

EIGHTEENTH CONGRESS OF THE )  
REPUBLIC OF THE PHILIPPINES )  
*First Regular Session* )



HOUSE OF REPRESENTATIVES  
H.B. NO. 1140

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INTRODUCED BY REPRESENTATIVE EMMARIE "LOLYPOP" OUANO-DIZON

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AN ACT  
INSTITUTIONALIZING MALASAKIT CENTERS IN ALL ACCREDITED  
PUBLIC HOSPITALS ALL OVER THE PHILIPPINES

EXPLANATORY NOTE

The 1987 Constitution in Section 15 of Article II provides that: "The State shall protect and advance the right to health of the people and instill health consciousness among them." In Section 11 of Article XIII, it also mandates 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, woman, and children. The State shall endeavor to provide free medical care to paupers."

The health care system in the Philippines has undergone dramatic changes in the last twenty (20) years as the government has instituted various reforms and policies to provide easy access to health benefits for every Filipino. As of 2018, the Department of Health lists 721 public hospitals. It takes care of seventy (70) of the public hospitals while Local Government Units and other State-run agencies manage the rest (The Manila Times (2018, April 26). At a Glance: The Philippine Health Care System. *The Manila Times*. Retrieved from <http://www.manilatimes.net>).

However, statistics show that a significant number of indigent and poor Filipinos continues to have no access to adequate health services. But the "NO ACCESS" is attributed not to the non-availability thereof but to its non-accessibility due to the actual distant locations and duplicitous requirements of the various concerned government offices. For these and in order to concretize the President's directive to help the poorest of the poor, the **MALASAKIT CENTER** was conceptualized.

The **MALASAKIT CENTER** is a presidential mandate initiated by the Office of the Special Assistant to the President in cooperation with the Department of Health and its retained hospitals in selected regions, Philippine Health Insurance Corporation, Philippine Charity Sweepstakes Office, Department of Social Welfare and Development, and the Office of the Presidential Assistant of the Visayas. It is a one-stop service center of government services instituted for the purpose of expediting processes in availing of services relevant to healthcare, primarily for, but not limited to, financial assistance.

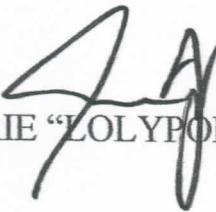
In keeping with this presidential mandate, thirty-four (34) Malasakit Centers have been established nationwide, fourteen (14) in Luzon, ten (10) in Visayas, and ten (10) in Mindanao. Approximately a hundred thousand (100,000) patients nationwide have been served monthly.

In line with the vision to provide indigent patients with zero balance billing, this bill seeks to institutionalize the **MALASAKIT CENTER** in efforts to unburden indigent patients of documentary requirements for them to avail of various medical assistance and treatments in hospitals by providing a one-stop shop comprised of different agencies which can provide help to families of patients who wish to settle medical expenses.

This bill will bring government services closer to the poor and marginalized people as these centers are and will be located in hospitals run by the government, most of them retained by the Department of Health. This will help ease complicated medical assistance processes and hasten delivery of medical services as agencies will be housed in one location. On the same note, hospitals can accommodate more patients, with hospital congestion being minimized since patients who can be released from admission can process payment of their bills at a faster pace with the assistance from the Malasakit Centers.

By enacting this bill, we live up to our commitment of ensuring that those who have less in life should be given more in law.

In view thereof, approval of this bill is earnestly requested.



EMMARIE "LOLYPOP" OUANO-DIZON



Republic of the Philippines  
**HOUSE OF REPRESENTATIVES**  
Quezon City, Metro Manila

**EIGHTEENTH CONGRESS**  
First Regular Session

House Bill No. 1140

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INTRODUCED BY REPRESENTATIVE EMMARIE “LOLYPOP” OUANO-DIZON

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

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

**Section 1. Short Title.**— This Act shall be cited as the “Malasakit Center Act”.

**Section 2. Declaration of Policy.** – It is the declared policy of the State to hasten the delivery of medical services to the people and to ensure that adequate health services are available and accessible to them.

