



**HOUSE OF REPRESENTATIVES**

**H. No. 6803**

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BY REPRESENTATIVES TAN (A.), BELMONTE, SUANSING (E.), SUANSING (H.), PUNO, GAITE, ZARATE, CULLAMAT, CASTRO (F.L.), BROSAS, ELAGO, ARROYO, REVILLA, PADUANO, HERNANDEZ, ESPINA, GO (M.), VARGAS, ANGARA, ROMERO, SY-ALVARADO, SILVERIO, AGABAS, VILLAFUERTE, ROBES, REYES, PACQUIAO (R.), EBCAS, ROMUALDO, MARIANO-HERNANDEZ, OUANO-DIZON, NIETO, MADRONA, VERGARA, CUARESMA, LOYOLA, TIANGCO, SALCEDA, SAVELLANO, LAZATIN, MANGAOANG, LOPEZ, GERON, ROMAN, KHO (E.), TY (D.), DELOSO-MONTALLA, CO (A.N.), BARZAGA, DEFENSOR (M.), CHATTO, DAZA, ACOP, ALMARIO, GONZALES (A.), QUIMBO, RADAZA, PALMA, BORDADO, ACOSTA, GULLAS, GATCHALIAN, SALIMBANGON, SAULOG, SUAREZ (D.), ABUEG-ZALDIVAR, CUEVA, GATO, MATUGAS, DY (F.M.C.), ROQUE, LIMKAICHONG, RAMOS, RIVERA, TEVES (J.), VIOLAGO, GARBIN, GARCIA (J.E.), MOMO, BASCUG, NATIVIDAD-NAGAÑO, ROMULO, TUTOR, UNGAB, ERIGUEL, SAKALURAN, AND OLIVAREZ, PER COMMITTEE REPORT NO. 311

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**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**

*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

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

10 In line with this policy, the State shall adopt an integrated and comprehensive  
11 approach to health service delivery that shall include comprehensive renal  
12 replacement therapy for patients who are diagnosed with End Stage Renal Disease  
13 (ESRD).  
14

15 **SEC. 3. Definition of Terms.** - As used in this Act:  
16

- 17 a. **Dialysis facility** refers to a health facility that provides treatment for ESRD  
18 to indigent patients and disseminates information on the various forms of  
19 renal replacement therapy such as kidney transplantation, peritoneal  
20 dialysis and hemodialysis;  
21
- 22 b. **End Stage Renal Disease or ESRD** refers to the final stage of chronic  
23 kidney disease in which the kidneys no longer function well enough to  
24 support the needs of a patient's daily life;  
25
- 26 c. **Hemodialysis or HD** refers to a medical procedure to remove fluid and  
27 waste products from the blood and to correct electrolyte imbalances using  
28 a synthetic membrane or dialyzer which is also referred to as an "artificial  
29 kidney";  
30
- 31 d. **Indigent** refers to a patient who has no source of income or whose income  
32 is not sufficient for family subsistence as identified and assessed by the social  
33 worker of the Department of Social Welfare and Development (DSWD) or  
34 the social worker of the concerned local government unit;

- 1 e. **Kidney Transplant or KT** refers to a surgical procedure to place a healthy  
2 kidney from a living or deceased donor into a person whose kidneys no  
3 longer function sufficiently to sustain the person's life;  
4
- 5 f. **National, regional, and provincial hospitals** refer to hospitals and stand-  
6 alone dialysis facilities operated and maintained either partially or wholly by  
7 the national, regional and provincial government or other political  
8 subdivisions, or any department, division, board or agency thereof;  
9
- 10 g. **No balance billing** refers to the government policy of not charging the  
11 medical expenses incurred over and beyond the PhilHealth package rates  
12 to a PhilHealth member who has undergone medical treatment;  
13
- 14 h. **Peritoneal dialysis or PD** refers to a treatment for kidney failure and a type  
15 of dialysis that uses the person's peritoneum or the lining of the abdominal  
16 cavity, as the membrane through which fluid and toxic substances are  
17 exchanged with blood;  
18
- 19 i. **PD First Policy** refers to the policy where peritoneal dialysis, when feasible,  
20 is offered as the first dialysis modality to RRT patients;  
21
- 22 j. **Renal replacement therapy or RRT** refers to a therapy that partially  
23 replaces the functions of the normal kidney. This may be in the form of  
24 kidney transplantation, peritoneal dialysis, and hemodialysis.  
25

26 **SEC. 4. Establishment of Dialysis Services Wards or Units in National, Regional,**  
27 **Provincial Government Hospitals.-** Within five (5) years from the effectivity of this Act,  
28 all national, regional, and provincial government hospitals, including all stand-alone  
29 dialysis facilities shall establish, operate and maintain a dialysis service facility in their  
30 hospitals. These dialysis facilities shall have all the necessary dialysis machines,  
31 equipment and supplies. The same hospitals and dialysis facilities are mandated to  
32 train nephrologists, dialysis nurses, dialysis technicians, and operating room nurses in  
33 both peritoneal dialysis and hemodialysis.

