with blood;  
28  
29 i. **PD First Policy** refers to the policy where peritoneal dialysis, when  
30 feasible, is offered as the first dialysis modality to RRT patients;  
31  
32 j. **Renal replacement therapy or RRT** refers to therapy that partially  
33 replaces the functions of the normal kidney. This may be in the form of  
34 kidney transplantation, peritoneal dialysis and hemodialysis.  
35

36 **SEC. 4. Establishment of Dialysis Services Wards or Units in National, Regional,**  
37 **Provincial Government Hospitals.** - Within five (5) years from the effectivity of this Act,  
38 all national, provincial, and regional government hospitals, including all stand-alone  
39 dialysis facilities are hereby required to establish, operate and maintain a dialysis  
40 service facility in their hospital, including both peritoneal dialysis and hemodialysis.  
41

42 All national, regional, and provincial government hospitals. Including all  
43 standalone dialysis facilities shall have a dialysis service area that is compliant with  
44 the licensing and accreditation requirements Imposed by the Department of Health  
45 (DOH) and Philippine Health Insurance Corporation (PhilHealth). The dialysis service

1 area shall have the necessary personnel, dialysis equipment and supplies for both  
2 hemodialysis and peritoneal dialysis, as required by the DOH and the PhilHealth of  
3 private dialysis clinics.  
4

5 The dialysis facilities shall further have a non-treatment place, which shall serve  
6 as a waiting area for chronic kidney disease (CKD) patients and a business area  
7 dedicated to the provision, display, and dissemination of Information on the  
8 prevention of CKD.  
9

10 All patients diagnosed with ESRD must be referred to a DOH-accredited  
11 transplant facility to attend a pre-transplant orientation and to be counseled on the  
12 advantages of undergoing transplantation as the best treatment for kidney failure.  
13 They shall undergo medical evaluation for suitability for transplantation. All potential  
14 organ donors of the patient shall be evaluated to determine compatibility and medical  
15 suitability. If no living donors are available, the patient shall be enrolled in the  
16 deceased organ donor waiting list to ensure that all patients with ESRD are offered  
17 the option of kidney transplantation.  
18

19 **SEC. 5. *Chronic Kidney Disease (CKD) Prevention and Health Promotion.*** - All  
20 national, provincial, and regional government hospitals, and stand-alone dialysis  
21 facilities shall establish CKD prevention strategies and health promotion activities  
22 which shall include advocacy activities targeting relatives of dialysis patients who are  
23 at high risk for developing CKD themselves, the provision of instructional materials  
24 and regular educational activities on the common symptoms of kidney disease such  
25 as its risk factors, healthy diet and lifestyle, common tests to diagnose kidney disease,  
26 the most common causes of kidney failure, and advisories on the appropriate protocols  
27 for the diagnostic evaluation of possible kidney disease.  
28

29 Patients and their relatives shall be informed on the availability of the proper  
30 medicines from government health centers such as those for diabetes and  
31 hypertension, and the importance of the regular intake of medicines and monitoring  
32 of kidney function through regular laboratory testing and regular clinic follow-up with  
33 a qualified physician. All activities pertaining to the aforementioned programs should  
34 be documented accordingly.  
35

36 **SEC. 6. *Quality Standards of Dialysis Services and Transplant Facilities.*** -  
37 Hospitals, dialysis centers for both hemodialysis and peritoneal dialysis, and transplant  
38 facilities shall comply with the safety and quality standards of dialysis or transplant  
39 services, which shall be strictly monitored by the PhilHealth and the Health Facilities  
40 and Services Regulatory Bureau of the DOH.  
41

42 **SEC. 7. *Philippine Renal Disease Registry.*** - Private and public hospitals, dialysis  
43 centers for both hemodialysis and peritoneal dialysis, and transplant facilities shall be  
44 mandated to report to the Philippine Renal Disease Registry of the DOH the incidence  
45 and prevalence of patients receiving peritoneal dialysis or hemodialysis treatment, and  
46 who have received a kidney transplant as a requirement for the renewal of their  
47 respective DOH licenses to operate a dialysis center or transplant facility. Registration

1 of all dialysis patients in the PhilHealth dialysis database shall be required prior to the  
2 availment of benefits for both peritoneal dialysis and hemodialysis.

3  
4 **SEC. 8. *PhilHealth Benefit for Kidney Transplantation*** - The PhilHealth benefit  
5 for kidney transplantation from living donors shall be expanded accordingly. This shall  
6 include the cost of laboratory work-up for both recipient and donor candidate,  
7 hospitalization for the transplant operation including induction immunosuppression  
8 and maintenance oral immunosuppression, machine perfusion of procured organs, the  
9 cost for organ retrieval, all medications required during hospitalization, and post-  
10 discharge laboratory examinations up to one (1) month for the recipient and the  
11 donor.

12  
13 The cost for organ retrieval and machine perfusion shall be established by the  
14 DOH-Philippine Organ Donation and Transplantation Program to be observed by all  
15 organ procurement organizations or organ and tissue retrieval units.

