



Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

EIGHTEENTH CONGRESS
First Regular Session



COMMITTEE REPORT NO. 76

Submitted by the Committee on Health and the Committee on Ways and Means on

NOV 13 2019

Re : House Bill No. **5477**

Recommending its approval in substitution of House Bills Numbered 1140, 2309, 2511, 2536, 2540, 2543, 2849, 2891, 3114, 3273, 3345, 3486, 3651, 3653, 3946, 3948, 4192 and 4230

Sponsors : Reps. Angelina "Helen" D.L. Tan, M.D., Joey Sarte Salceda, Emmarie "Lolypop" M. Ouano-Dizon and Weslie Gatchalian

Mr. Speaker:

The Committee on Health and the Committee on Ways and Means to which were referred House Bill No. 1140 introduced by Rep. Emmarie "Lolypop" M. Ouano-Dizon, entitled:

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

House Bill No. 2309 introduced by Rep. Weslie Gatchalian, entitled:

AN ACT CREATING MALASAKIT CENTERS TO COMPLEMENT THE IMPLEMENTATION OF REPUBLIC ACT NO. 11223 OTHERWISE KNOWN AS THE 'UNIVERSAL HEALTH CARE ACT' BY REQUIRING PHILHEALTH TO ESTABLISH, OPERATE AND MAINTAIN MALASAKIT CENTERS IN ALL DOH, LGU, SUC AND DND HOSPITALS IN THE COUNTRY, PROVIDING FUNDS THEREFOR, AND FOR OTHER PURPOSES

House Bill No. 2511 introduced by Rep. Joel Mayo Z. Almario, entitled:

AN ACT INSTITUTIONALIZING MALASAKIT CENTERS TO COMPLEMENT THE IMPLEMENTATION OF REPUBLIC ACT NO. 11223 OTHERWISE KNOWN AS THE "UNIVERSAL HEALTH CARE ACT" BY REQUIRING PHILHEALTH TO ESTABLISH, OPERATE AND MAINTAIN MALASAKIT CENTERS IN ALL DOH, LGU, SUC AND DND HOSPITALS IN THE COUNTRY, PROVIDING FUNDS THEREFOR, AND FOR OTHER PURPOSES

House Bill No. 2536 introduced by Rep. Aurelio "Dong" D. Gonzales, Jr., entitled:

**AN ACT INSTITUTIONALIZING THE MALASAKIT CENTERS
NATIONWIDE, APPROPRIATING FUNDS THEREFOR AND FOR OTHER
PURPOSES**

House Bill No. 2540 introduced by Rep. Paul Ruiz Daza, entitled:

**AN ACT INSTITUTIONALIZING MALASAKIT CENTERS TO
COMPLEMENT THE IMPLEMENTATION OF REPUBLIC ACT NO. 11223
OTHERWISE KNOWN AS THE "UNIVERSAL HEALTH CARE ACT" BY
REQUIRING PHILHEALTH TO ESTABLISH, OPERATE AND MAINTAIN
MALASAKIT CENTERS IN ALL DOH, LGU, SUC AND DND HOSPITALS IN
THE COUNTRY, PROVIDING FUNDS THEREFOR, AND FOR OTHER
PURPOSES**

House Bill No. 2543 introduced by Rep. Luis Raymund "LRay" F. Villafuerte, entitled:

**AN ACT INSTITUTIONALIZING MALASAKIT CENTERS TO
COMPLEMENT THE IMPLEMENTATION OF REPUBLIC ACT NO. 11223
OTHERWISE KNOWN AS THE 'UNIVERSAL HEALTH CARE ACT' BY
REQUIRING PHILHEALTH TO ESTABLISH, OPERATE AND MAINTAIN
MALASAKIT CENTERS IN ALL DOH, LGU, SUC AND DND HOSPITALS IN
THE COUNTRY, PROVIDING FUNDS THEREFOR, AND FOR OTHER
PURPOSES**

House Bill No. 2849 introduced by Reps. Anna Marie Villaraza-Suarez and David C. Suarez,
entitled:

**AN ACT PROVIDING FOR THE ESTABLISHMENT OF 'MALASAKIT
CENTERS' IN ALL DEPARTMENT OF HEALTH-, LOCAL GOVERNMENT
UNIT-, STATE UNIVERSITY AND COLLEGE-, AND DEPARTMENT OF
NATIONAL DEFENSE-HOSPITALS IN THE COUNTRY TO COMPLEMENT
THE IMPLEMENTATION OF REPUBLIC ACT NO. 11223, OTHERWISE
KNOWN AS THE 'UNIVERSAL HEALTH CARE ACT', PROVIDING FUNDS
THEREFOR, AND FOR OTHER PURPOSES**

House Bill No. 2891 introduced by Rep. John Marvin "Yul Servo" C. Nieto, entitled:

**AN ACT INSTITUTIONALIZING MALASAKIT CENTERS IN ACCREDITED
PUBLIC HOSPITALS ALL OVER THE PHILIPPINES AND PROVIDING
FUNDS THEREFOR**

House Bill No. 3114 introduced by Rep. "Kuya" Jose Antonio R. Sy-Alvarado, entitled:

**AN ACT INSTITUTIONALIZING MALASAKIT CENTERS TO
COMPLEMENT THE IMPLEMENTATION OF REPUBLIC ACT NO. 11223
OTHERWISE KNOWN AS THE "UNIVERSAL HEALTH CARE ACT" BY
REQUIRING PHILHEALTH TO ESTABLISH, OPERATE AND MAINTAIN
MALASAKIT CENTERS IN ALL DOH, LGU, SUC AND DND HOSPITALS IN
THE COUNTRY, PROVIDING FUNDS THEREFOR, AND FOR OTHER
PURPOSES**

House Bill No. 3273 introduced by Reps. Yedda Marie K. Romualdez and Ferdinand Martin
G. Romualdez, entitled:

AN ACT INSTITUTIONALIZING MALASAKIT CENTERS TO COMPLEMENT THE IMPLEMENTATION OF REPUBLIC ACT NO. 11223 OTHERWISE KNOWN AS THE "UNIVERSAL HEALTH CARE ACT" BY REQUIRING PHILHEALTH TO ESTABLISH, OPERATE AND MAINTAIN MALASAKIT CENTERS IN ALL DOH, LGU, SUC AND DND HOSPITALS IN THE COUNTRY, PROVIDING FUNDS THEREFOR, AND FOR OTHER PURPOSES

House Bill No. 3345 introduced by Rep. Cheryl P. Deloso-Montalla, Jr., entitled:

AN ACT INSTITUTIONALIZING MALASAKIT CENTERS TO COMPLEMENT THE IMPLEMENTATION OF REPUBLIC ACT NO. 11223 OTHERWISE KNOWN AS THE "UNIVERSAL HEALTH CARE ACT" BY REQUIRING PHILHEALTH TO ESTABLISH, OPERATE AND MAINTAIN MALASAKIT CENTERS IN ALL DOH, LGU, SUC AND DND HOSPITALS IN THE COUNTRY, PROVIDING FUNDS THEREFOR, AND FOR OTHER PURPOSES

House Bill No. 3486 introduced by Rep. Ferdinand L. Hernandez, entitled:

AN ACT INSTITUTIONALIZING MALASAKIT CENTERS TO COMPLEMENT THE IMPLEMENTATION OF REPUBLIC ACT NO. 11223 OTHERWISE KNOWN AS THE "UNIVERSAL HEALTH CARE ACT" BY REQUIRING PHILHEALTH TO ESTABLISH, OPERATE AND MAINTAIN MALASAKIT CENTERS IN ALL DOH, LGU, SUC AND DND HOSPITALS IN THE COUNTRY, PROVIDING FUNDS THEREFOR, AND FOR OTHER PURPOSES

House Bill No. 3651 introduced by Rep. Angelina "Helen" D.L. Tan, M.D., entitled:

AN ACT ESTABLISHING MALASAKIT CENTERS IN ALL GOVERNMENT HOSPITALS, STREAMLINING ACCESS TO MEDICAL AND FINANCIAL ASSISTANCE FUNDS, AND APPROPRIATING FUNDS THEREFOR

House Bill No. 3653 introduced by Rep. Ruwel Peter S. Gonzaga, entitled:

AN ACT INSTITUTIONALIZING MALASAKIT CENTERS TO COMPLEMENT THE IMPLEMENTATION OF REPUBLIC ACT NO. 11223 OTHERWISE KNOWN AS "UNIVERSAL HEALTH CARE ACT" BY REQUIRING PHILHEALTH TO ESTABLISH, OPERATE AND MAINTAIN MALASAKIT CENTERS IN ALL DOH, LGU, SUC, AND DND HOSPITALS IN THE COUNTRY, PROVIDING FUNDS THEREFOR, AND FOR OTHER PURPOSES

House Bill No. 3946 introduced by Rep. Eric L. Olivarez, entitled:

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

House Bill No. 3948 introduced by Rep. Sol Aragones, entitled:

AN ACT INSTITUTIONALIZING MALASAKIT CENTERS TO COMPLEMENT THE IMPLEMENTATION OF REPUBLIC ACT NO. 11223 OTHERWISE KNOWN AS THE "UNIVERSAL HEALTH CARE ACT" BY REQUIRING PHILHEALTH TO ESTABLISH, OPERATE, AND MAINTAIN MALASAKIT CENTERS IN ALL DOH, LGUs, SUCs, AND DND HOSPITALS IN THE COUNTRY, PROVIDING FUNDS THEREFOR, AND FOR OTHER PURPOSES

House Bill No. 4192 introduced by Rep. Carlo Lisandro L. Gonzalez, entitled:

AN ACT INSTITUTIONALIZING MALASAKIT CENTERS TO COMPLEMENT THE IMPLEMENTATION OF REPUBLIC ACT NO. 11223, OTHERWISE KNOWN AS THE "UNIVERSAL HEALTH CARE ACT" BY REQUIRING PHILHEALTH TO ESTABLISH, OPERATE AND MAINTAIN MALASAKIT CENTERS IN ALL DOH, LGU, SUC, AND DND HOSPITALS IN THE COUNTRY, PROVIDING FUNDS THEREFOR, AND FOR OTHER PURPOSES

and House Bill No. 4230 introduced by Reps. Eric G. Yap, Jocelyn P. Tulfo and Rowena Niña O. Taduran, entitled:

AN ACT INSTITUTIONALIZING MALASAKIT CENTERS TO COMPLEMENT THE IMPLEMENTATION OF REPUBLIC ACT NO. 11223, OTHERWISE KNOWN AS THE "UNIVERSAL HEALTH CARE ACT" BY REQUIRING PHILHEALTH TO ESTABLISH, OPERATE AND MAINTAIN MALASAKIT CENTERS IN ALL DOH, LGU, SUC AND DND HOSPITALS IN THE COUNTRY, PROVIDING FUNDS THEREFOR, AND FOR OTHER PURPOSES


have considered the same and recommend that the attached House Bill No. 5477, entitled:

AN ACT ESTABLISHING THE MALASAKIT PROGRAM AND INSTITUTIONALIZING THE DELIVERY OF MEDICAL AND FINANCIAL ASSISTANCE UNDER THE MALASAKIT CENTERS IN PUBLIC HOSPITALS TO COMPLEMENT THE IMPLEMENTATION OF REPUBLIC ACT NO. 11223, OTHERWISE KNOWN AS THE "UNIVERSAL HEALTH CARE ACT", AND APPROPRIATING FUNDS THEREFOR

be approved in substitution of House Bills Numbered 1140, 2309, 2511, 2536, 2540, 2543, 2849, 2891, 3114, 3273, 3345, 3486, 3651, 3653, 3946, 3948, 4192 and 4230 with Angelina "Helen" D.L. Tan, M.D., Emmarie "Lolypop" M. Ouano-Dizon, Weslie Gatchalian, Joel Mayo Z. Almario, Aurelio "Dong" D. Gonzales, Jr., Paul Ruiz Daza, Luis Raymund "Lray" F. Villafuerte, Anna Marie Villaraza-Suarez, David C. Suarez, John Marvin "Yul Servo" C. Nieto, "Kuya" Jose Antonio R. Sy-Alvarado, Yedda Marie K. Romualdez, Ferdinand Martin G. Romualdez, Cheryl P. Deloso-Montalla, Ferdinand L. Hernandez, Ruwel Peter S. Gonzaga, Eric L. Olivarez, Sol Aragones, Carlo Lisandro L. Gonzalez, Eric G. Yap, Jocelyn P. Tulfo, Rowena Niña O. Taduran, Edgar M. Chatto, Estrellita B. Suansing, Leo Rafael M. Cueva, Victor A. Yap, Florida "Rida" P. Robes, Sonny "SI" L. Lagon, Eleandro Jesus F. Madrona, Lucy Torres-Gomez, Deogracias Victor "Dv" B. Savellano, Ruth Mariano Hernandez, Angelo Marcos Barba, Dahlia A. Loyola, Ma. Bernardita "Ditas" B. Ramos, Kristine Singson-Meehan, Rico B. Geron, Jose Gay G. Padiernos, Francisco Jose "Bingo" F. Matugas II, CPA, CESO, LLB, Lorna P. Bautista-Bandigan, Allan Benedict S. Reyes, Jose "Jun" L. Ong, Vincent Franco D. Frasco, Jocelyn Sy Limkaichong, Myra Joy S. Tambunting, Manuel Jose "Mannix" M. Dalipe, Rommel Rico T. Angara, Jose Francisco B. Benitez, Carl Nicolas C.

Cari, Anthony Peter "Onyx" D. Crisologo, Raul V. Del Mar, Ria Christina G. Fariñas, Pablo C. Ortega, Rogelio Neil P. Roque, Hector S. Sanchez, Frederick W. Siao, Kristine Alexei B.Tutor, Diego "Nonoy" C. Ty, Gerardo P. Valmayor, Jr., Micaela S. Violago, Lianda B. Bolilia, Strike B. Revilla, Ma. Fe R. Abunda, Abdullah D. Dimaporo, Glona G. