

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

SEVENTEENTH CONGRESS
First Regular Session

HOUSE BILL NO. **3003**

HOUSE OF REPRESENTATIVES

RECEIVED

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REGISTRATION UNIT
BILLS AND INVESTIGATIVE SERVICE

Introduced by Rep. Winston "Winnie" Castelo

EXPLANATORY NOTE

Patients in public or private hospitals or medical centers reflect various social and economic classes.

This ever marked increase in patients seeking confinement for various ailments or diseases effectively removed class options on the type of room of choice and in fact effectively equalized opportunity to said amenities. However, the hospital bills charged on patients are actually computed based on the patient's room rate thus resulting in patients having to pay higher hospital bills in accordance with the higher room rates they have so chosen, or absent any possible choice, to which available rooms they have been confined for both expediency and availability. It cannot be denied that most private hospitals enjoy 100% occupancy rate, hence the resulting situation not beneficial to the poor and needy patient types. And yet, strictly, human capital in terms of those who in their productive lives contributed to society ought to enjoy a level of social equity, and access to hospitalization is one of them.

The situation is worse in most private hospitals or medical centers than in their public counterparts and understandably so because it is logically expected that public hospitals charge much lower rates of fees, charges, or prices of drugs or medicines. And since congestion in public hospitals is contributory to the increasing number of patients seeking hospitalization and confinement in private hospitals and medical centers, it is only expected that government exercises certain regulatory powers to help patients who can ill-afford the costs of private hospitals and medical centers.

Thus, to this end, the bill contemplates that patients in private hospitals or medical centers shall only be charged with a uniform price spectrum for various hospital bills (i.e. doctor's fees, drugs, medicines, x-rays, CT scan, and the like) and their statement of accounts be not based on the room rate to which they have been confined especially so when said patients are seeking financial assistance from the Philippine Charity and Sweepstakes Office. This way, it will help the patients for one and the government for another to be able to bail out the sad financial that patients might find themselves in. Such patients deserve the care of government in the overall delivery of health care in this country, hence this urgent bill.



WINNIE CASTELO

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AN ACT

DISALLOWING HOSPITAL BILLS COMPUTED BASED ON ROOM RATE FOR PATIENTS AVAILING OF ASSISTANCE FROM THE PHILIPPINE CHARITY AND SWEEPSTAKES OFFICE THEREBY PRESCRIBING A UNIFORM BILLING SPECTRUM ON NEEDY PATIENTS AND FOR OTHER PURPOSES

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

SECTION 1. This Act shall be known as the "Poor Patients' Equity Act of 2016".

SEC. 2. It is hereby disallowed of private hospitals and medical centers to compute hospital bills of a poor and needy patient based on the room rate that person occupied or is confined to especially for the purpose of availing assistance from the Philippine Charity and Sweepstakes Office thereby prescribing a uniform billing spectrum for this purpose.

SEC. 3. There shall be a Code of Practice as will be formulated by the Department of Health to effectively carry out the intent of this Act prescribing a uniform billing spectrum in cases of patients availing of assistance from the Philippine Charity and Sweepstakes Office.

SEC. 4. Henceforth, hospital bills computed based on room rate for subject patients shall be waived as if the patients only availed of the cheapest costs of hospitalization and treatment by the concerned private hospital or medical center and such fees, charges, or costs shall not be reflected in the patient's statement of account.

SEC. 5. This Act shall take effect thirty (30) days upon its approval and publication in the Official Gazette and in at least three (3) newspapers of general circulation.

Approved,