34 All national, regional, and provincial government hospitals, including all stand-  
35 alone dialysis facilities shall have a dialysis service area that is compliant with the  
36 licensing and accreditation requirements imposed by the Department of Health (DOH)  
37 and Philippine Health Insurance Corporation (PhilHealth). The dialysis service area  
38 shall have the necessary personnel, dialysis equipment and supplies for both  
39 hemodialysis and peritoneal dialysis, as required by the DOH and the PhilHealth of  
40 private dialysis clinics.  
41

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

1  
2 All patients diagnosed with ESRD shall be referred to a DOH-accredited  
3 transplant facility to receive orientation and counseling on the advantages of  
4 undergoing transplantation as the best treatment for kidney failure. They shall likewise  
5 undergo medical evaluation for suitability of transplantation. All potential organ donors  
6 of the patient shall be evaluated to determine compatibility. If no living donors are  
7 available, the patient shall be enrolled in the deceased organ donor waiting list to  
8 ensure that all patients with ESRD have the option to avail of kidney transplantation.  
9

10 **SEC.5. Chronic Kidney Disease (CKD) Prevention and Health Promotion.** - All  
11 national, regional, and provincial government hospitals, and stand-alone dialysis  
12 facilities shall establish CKD prevention strategies and health promotion activities  
13 which shall include advocacy activities targeting relatives of dialysis patients who are  
14 at high risk in developing CKD themselves, the provision of instructional materials on  
15 the common symptoms of kidney disease and regular conduct of educational activities  
16 such as healthy diet and lifestyle, availment of regular tests to diagnose kidney  
17 disease, information on the most common causes of kidney failure, and advisories on  
18 the appropriate protocols for the diagnostic evaluation of possible kidney disease.  
19

20 Patients and their relatives shall be informed on the availability of the proper  
21 medicines from government health centers such as those for diabetes and  
22 hypertension, and the importance of the regular intake of medicines and monitoring of  
23 kidney function through regular laboratory testing and check-up by a qualified  
24 physician. All activities pertaining to the aforementioned programs shall be  
25 documented accordingly.  
26

27 **SEC. 6. Quality Standards of Dialysis Services and Transplant Facilities.** – Hospitals  
28 and dialysis centers for both hemodialysis and peritoneal dialysis, and transplant  
29 facilities shall comply with the safety and quality standards of dialysis or transplant  
30 services, which shall be strictly monitored by the PhilHealth and the Health Facilities  
31 and Services Regulatory Bureau of the DOH.  
32

33 **SEC. 7. Philippine Renal Disease Registry.**- Private and public hospitals, dialysis  
34 centers for both hemodialysis and peritoneal dialysis, and transplant facilities shall be  
35 mandated to report to the Philippine Renal Disease Registry of the DOH the incidence  
36 and prevalence of patients receiving peritoneal dialysis or hemodialysis treatment, and  
37 who have received a kidney transplant as a requirement for the renewal of their  
38 respective DOH licenses to operate a dialysis center or transplant facility. Registration  
39 of all dialysis patients in the PhilHealth dialysis database shall be required prior to the  
40 availment of both peritoneal dialysis and hemodialysis.

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

9  
10 The cost of organ retrieval and machine perfusion shall be established by the  
11 DOH-Philippine Organ Donation and Transplantation Program to be observed by all  
12 organ procurement organizations or organ and tissue retrieval units.

13  
14 The PhilHealth benefit package for kidney transplantation shall cover the  
15 evaluation and screening of the kidney donor and recipient up to the transplant and  
16 post-transplantation procedures and remedies and shall include cases involving  
17 ESRD patients.

18  
19 In order to support kidney transplantation as the best treatment option that  
20 provides the highest quality of life for ESRD patients and ensures the return of the  
21 patient to full rehabilitation, the PhilHealth shall provide lifetime support for all  
22 maintenance immunosuppression of the transplant patient, as long as the transplanted  
23 organ is functioning and the patient remains dialysis-independent.

24  
25 All renal replacement therapy facilities shall be required to engage in regular  
26 organ donation advocacy activities. All donor- Filipino citizens shall carry the organ  
27 donor card to be prescribed by the DOH. Health RRT facilities will likewise establish  
28 an organ and tissue donor referral system that will identify all potential organ and tissue  
29 donors to the Philippine Network for Organ Sharing (PhilNOS).

30  
31 **SEC. 9. *PhilHealth Benefit for Dialysis Treatment***.—The PhilHealth shall increase the  
32 Z-benefit package rate for the principal member and the members' qualified  
33 dependents for maintenance peritoneal dialysis covering three (3) peritoneal dialysis  
34 exchanges per day for three hundred sixty five (365) days, while the package rate for  
35 hemodialysis treatment shall be increased annually to cover a minimum of three (3)  
36 hemodialysis sessions frequency a week, four (4) hours per session, or as may be  
37 necessary. The professional fee of the attending physician and hospital charges shall  
38 be incorporated in the PhilHealth benefit package for dialysis treatment.

39  
40 For purposes of providing optimal financial risk protection to the most  
41 vulnerable groups including the poorest of the poor, the "no balance billing policy" of  
42 the government shall be strictly observed in the case of indigent patients.

1  
2 The breakdown of the PHIC hemodialysis benefit package shall include  
3 standard HD treatment, dialyzer and epoetin injection, and all other supplies needed  
4 as well as the minimum basic laboratory tests consisting of complete blood count,  
5 creatinine, calcium, phosphorus, potassium, albumin, hepatitis B surface antigen  
6 (HBsAg) and anti-hepatitis C virus (Anti-HCV). The laboratory tests shall be done at a  
7 frequency of at least four (4) tests per year for the first six (6) tests, and twice a year  
8 for the last two (2) tests. The schedule of these tests shall be determined by the  
9 attending physician during the course of the annual dialysis treatment sessions.

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

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

21  
22 **SEC. 12. Treatment Options.** - The PhilHealth shall develop a care rate package that  
23 shall provide the highest benefit for a kidney transplant procedure, peritoneal dialysis,  
24 and hemodialysis procedures.

25  
26 The benefit package shall include a screening test for both the kidney  
27 transplantation donor and recipient. The screening test for possible kidney  
28 transplantation of both the donor and recipient shall include:

- 29  
30 1) For the donor, screening test shall include blood typing, complete blood count,  
31 fasting blood sugar, creatinine, hepatitis B surface antigen, anti-hepatitis C  
32 antibody, urinalysis, chest x-ray and ultrasound of the kidneys, ureter, and  
33 urinary bladder  
34  
35 2) For the recipient, cardiac evaluation and other tests as may be needed.

36  
37 During the availment of the full benefits of dialysis within the first two (2) years  
38 of dialysis initiation, the cost of dialysis treatment shall be paid for by the PhilHealth as  
39 described in Section 8. These options are provided to encourage more patients to  
40 undergo kidney transplantation and attain full rehabilitation.

41  
42 If the patient passes the criteria for the PhilHealth Z-benefit package for  
43 transplantation, the expenses for selected laboratory tests may be reimbursed to the

1 patient by the healthcare institution after the PhilHealth pays the benefit to the  
2 healthcare institution for such laboratory expenses.

3  
4 **SEC. 13. *Rehabilitation Program.*** - The DOH, in coordination with the Department of  
5 Labor and Employment, the Technical Education and Skills Development Authority,  
6 the DSWD, and other pertinent agencies, shall establish a comprehensive  
7 rehabilitation program for both kidney donors and dialysis patients who have  
8 undergone kidney transplant procedure in order to help them reach their fullest  
9 physical, psychological, social, vocational, and educational potential consistent with  
10 their physiologic or anatomic condition, environmental limitations, life plans and  
11 desires.

12  
13 **SEC. 14. *Dialysis Facility.*** - A dialysis facility shall comply with the licensing  
14 requirements imposed by the DOH for hemodialysis services before it operates as  
15 such. Hospitals desiring to provide peritoneal dialysis treatment services shall provide  
16 the necessary equipment and qualified staff to perform such a procedure as prescribed  
17 by the Philhealth. Hospitals with existing hemodialysis facilities only shall immediately  
18 establish a peritoneal dialysis unit to provide a cost-effective dialysis option to patients.