16  
17 The PhilHealth benefit package for kidney transplantation shall cover the  
18 evaluation and screening of the kidney donor and recipient up to the transplant  
19 procedure and post-transplantation procedures and remedies, and shall include cases  
20 involving End Stage Renal Disease (ESRD) patients.

21  
22 In order to support kidney transplantation as the best treatment option that  
23 provides the highest quality of life for ESRD, the PhilHealth shall provide lifetime  
24 support for all maintenance immunosuppression of the transplant patient, as long as  
25 the transplanted organ is functioning, and the patient remains dialysis-independent.

26  
27 All renal replacement therapy facilities shall be required to engage in regular  
28 organ donation advocacy activities. All donor- Filipino citizens shall carry the organ  
29 donor card to be prescribed by the DOH. Health RRT facilities will likewise establish  
30 an organ and tissue donor referral system that will identify all potential organ and  
31 tissue donors to the Philippine Network for Organ Sharing (PhilNOS).

32  
33 **SEC. 9. *PhilHealth Benefit for Dialysis Treatment***. -The PhilHealth shall  
34 increase the Z-benefit package rate for the principal member and the member's  
35 qualified dependents for maintenance dialysis per year for peritoneal dialysis covering  
36 three (3) peritoneal dialysis exchanges per day for three hundred sixty five (365) days,  
37 while the package rate for hemodialysis treatment shall be increased annually to cover  
38 a minimum of three (3) hemodialysis sessions frequency a week, four (4) hours per  
39 session, or as may be necessary. The professional fee of the attending physician and  
40 hospital charges shall be incorporated in the PhilHealth benefit package for dialysis  
41 treatment.

42  
43 For purposes of providing optimal financial risk protection to the most  
44 vulnerable groups including the poorest of the poor, the "no balance billing policy" of  
45 the government shall be strictly observed in the case of indigent patients.

46  
47 The breakdown of the PhilHealth hemodialysis benefit package shall include  
48 standard HD treatment inclusive of the dialyzer and all other supplies needed as well

1 as the minimum basic laboratory tests consisting of complete blood count, creatinine,  
2 calcium, phosphorus, potassium, albumin, hepatitis B surface antigen (HBsAg) and  
3 anti-hepatitis C virus (Anti-HCV). The laboratory tests shall be done at a frequency of  
4 at least four (4) tests per year for the first six (6) tests, and twice a year for the last  
5 two (2) tests. The schedule of these tests shall be determined by the attending  
6 physician during the course of the annual dialysis treatment sessions.

7  
8 **SEC. 10. *Periodic Assessment and Benefit Package Adjustments for End Stage***  
9 ***Renal Disease Patients.*** - A periodic assessment and reasonable adjustments of the  
10 benefit package for dialysis and transplant patients shall be made by the PhilHealth  
11 after taking into consideration its financial sustainability and changes in the socio-  
12 economic conditions of the country.

13  
14 **SEC. 11. *Free Dialysis Treatment to Indigent Patients.*** - Dialysis treatment in  
15 all national, regional, and provincial government hospitals shall be provided free of  
16 charge to indigent. A PD First Policy shall be established for all indigent patients, unless  
17 there is a contraindication to its use in a particular patient.

18  
19 **SEC. 12. *Treatment Options.*** - The PhilHealth shall develop a package that  
20 shall provide the highest benefit for kidney transplant, followed by peritoneal dialysis,  
21 then hemodialysis.

22  
23 The benefit package shall include a screening test for both the donor and  
24 recipient. The screening test for possible kidney transplantation of both the donor and  
25 recipient shall include the following:

- 26 a) For the donor, the screening testing include blood typing, complete blood  
27 count, fasting blood sugar, creatinine, hepatitis B surface antigen, anti-  
28 hepatitis C antibody, urinalysis, chest x-ray and ultrasound of the kidneys,  
29 ureter, and urinary bladder.  
30  
31 b) For the recipient, cardiac evaluation and many other tests as needed.

32  
33 During the availment of the full benefits of dialysis within the first two (2) years  
34 of dialysis initiation, the cost of dialysis treatment shall be paid for by the PhilHealth  
35 as described in Section 8. These options are provided to encourage more patients to  
36 have a kidney transplant and attain full rehabilitation.

37  
38 If the patient passes the criteria for the PhilHealth Z-benefit package for  
39 transplantation, the expenses for selected laboratory tests may be reimbursed to the  
40 patient by the healthcare institution after the PhilHealth pays the benefit to the  
41 healthcare institution for such laboratory expenses.

42 **SEC. 13. *Rehabilitation Program.*** - The DOH, in coordination with the  
43 Department of Labor and Employment, Technical Education and Skills Development  
44 Authority, and the DSWD and other pertinent agencies, shall establish a  
45 comprehensive rehabilitation program for dialysis patients who have undergone  
46 kidney transplant, and kidney donors in order to help them reach their fullest physical,  
47 psychological, social, vocational, avocational, and educational potential consistent with

1 their physiologic or anatomic condition, environmental limitations, life plans and  
2 desires.

