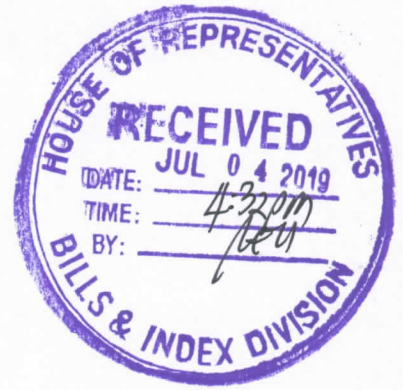


*Republic of the Philippines*  
**HOUSE OF REPRESENTATIVES**  
Quezon City

**EIGHTEENTH CONGRESS**  
First Regular Session

**HOUSE RESOLUTION NO. 38**



Introduced by: Hon. Angelina "Helen" D.L. Tan, M.D.

**RESOLUTION**

**DIRECTING THE COMMITTEE ON HEALTH TO CONDUCT AN INVESTIGATION, IN AID OF LEGISLATION, INTO THE PHILIPPINE HEALTH INSURANCE CORPORATION'S (PHILHEALTH) INTERNAL ORGANIZATION AND CONTROLS, POLICIES AND PROCEDURES, AND ANTI-FRAUDULENT MEASURES WITH THE END IN VIEW OF ASSESSING ITS CAPABILITY TO PERFORM ITS MANDATED RESPONSIBILITIES UNDER REPUBLIC ACT NO. 11223 OTHERWISE KNOWN AS THE UNIVERSAL HEALTH CARE (UHC) ACT**

WHEREAS, Article 2, Section 15 of the 1987 Philippine Constitution mandates that: "The State shall protect and promote the right to health of the people and instill health consciousness among them";

WHEREAS, consistent with the above Constitutional mandate, Republic Act No. 7875 created the Philippine Health Insurance Corporation (PhilHealth) and instituted the National Health Insurance Program (NHIP) and thereafter was amended by Republic Act (R.A.) No. 9241, R.A. 10606, and the landmark R.A. 11223 otherwise known as the "Universal Health Care Act" (UHC);

WHEREAS, the UHC law was enacted to ensure that all Filipinos are guaranteed equitable access to quality and affordable health care goods and services, and protected against financial risk;

WHEREAS, the UHC law provides that every Filipino citizen shall be automatically included into the NHIP and mandates PhilHealth to implement a "comprehensive outpatient benefit, including outpatient drug benefit and emergency medical services...";

WHEREAS, PhilHealth was mandated to regulate, together with the Department of Health, co-payments and co-insurance for amenities in public hospitals and provide additional benefits for direct contributors, where applicable;

WHEREAS, the law provides that premium subsidy by the Government for indirect contributors shall be released to PhilHealth and that it shall provide for a corresponding increase in benefits for every increase in the rate of contribution of direct contributors;

WHEREAS, among PhilHealth's multifarious functions under the UHC law is to act as the manager of several funds to secure benefit payouts to all members; contract public, private, or mixed health care provider networks for the delivery of individual-based health services; and establish a rating system under an incentive scheme to acknowledge and reward health facilities that provide better service, quality and equity, among its other powers and functions;

WHEREAS, on the heels of the enactment of the UHC law and in the middle of the crafting of its Implementing Rules and Regulations, PhilHealth has once again hugged the headlines for allegedly allowing payments made to a dialysis center for kidney treatments of "ghost patients";

WHEREAS, the alleged WellMed Dialysis Center's benefits claim on behalf of its deceased clients is a recent addition to the long list of controversies that have rocked PhilHealth in the past such as the fraudulent payments involving billions of pesos for fake hospitalization and medicine for indigent and elderly patients, cataract surgery and pneumonia; and the alleged unpaid claims by private hospitals;

WHEREAS, various inquiries had been previously filed in both houses of Congress to look into PhilHealth's financial soundness amidst reports of inappropriate use of funds and losses; and gross financial and operational mismanagement, corruption, and proliferation of fraud through the creation of ghost members;

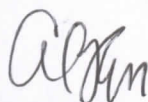
WHEREAS, it has been alleged that a mafia within the ranks of PhilHealth is behind the modus operandi that has put the corporation in bad light and cast doubt on the integrity and capability of PhilHealth to perform its varied functions as mandated by the UHC law;

WHEREAS, a letter request for a Special Audit of PhilHealth dated 27 June 2019 was submitted to the Commission on Audit (COA) by the undersigned as Chairperson of the Committee on Health and the Oversight Committee on National Health Insurance Program and as a concerned citizen, based on the alleged "upcasing" practices of certain hospitals, alleged overpayment of claims, and PhilHealth's losses over the past six (6) years due to the all-case rates payment mechanisms, among others;

WHEREAS, inasmuch as PhilHealth is one of the State's main instruments for providing quality, affordable and accessible health care services to all Filipinos and one of the primary agencies tasked to implement the UHC law, there is an urgent need to look into its existing organization, policies, processes, and protocols as well as its efforts to curb fraudulent practices with the view of determining its readiness to perform mandated powers and responsibilities, especially in the face of PhilHealth's expansion of coverage to include more members as well as illnesses and medical procedures under the UHC law;

NOW, THEREFORE, BE IT RESOLVED, as it is hereby resolved by the House of Representatives to direct the Committee on Health to conduct an investigation, in aid of legislation, into the PhilHealth's internal organization and controls, policies and procedures, and anti-fraudulent measures with the end in view of assessing its capability to perform its mandated responsibilities under Republic Act No. 11223 otherwise known as the Universal Health Care (UHC) Act.

*Adopted,*



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