19  
20 **SEC. 15. *Training for Peritoneal and Hemodialysis, and Transplant Treatment and***  
21 ***Services.*** - The DOH, National Kidney and Transplant Institute (NKTi), Philippine  
22 Society for Transplant Surgeons (PSTS), and the Philippine Society of Nephrology  
23 (PSN) shall provide training for medical personnel such as physicians, surgeons,  
24 nurses, technicians and coordinators who shall work in hemodialysis and peritoneal  
25 dialysis facilities, operating rooms, transplant wards, and for non-medical barangay  
26 health workers who shall assist home-based peritoneal dialysis treatment. The NKTi  
27 shall accredit the facilities that may provide training for these personnel, which training  
28 shall include hands-on workshops for dialysis.

29  
30 **SEC. 16. *Establishing a Chronic Kidney Disease (CKD) Counseling Clinic.*** - All RRT  
31 facilities shall establish a CKD counseling clinic and shall separately provide personnel  
32 trained to engage patients and explain to them the normal functions of the kidney, the  
33 stages of CKD, the laboratory examinations routinely performed for CKD patients, the  
34 common medications required that can control the progression of kidney disease, the  
35 metabolic complications of ESRD, and the indications for renal replacement. These  
36 clinics shall monitor the kidney function of patients so that a timely referral to a  
37 nephrologist or internist/pediatrician with specialized training in CKD can be made.

38  
39 The NKTi shall provide education and training modules for the medical staff of  
40 CKD counseling clinics.

41  
42 **SEC. 17. *Availment of Persons with Disability (PWD) Benefits by CKD Patients.*** -CKD  
43 patients shall be classified as PWD. They shall be entitled to PWD benefits in  
44 accordance with Republic Act No. 7277, otherwise known as the Magna Carta  
45 for Disabled Persons. The PhilHealth and DOH Health Technology Assessment  
46 Council shall conduct an in-depth study on both the direct and indirect cost of being  
47 afflicted with kidney disease and undergoing treatment for it.

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

9  
10 **SEC. 19. *Penalty.***- Any head or chief of hospital, administrator or officer-in-  
11 charge of a hospital, dialysis center, and health facility who fails to comply with  
12 Sections 5 and 6 of this Act shall be meted with a fine of Fifty thousand pesos  
13 (P50,000.00) up to a maximum of One hundred thousand pesos (P100,000.00).

14  
15 Likewise, persons receiving free treatment of medicines for ESRD, PD or HD services  
16 from government hospitals, such as the PHIC, who are found selling these medicines  
17 or services instead of using them for their own treatment, shall be penalized with the  
18 suspension of their PhilHealth membership and other government assistance for a  
19 period of six (6) months, upon due process and hearing. If these persons are found to  
20 have committed the same violation for the second time, they shall be permanently  
21 ineligible to receive government assistance.

22  
23 **SEC. 20. *Appropriations.*** - The initial amount necessary to implement the provisions of  
24 this Act for national and regional hospitals shall be charged against the current  
25 year's Appropriation of the DOH. Thereafter, such sum as may be necessary for its  
26 continued implementation shall be included in the annual General Appropriations Act.

27  
28 For provincial hospitals, the local government concerned shall provide the necessary  
29 funds for the establishment and operationalization of its dialysis service units.

30  
31 **SEC. 21. *Implementing Rules and Regulations*** – Within ninety (90) days from the  
32 effectivity of this Act, the DOH shall, in coordination with the PhilHealth, the NKTl, and  
33 other relevant stakeholders, issue the implementing rules and regulations to  
34 implement the provisions of this Act.

35  
36 **SEC. 22. *Separability Clause.*** - If any provision or part hereof is held invalid or  
37 unconstitutional, the remainder of the law or the provision not otherwise affected shall  
38 remain valid and subsisting.

39  
40 **SEC. 23. *Repealing Clause.*** - Any law, presidential decree or issuance, executive  
41 order, letter of instruction, administrative order, rule or regulation contrary to or  
42 inconsistent with the provisions of this Act are hereby repealed, modified or amended  
43 accordingly.

44  
45 **SEC. 24. *Effectivity.***-This Act shall take effect fifteen (15) days after its publication in  
46 the *Official Gazette* or in a newspaper of general circulation.

47  
48  
49 *Approved,*