

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



23 NOV 29 AM 11:26

SENATE
S. No. 2500

RECEIVED BY: _____

Introduced by Senator Joseph Victor Ejercito

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

EXPLANATORY NOTE

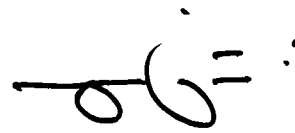
Section 11, Article XIII of the 1987 Constitution provides that the State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost. There shall be priority for the needs of the underprivileged sick, elderly, disabled, women, and children. This is accomplished by building healthy public policies, creating supportive environment, and strengthening community action and personal skills.

According the Philippine Statistics Authority (PSA) data, 10,000 to 20,000 Filipinos died of disease of the genitourinary system which include renal failure and disorders of the kidney and ureter. Majority of the increase in total morbidity and mortality in the Philippine comes from Non-Communicable Diseases (NCDs), especially Chronic Kidney Disease (CKD). If left untreated, CKD can progress to more severe complications such as End-Stage Kidney Disease (ESKD) that requires more immediate and regular interventions. The increasing number of CKDs have become an urgent national concern due to the burden of the disease and high costs of care. The cost of

medical treatment for kidney disease is really exorbitant and renal transplantation is limited due to the expense and the shortage of donors.

It is with high hopes that this bill will make comprehensive renal replacement therapy services available to all Filipinos who suffer from End Stage Kidney Disease (ESKD) by including it in the coverage of treatment services provided by the PhilHealth. Another key provision in this bill is the PhilHealth benefit package for kidney transplantation that will cover the evaluation and screening of the kidney donor and recipient up to the transplant and post transplantation procedures and remedies and shall include cases involving ESRD patients. In addition, there is also a provision for free dialysis treatment to indigent patients. Lastly, all national, provincial, and regional government hospitals, including stand-alone dialysis facilities are required to establish, operate and maintain a dialysis service facility in their hospitals.

In view of the foregoing, the swift passage of this bill is earnestly sought.



JOSEPH VICTOR G. EJERCITO

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

1 Section 1. *Short Title.* – This Act shall be known as the "*Comprehensive Renal*
2 *Replacement Therapy Act*".

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

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

12 Sec. 3. *Definition of Terms.* - As used in this Act:

13 a. *Dialysis facility*- a health facility that provide treatment for ESRD to indigent
14 patients and disseminates information on the various forms of RRT such as
15 kidney transplantation, peritoneal dialysis and hemodialysis;

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

31

1 *Sec. 4. Establishment of Dialysis Services Wards or Units in National, Regional,*
2 *Provincial Government Hospitals.* – Within five (5) years from effectivity of this Act, all
3 national, regional, and provincial government hospitals, including all stand-alone
4 dialysis facilities shall establish, operate and maintain a dialysis services facility in their
5 hospitals. These dialysis facilities shall have all the necessary dialysis machines,
6 equipment and supplies. The same hospitals and dialysis facilities are mandated to
7 train nephrologists, dialysis nurses, dialysis technicians, and operating room nurses in
8 both peritoneal dialysis and hemodialysis.

9 All national, regional, and provincial government hospitals, including stand-
10 alone dialysis facilities shall have a dialysis service area that is compliant with the
11 licensing and accreditation requirements imposed by the Department of Health (DOH)
12 and Philippine Health Insurance Corporation (PhilHealth). The dialysis service area
13 shall have the necessary personnel, dialysis equipment and supplies for both
14 hemodialysis and peritoneal dialysis, as required by DOH and the PhilHealth of private
15 dialysis clinics.

16 The dialysis facilities shall further have a non-treatment place, which shall serve
17 as a waiting are for chronic kidney disease (CKD) patients and a business area
18 dedicated to the provision, display, and dissemination of information on the prevention
19 of CKD.

20 All patients diagnosed with ESRD shall be referred to a DOH-accredited
21 transplant facility to receive orientation and counseling on the advantages of
22 undergoing transplantation as the best treatment for kidney failure. All potential organ
23 donors of the patient shall be evaluated to determine compatibility. If no living donors
24 are available, the patient shall be enrolled in the deceased organ donor waiting list to
25 ensure that all patients with ESRD have the option to avail of kidney transplantation.

26 *Sec. 5. Chronic Kidney Disease (CKD) Prevention and Health Promotion.* – All
27 national, regional, and provincial government hospitals, and stand-alone dialysis
28 facilities shall establish CKD prevention strategies and health promotion activities
29 which shall include advocacy activities targeting relatives of dialysis patients who are
30 at high risk in developing CKD themselves, the provision of instructional material on
31 the common symptoms of kidney disease and regular conduct of educational activities
32 such as healthy diet and lifestyle, availment of regular tests to diagnose kidney

1 disease, information on the most common causes of kidney failure, and advisories on
2 the appropriate protocols for the diagnostic evaluation of possible kidney disease.

3 Patients and their relatives shall be informed on the availability of the proper
4 medicines from government health centers such as those for diabetes and
5 hypertension, and the importance of the regular intake of medicines and monitoring
6 of kidney function through regular laboratory testing and check-up by a qualified
7 physician. All activities pertaining to the aforementioned programs shall be
8 documented accordingly.

9 *Sec. 6. Quality Standards of Dialysis Services and Transplant Facilities.* –
10 Hospitals and dialysis centers for both hemodialysis and peritoneal dialysis, and
11 transplant facilities shall comply with safety and quality standards of dialysis or
12 transplant services, which shall be strictly monitored by the PhilHealth and the Health
13 Facilities and Services Regulatory Bureau of the DOH.

14 *Sec. 7. Philippine Renal Disease Registry.* - Private and public hospitals, dialysis
15 centers for both hemodialysis and peritoneal dialysis, and transplant facilities shall be
16 mandated to report to the Philippine Renal Disease Registry of the DOH the incidence
17 and prevalence of patients receiving peritoneal dialysis or hemodialysis treatments,
18 and who have received a kidney transplant as a requirement for the renewal of their
19 respective DOH licenses to operate a dialysis center or transplant facility. Registration
20 of all dialysis patients in the PhilHealth dialysis database shall be required prior to the
21 availment of both peritoneal dialysis and hemodialysis.

22 *Sec. 8. PhilHealth Benefit for Kidney Transplantation.* - The PhilHealth benefit
23 for kidney transplantation from living donors shall be expanded accordingly. This shall
24 include cost of laboratory work-up for both receipt and donor candidate,
25 hospitalization for the transplant operation, including induction immunosuppression
26 and maintenance oral immunosuppression, machine perfusion of procured organs, the
27 cost for organ retrieval, all medications required during hospitalization, and post
28 discharge laboratory examinations up to once (1) month for the recipient, and up to
29 one (1) year for the donor.

30 The cost of organ retrieval and machine perfusion shall be established by the
31 DOH-Philippine Organ Donation and Transplant Program for all organ procurement
32 organizations or organ and tissue retrieval units.

1 The PhilHealth benefit package for kidney transplantation as the best treatment
2 option that provided the highest quality of life for ESRD patients and ensure the return
3 of the patient to full rehabilitation, the PhilHealth shall provide lifetime support for all
4 maintenance immunosuppression of the transplant patient, as long as the transplanted
5 organ is functioning and the patient remains dialysis-independent.

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

11 *Sec. 9. PhilHealth Benefit for Dialysis Treatment.* – The PhilHealth shall increase
12 the benefit package rate for the principal member and the members’ qualified
13 dependents for maintenance peritoneal dialysis covering three (3) peritoneal dialysis
14 exchanges per day for three hundred sixty-five (365) days, while the package rate for
15 hemodialysis treatment shall be increased annually to cover a minimum three (3)
16 hemodialysis sessions frequency a week, four (4) hours per session, or as may be
17 necessary. The professional fee of the attending physician and hospital charges shall
18 be included in the PhilHealth benefits for dialysis treatment.

19 For purposes of providing optimal financial risk protection to the most
20 vulnerable groups including the poorest of the poor, the “no balance billing policy” of
21 the government is hereby provided for indigents.

22 The breakdown of the PHIC hemodialysis benefit package shall include
23 standard HD treatment, dialyzer and epoetin injection, and all other supplies needed
24 as well as the minimum basic laboratory tests consisting of complete blood count,
25 creatinine, calcium, phosphorus, potassium, albumin, hepatitis B surface antigen
26 (HBsAg) and anti-hepatitis C virus (Antis-HCV). The laboratory tests shall be done at
27 a frequency of at least four (4) tests per year for the first six (6) tests, and twice a
28 year for the last two (2) tests. The schedule of these tests shall be determined by the
29 attending physician during the course of the annual dialysis treatment sessions.

30 *Sec. 10. Periodic Assessment and Benefit Package Adjustments for End Stage*
31 *Renal Disease Patients.* – A periodic assessment and reasonable adjustments of the
32 benefit package for dialysis and transplant patients shall be made by the PhilHealth

1 after taking into consideration its financial sustainability and changes in the socio-
2 economic conditions of the country.

3 **Sec. 11. *Free Dialysis Treatment to Indigent Patients.*** – Dialysis treatment in
4 all national, regional, and provincial government hospitals shall be provided free of
5 charge to indigent patients. A PD First Policy shall be observed for all indigent patients,
6 under there is a contraindication for its use in a particular patient.

7 **Sec. 12. *Treatment Options.*** – The PhilHealth shall develop a case rate package
8 that shall provide the highest benefit for a kidney transplant procedure, peritoneal
9 dialysis, and hemodialysis procedures.

10 The benefit package shall include a screening test for both the kidney
11 transplantation donor and recipient. The screening test for possible kidney
12 transplantation of both the donor and recipient shall include:

13 1) For the donor, screening test shall include blood typing, complete blood
14 count, fasting blood sugar, creatinine, hepatitis C antibody, urinalysis, chest
15 x-ray and ultrasound of the kidneys, ureter, and urinary bladder

16 2) For the recipient, cardiac evaluation and other tests as may be needed.

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

21 If the patient passes the criteria for the PhiHealth Z-benefit package for
22 transplantation, the expenses for selected laboratory tests may be reimbursed to the
23 patient by the healthcare institution after the PhilHealth pays the benefit to the
24 healthcare institution.

25 **Sec. 13. *Rehabilitation Program.*** – The DOH, in coordination with the
26 Department of Labor and Employment (DOLE), the Technical Education and Skills
27 Development Authority (TESDA), the DSWD, and other pertinent agencies, shall
28 establish a comprehensive rehabilitation program for both kidney donors and dialysis
29 patients who have undergone kidney transplant procedure in order to help them reach
30 their fullest physical, psychological, social, vocational, and educational potential
31 consistent with their physiologic or anatomic condition, environmental limitations, life
32 plans and desires.

1 **Sec. 14. *Dialysis Facility.*** – A dialysis facility shall be compliant with the licensing
2 requirements imposed by DOH for hemodialysis. Hospitals without dialysis facilities
3 shall provide the necessary equipment and qualified staff to perform peritoneal dialysis
4 services. Hospitals with existing hemodialysis facilities only, shall immediately establish
5 a peritoneal dialysis unit to provide cost-effective dialysis option to patients. Hospitals
6 shall equip itself with the necessary personnel, equipment and supplies as required by
7 PhilHealth.

8 **Sec. 15. *Training for Peritoneal and Hemodialysis and Transplant Treatment***
9 ***and Services.*** – The DOH, National Kidney and Transplant Institute (NKTi), Philippine
10 Society for Transplant Surgeons (PSTS), and the Philippine Society of Nephrology
11 (PSN) shall provide training for medical personnel such as physicians, surgeons,
12 nurses, technicians and coordinators who shall take charge of the hemodialysis and
13 peritoneal dialysis centers, operating rooms, transplant wards, and for non-medical
14 barangay health workers who shall assist home based peritoneal dialysis. The NKTi
15 shall accredit the centers that can provide training for these personnel and the training
16 shall include hands-on workshops for dialysis.

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

26 The NKTi shall provide education and training modules for the medical staff of
27 CKD counseling clinics.

28 **Sec. 17. *Availment of Persons with Disability (PWD) Benefits by CKD Patients.***
29 – CKD patients shall be classified as PWD, who shall be entitled to PWD benefits, in
30 accordance with Republic Act No. 7277, otherwise known as the Magna Carta for
31 Disabled Persons. The PhilHealth and DOH Health Technology Assessment Council

1 shall conduct an in-depth study on both the direct and indirect cost of being affected
2 with kidney disease and to undergo treatment for it.

3 Sec. 18. *Creation of Renal Disease Control Program (REDCOP).* – All RRT
4 facilities shall create a Renal Disease Control Program (REDCOP) that shall promote
5 the early recognition of kidney disease, identify persons at high risk of developing
6 kidney disease and initiate preventive strategies to either prevent the development of
7 kidney disease from diabetes and hypertension, or to delay its progression to end
8 stage renal disease. The DOH will establish a database of these patients to ensure
9 that they are regularly monitored for disease progression and that they are receiving
10 appropriate treatment for CKD.

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

15 Likewise, persons receiving free treatment of medicines for ESRD, PD or HD
16 services from government hospitals, such as the PHIC, who are found selling these
17 medications or services instead of using them for their own treatment, shall be
18 penalized with the suspension of their PhilHealth membership and other government
19 agencies for a period of six (6) months, upon due process and hearing. If these
20 persons are found to be engaged in the selling of medications or services allotted for
21 their care for the second time, they shall be permanently ineligible to receive
22 government assistance.

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

27 Sec. 21. *Implementing Rules and Regulations.* - Within ninety (90) days from
28 the effectivity of this Act, the DOH shall, in coordination with the PhilHealth, the NKT, I,
29 and other relevant stakeholders, issue the implement rules and regulations to
30 implement the provisions of this Act.

1 Sec. 22. *Separability Clause.* – If any provision of this Act is declared invalid or
2 unconstitutional, the provisions not affected thereby shall continue to be in full force
3 and effect.

4 Sec. 23. *Repealing Clause.* – All laws, decrees, orders, rules and regulations or
5 parts thereof which are contrary to or inconsistent with the provisions of this Act are
6 hereby amended, repealed or modified accordingly.

7 Sec. 24. *Effectivity.* – This Act shall take effect immediately after fifteen (15)
8 days from its publication in the Official Gazette or in a newspaper of general
9 circulation.

 Approved,