**Section 3. Definition of Terms.** – As used in this Act, the term:

- a) "Center" means the Malasakit Center, a one-stop shop area for patients who need medicines and financial assistance to medical expenses.
- b) "Committee" shall mean the Malasakit Steering Committee.
- c) "Hospitals" refers to Department of Health-retained hospitals and Local Government Hospitals.
- d) "Indigent" means a person who has no visible means of income or whose income is insufficient for the subsistence of his/her family, as identified by the DSWD based on a specific set of criteria identified for this purpose.
- e) "Participating Agencies" refer to those agencies listed in Section 6 hereof.
- f) "Partner Agencies" refer to PhilHealth, PCSO, DSWD, Philippine Statistics Authority, Office of the President, and DOH/Hospital.
- g) "Partner Hospital" refers to the hospital where the Malasakit Center is situated.

**Section 4. Characteristics.** – Malasakit Centers will have the following characteristics:

- a) *Non-Partisan*. There is no need for any indorsement from any elected official or party charter representatives to avail of services at Malasakit Centers.
- b) *Convenient*. There is no need to go to separate government offices providing assistance and undergo the same intake interview over and over again.
- c) *Free of Charge*. Patients are not charged any fee for availing the services inside the Malasakit Center.
- d) *No Cash Assistance*. All assistance come in the form of guaranty letters.
- e) *Requirements Apply*. All programs brought by the agencies at the Malasakit Center are subject to their respective guidelines.

**Section 5. Institutionalization of the Malasakit Centers.** – The Malasakit Center program, initiated through a Joint Administrative Order among the Department of Health, Philippine Health Insurance Corporation, Philippine Charity Sweepstakes Office, and the Department of Social Welfare and Development in 2018, is hereby institutionalized, starting with all the existing Malasakit Centers at the time of the approval of this Act.

**Section 6. Objectives.** – The main objectives of this Act are:

- a) To facilitate the process of availing government financial assistance services for healthcare by bringing the providing agencies inside Department of Health-retained ("DOH-retained") hospitals and local government unit

(“LGU”) hospitals, by simplifying the procedures of application for such services, and by implementing a single standard form;

- b) To help DOH-retained and LGU hospitals address issues on revenue generation, patient congestion, longer patient stay, and maximized use of existing bed capacity; and
- c) To support the maximized utilization of government funds appropriated for purposes of financial assistance for healthcare.

#### **Section 7. Participating Agencies.**

- a) Office of the President (“OPP”);
- b) Department of Health (“DOH”);
- c) Philippine Health Insurance Corporation (“PhilHealth”);
- d) Philippine Charity Sweepstakes Office (“PCSO”);
- e) Department of Social and Welfare and Development (“DSWD”);
- f) Philippine Statistics Authority (“PSA”)

**Section 8. Services and Order of Preference of Payor.** – Only patients of the partner hospitals can avail of the services at the Malasakit Center in that facility. The selection of partner hospitals shall be done by the Inter-Agency Steering Committee created under this Act in accordance with the standards to be included in Implementing Rules and Regulations.

For purposes of preference of payment of partner agencies of billings of patients referred at Malasakit Centers, the Order is as follows:

- a) PhilHealth:
  - i. PhilHealth CARES
  - ii. Point of Service
- b) PCSO:
  - i. At Source Ang Processing (“ASAP”)
- c) DSWD:
  - i. Crisis intervention Services primarily for healthcare (hospital bill, laboratory/diagnostic procedures, drugs and medicines, devices, implants, transportation, etc.)
- d) Hospital/DOH:
  - i. Quantified Free Services (“QFS”)
  - ii. Medical Assistance for Indigent Patients (“MAIP”)

- iii. Other Services
- e) Malasakit Fund – (downloaded from the Office of the President)