3  
4 **SEC. 14. *Dialysis Facility.*** - A dialysis facility shall comply with the licensing  
5 requirements imposed by the DOH for hemodialysis services before it operates as  
6 such. Hospitals desiring to provide peritoneal dialysis treatment services shall provide  
7 the necessary equipment and qualified staff to perform such a procedure as prescribed  
8 by the PhilHealth. Hospitals with existing hemodialysis facilities only shall immediately  
9 establish a peritoneal dialysis unit to provide a cost-effective dialysis option to patients.

10  
11 **SEC. 15. *Training for Peritoneal and Hemodialysis, and Transplant Treatment***  
12 ***and Services.*** - The DOH, National Kidney and Transplant Institute (NKTII) Philippine  
13 Society for Transplant Surgeons (PSTS), and the Philippine Society of Nephrology  
14 (PSN) shall provide training for medical personnel such as physicians, surgeons,  
15 nurses, technicians and coordinators who shall work in hemodialysis and peritoneal  
16 dialysis facilities, operating rooms, transplant wards, and for non-medical barangay  
17 health workers who shall assist home-based peritoneal dialysis treatment. The NKTII  
18 shall accredit the facilities that may provide training for these personnel, which training  
19 shall include hands-on workshops for dialysis.

20  
21 **SEC. 16. *Establishing a Chronic Kidney Disease (CKD) Counseling Clinic.*** - All  
22 RRT facilities shall establish a chronic kidney disease (CKD) counseling clinic with  
23 separate personnel trained to engage patients and explain to them the normal  
24 functions of the kidney, the stages of CKD, the laboratory examinations routinely  
25 performed for CKD patients, the common medications required that can control the  
26 progression of kidney disease, the metabolic complications of ESRD, and the  
27 indications for renal replacement. These clinics shall monitor the kidney function of  
28 patients so that a timely referral to a nephrologist or internist/pediatrician with  
29 specialized training in CKD can be made.

30  
31 The NKTII shall provide education and training modules for the medical staff of  
32 CKD counseling clinics.

33  
34 **SEC. 17. *Availment of Persons with Disability (PWD) Benefits by CKD Patients.***  
35 - CKD patients shall be classified as PWD. They shall be entitled to PWD benefits in  
36 accordance with Republic Act No. 7277, otherwise known as the Magna Carta for  
37 Disabled Persons. The PhilHealth and DOH Health Technology Assessment Council  
38 shall conduct an in-depth study on both the direct and indirect cost of being afflicted  
39 with kidney disease and undergoing treatment for it.

40  
41 **SEC. 18. *Creation of a Renal Disease Control Program (REDCOP).*** - All RRT  
42 facilities shall create a Renal Disease Control Program that shall promote the early  
43 recognition of kidney disease, identify persons at high risk of developing kidney  
44 disease and Initiate preventive strategies to either prevent the development of kidney  
45 disease from diabetes and hypertension, or to delay its progression to end stage renal  
46 disease. The DOH will establish a database of these patients to ensure that they are  
47 regularly monitored for disease progression and that they are receiving appropriate  
48 treatment for CKD.



1  
2       **SEC. 19. *Penalty.*** - Any hospital chief, administrator or officer-in-charge  
3 of hospitals, dialysis centers, and health facilities who fails to comply with Sections  
4 5 and 6 of this Act shall be meted with a fine of Fifty thousand pesos (P50,000.00)  
5 but not more than One hundred thousand pesos (P100,000.00).

6       Likewise, persons receiving free treatment of medicines for End Stage Renal  
7 Disease or PD or HD services from government hospitals and its agencies, such as the  
8 PhilHealth, who are found selling these medications or services instead of using them  
9 for their own treatment, shall be penalized with the suspension of their PhilHealth  
10 membership and other government agencies for a period of six (6) months.

11  
12       **SEC. 20. *Appropriations.*** - The initial amount necessary to implement the  
13 provisions of this Act shall be charged against the current year's appropriation of the  
14 DOH. Thereafter, such sum as may be necessary for the continued implementation  
15 of this Act shall be included in the annual General Appropriations Act.

16  
17       **SEC. 21. *Implementing Rules and Regulations*** – Within sixty (60) days from  
18 the effectivity of this Act, the Department of Health, in coordination with the  
19 PhilHealth, the NKTl, and other relevant stakeholders, shall issue the implementing  
20 rules and regulations to implement the provisions of this Act.

21  
22       **SEC. 22. *Separability Clause.*** If any provision or part hereof is held invalid or  
23 unconstitutional, the remainder of the law or the provision not otherwise affected shall  
24 remain valid and subsisting.

25  
26       **SEC. 23. *Repealing Clause.*** Any law, presidential decree or issuance, executive  
27 order, letter of instruction, administrative order, rule or regulation contrary to or  
28 inconsistent with the provisions of this Act are hereby repealed, modified or amended  
29 accordingly.

30  
31       **SEC. 24. *Effectivity.*** - This Act shall take effect fifteen (15) days after its  
32 publication in the *Official Gazette* or in a newspaper of general circulation.

*Approved,*