

Republic of the Philippines  
**HOUSE OF REPRESENTATIVES**  
Constitution Hills, Quezon City

**EIGHTEENTH CONGRESS**  
First Regular Session

House Bill No. 3946



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Introduced by: **REPRESENTATIVE ERIC L. OLIVAREZ**

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**EXPLANATORY NOTE**

One of the objectives of the Universal Health Care Act or Republic Act No. 11223 is to ensure that all Filipinos are guaranteed equitable access to quality and affordable health care goods and services, and protected against financial risk. It is more likely that this is an objective of the said Act because some of the major issues of the Filipinos with regard to health care in the Philippines are accessibility and affordability. While there are agencies that have the means to help the Filipino patients, seeking assistance from these agencies requires a tedious process that would necessarily result to the use of the finances of the patients. Though these government agencies could readily offer assistance to the patients, such government agencies are situated in different areas away from the hospitals which would be difficult for the patients or their relatives to access and would even be time consuming and would necessarily consume their limited funds.


The Malasakit Centers serve as a one stop shop for government services instituted for the purpose of expediting processes in availing of services mainly for financial assistance and other services relative to health care. Through Malasakit Centers, representatives from DOH, PhilHealth, DSWD, PCSO and PSA shall be desked in one area in the hospital making all government

agencies accessible to all patients confined in said hospital. Currently, there are 34 Malasakit Centers in the country.

This Bill aims to institutionalize the establishment of Malasakit Centers in all public hospital in the Philippines. Through the establishment of Malasakit Centers in each public hospital, the patients will not have the burden to go from one agency to another in order to seek for financial assistance. Obtaining the documentary requirements required by the hospital from the agencies where the assistance is sought will be available and accessible to the patients confined in the public hospitals in the Philippines.

While the institutionalization of the Malasakit Centers is advantageous to the patients it will also help the doctors of public hospitals. Given that public hospitals face a daily crisis in trying to provide medical care to as much Filipinos as they can, the burden is oftentimes placed upon health workers. Finite number of beds in the wards are almost always occupied, some of them unnecessarily so. Some patients cannot be discharged because they are unable to settle on time, becoming a problem because they cannot be discharged. The problem does not stop here as healthcare workers who would want to admit patients in need of further treatment are often left inside emergency rooms containing more than it can accommodate.

The health care system in the Philippines has so much room for improvement. The establishment of the Malasakit Centers in certain parts of the country have contributed so much to ease the burden of the patients who need assistance from the government. Thus, in order to further improve the health care system in our country, the passage of this Bill is earnestly sought.

  
**ERIC OLIVAREZ**



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**AN ACT INSTITUTIONALIZING MALASAKIT CENTERS IN ALL  
PUBLIC HOSPITALS IN THE PHILIPPINES**

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

**SECTION 1. Short Title.** - This Act shall be known as the  
"Malasakit Center Act".

**SEC. 2. Declaration of Policy.** - It shall be the declared  
policy of the State to improve the health care available to all  
Filipinos by providing for adequate and accessible financial  
assistance for hospital and medical expenses.

**SEC. 3. Definition of Terms -**

- a) Malasakit Center - Malasakit Center shall refer to a one  
stop shop for patients who need medical and financial  
assistance
- b) Indigent - Indigent shall refer to a person whose income  
is insufficient to sustain his/her family
- c) Partner Agencies - Partner Agencies shall refer to DOH,  
PhilHealth, PCSO, DSWD, PSA, and the Office of the  
President

- d) Partner Hospitals – Partner Hospitals shall refer to hospitals where Malasakit Centers have been established
- e) Public Hospitals – Public Hospitals shall refer to Department of Health-retained hospitals and Local Government Hospitals

**SEC. 4. *Malasakit Centers.*** - There shall be established a Malasakit Center in all public hospitals situated in the Philippines thereby institutionalizing Malakit Centers all over the country. Said Malasakit Center will serve as a one-stop shop which will desk representatives from DOH, PhilHealth, DSWD and PCSO which will mainly focus on concerns of patients regarding billing, coverage and other related health financial assistance. Centers shall only cater to patients confined, admitted or consulted in a Partner Hospital.

**SEC. 6. *Administration and Management of Malasakit Centers.*** – The DOH shall be the lead agency in the administration of the Malasakit Centers. The DOH shall be in close coordination with PhilHealth, DSWD, PCSO and PSA with each department having a representative in said Malasakit Center.

Each representative shall have the following functions:

1. The DOH representative shall be in charge of providing medical assistance to indigent patients chargeable from the annual appropriation of the DOH to indigent patients.
2. The PhilHealth representative shall be in charge of assisting patients for the processing of concerns of direct and indirect contributors to PhilHealth. The representative shall assist patients in claiming medical assistance chargeable to its existing program and funds.
3. The PCSO representative shall be in charge of managing the “At Source Ang Processing” Desk (ASAP) in each Malasakit Center. The ASAP will facilitate requests for Individual Medical Assistance Program in the hospital where the patient is confined.



4. The DSWD representative shall be in charge of providing medical financial assistance through its crisis intervention unit to individuals and families for their medical treatment and other medical expenses incurred due to and during hospital confinement.
5. The PSA representative shall be in charge of assisting patients in providing for easier access to PSA documents that may be required by the partner agencies in the availment of its programs. Such documents shall include but is not limited to copies of birth certificates, marriage certificates and death certificates.

**SEC 7. Order of Preference of Payor** – Patients of partner hospitals shall refer to the following for purposes of preference of payment of partner agencies for those referred to Malasakit Centers:

- a) PhilHealth:
  - a. PhilHealth CARES
  - b. Point of Service
- b) PCSO:
  - a. At Source Ang Processing
- c) DSWD:
  - a. Crisis Intervention Unit Services for healthcare
- d) DOH:
  - a. Quantified Free Services
  - b. Medical Assistance for Indigent Patients

**SEC. 8. Appropriations** – There shall be included in the General Appropriations Act the amount necessary for the establishment and institutionalization of the Malasakit Centers in the Philippines.

The sum necessary for continuous operation of the centers shall be subsidized in part by DOH and in part by the LGUs where the Malasakit Centers are situated.

**SEC. 9. Annual Report.** - The Secretary of Health shall file with the Office of the President of the Philippines and with both Houses of Congress an annual report on the conditions, needs and the progress of the Malasakit Centers.

**SEC. 10. Implementing Rules and Regulations and Standard Forms.** - Within sixty (60) days from the promulgation of this Act, the implementing rules and regulations for the proper implementation of its provisions shall be formulated by the DOH in coordination with all the covered governmental agencies and institutions.

**SEC. 11. Coordination of Government Agencies.** - The DOH, in coordination with the participating agencies and local government units, shall assist in the effective implementation of this Act.

**SEC. 12. Separability Clause.** - If any provision of this Act is declared unconstitutional or otherwise invalid, the validity of the other provisions shall not be affected thereby.

**SEC. 13. Repealing Clause.** - All laws, decrees, orders, rules and regulations or parts thereof inconsistent with this Act are hereby repealed or modified accordingly.

**SEC. 14. Effectivity.** - This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

**Approved,**