### **Section 9. Functions of Partner Agencies.**

- a) Hospital:
  - i. Designate a suitable area for the Center within the hospital premises;
  - ii. Deploy necessary personnel for an effective implementation of the entire operation of the Center and provide assistance to referred patients chargeable to its existing programs and funds;
  - iii. Act as the central coordinating body of the Center services and shall be responsible to make necessary assessment of the operation and shall report to the Secretary of Health for a more effective and efficient Center.
  - iv. Assign and designate the following:
    - i. Medical Social Welfare Officers for the Center to assist and assess patients based on the information required by the Center Unified Form;
    - ii. Support Personnel/Medical Social Welfare Officer to work for the Center in case of unavailability of the Agency Representatives.
- b) DSWD:
  - i. Assign Agency Representative/s to the hospitals to represent DSWD in each of the Centers and provide assistance chargeable to its existing programs and funds.
  - ii. Furnish necessary equipment to the Center for its conduct of operation.
- c) PhilHealth:
  - i. Deploy Agency Representative/s to the hospitals or assign its already deployed personnel to represent PhilHealth in each of the Centers therein for appropriate assistance to its members chargeable to its existing programs and funds.
- d) PCSO:
  - i. Put up and implement the PCSO Desk/ASAP-delivery system in the Centers

- ii. Issue Guarantee Letters (“GL”) within the next working day in favor of qualified patients, from the time the request for assistance was made, indicating the amount of assistance and payable to Partner Hospitals. For this purpose, PCSO shall designate PCSO officers who shall be the authorized signatories for the GLs.
- e) PSA:
  - i. Put a system and deploy a representative from their Regional/Provincial Offices to the partner hospitals that will make it easy for patients referred at the Centers to access their NSO copies of Birth certificates, marriage certificates, or death certificates, as the case maybe, which maybe required by the partner agencies in the availment of its programs.
- f) Office of the President- allot and download on quarterly basis such amounts of subsidies to the various Malasakit centers through the partner hospitals based on guidelines formulated by the Malasakit Inter-Agency Steering Committee. It shall be disbursed in accordance with existing accounting and auditing rules and in consonance with the guidelines issued by the Malasakit Inter-Agency Steering Committee.

Notwithstanding existing laws and charters of concerned agencies or government owned corporations, the subsidies may be charged to any existing social or related fund under the Office of the President or from remittances from the PCSO and PAGCOR upon the discretion of the President subject to its utilization guidelines.

**Section 10. Lead Agency.** – The DOH shall be the lead agency in implementing this Act. For the purpose of achieving the objectives of the Act, the DOH shall:

- a) Spearhead the establishment of a Malasakit Inter-agency Steering Committee composed of the representatives of the partner agencies. The Secretary of Health or his representative shall preside in the meetings of the Committee.
- b) Facilitate the crafting and publication of the Implementing Rules for this Act including standards in the selection of partner hospitals.
- c) Approve the selection of partner hospitals where Malasakit Centers that shall be opened, provided, that the partner hospital shall have no less than 100 bed

capacity and it is located in areas with nearby offices of the partner agencies or their Regional or local offices.

- d) Monitor and supervise the implementation of the Malasakit Program and the enforcement of the provisions of this Act through its National Executive Director.
- e) Ensure that the annual budget for the Malasakit Program shall be included in the proposed appropriations of the Department of Health and the funds disbursed in accordance with accounting and auditing rules.

**10.1- Malasakit National Executive Director**-There is hereby created the position of Malasakit National Executive Director who shall manage the day to day affairs of the program at the national level and assist the Secretary of Health in the implementation of this Act.

The National Executive Director shall be assisted by such number of staff and personnel as maybe determined by the Malasakit Inter-agency Steering Committee. For this purpose, the Department of Health is hereby authorized to create the required plaintilla and staffing pattern in coordination with the Department of Budget and Management and the Civil Service Commission. The National Executive Director and staff shall be appointed by the Secretary of Health subject to civil service rules.

The Department of Health is required to provide an available usable space including equipment and supplies to house the Office of the National Executive Director and staff. Its annual budget shall be included in the appropriation of the Department of Health.

The National Executive Director shall prepare the activities, strategies, and plans to execute the policies formulated by the Inter-Agency Steering Committee and ensure that the program shall run smoothly nationwide.

The National Executive Director shall prepare and submit to the Secretary of Health the annual budget to run and implement this Malasakit Program nationwide, including the provision for personnel services.

**Section 11. Administration.** – There shall be a Director for each Malasakit Center who shall be the incumbent Hospital/Medical Center Chief of that partner hospital who shall administer, direct, coordinate, and control its affairs.

The Director shall receive no extra compensation. Each Malasakit Center shall have one Action Officer who shall be a college degree holder with at least two years of experience in running an office or relevant experience who shall run its day to day affairs. The Action Officer shall be aided by an Administrative Assistant who shall be a college graduate with a minimum of one year relevant experience. Both shall be appointed by the Director of the partner hospitals subject to civil service rules.

The Malasakit Center of each partner hospital shall house the various desks and representatives of partner agencies. The various desks shall synchronize, through the Director and Action Officer, their requirements with the end view of simplifying and unifying the procedures in the availment of assistance from various agencies.

Notwithstanding existing laws and rules, the partner hospitals are hereby authorized to create the required plantilla and staffing pattern pursuant to this Act in coordination with the Department of Budget and Management and the Civil Service Commission.

The Director of each partner hospital shall include in its budgetary submission to the Secretary of Health through the Malasakit National Executive Director the required budget for the Center including for the personnel services. The Secretary of Health shall consolidate the various budgets in the Department's funding which shall be included in the annual General Appropriations Act.

**Section 12. Powers and Functions.** – The Director shall have the following powers and functions:

- a) To govern the administration and operation of the affairs of the Center;
- b) To appoint such other personnel and staff as may be necessary for the effective operation of the Center, subject to existing civil service laws, rules, and regulations;
- c) To provide for the continued improvement of the Center and its facilities including training of personnel so that the highest professional levels of patient services may be maintained;

- d) To purchase and issue medicines, supplies and materials, equipment and property required for its operation and maintenance, subject to availability to funds or appropriations therefor;
- e) To account for the funds, property, and other assets of the Center and to submit an Annual Financial Report to the Secretary of Health at the end of each year;
- f) To promote cooperation and coordination with the different agencies in the Center for any assistance as may be required in the performance of duties; and
- g) To perform such other functions as may be necessary for the accomplishment of the objectives of this Act.

**Section 13. Eligible Beneficiaries.** – Centers shall only cater to indigent patients consulted or admitted in the Partner Hospital. This presupposes that he/she had been registered in the hospital registry.

**Section 14. Appropriations.** – The amount necessary to carry out the provisions of this Act shall be included in the General Appropriations Act of the year following its enactment into law and every year thereafter.

The sum necessary for the continuous operation of the centers shall be subsidized in part by DOH and in part by the LGUs concerned.

**Section 15. Annual Report.** – The Secretary of Health shall file with the Office of the President of the Philippines and with both Houses of Congress a detailed annual report on the conditions and needs of the Centers and the progress of the implementation of this Act.

**Section 16. Implementing Rules and Regulations.** – Within sixty (60) days from the approval of this Act, the DOH, in coordination with the participating agencies concerned, shall issue the rules and regulations to effectively implement the provisions of this Act. Any violation of this section shall render the concerned official(s) liable under Republic Act No. 6713, otherwise known as the “Code of Conduct and Ethical Standards for Public Officials and Employees” and other existing administrative and/or criminal laws.

**Section 17. 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 and provide the necessary support services.

**Section 18. Separability Clause.** – If, for any reason any part or provision of this Act is declared invalid and unconstitutional, the remaining parts or provisions not affected thereby shall remain in full force and effect.

**Section 19. Repealing or Amending Clause.** – All laws, presidential decrees, executive orders, rules and regulations contrary to or inconsistent with the provisions of this Act are hereby repealed, amended or modified accordingly.

**Section 20. Effectivity.** = The Act shall take effect fifteen (15) days after its publication in two (2) newspapers of general circulation.

*Approved,*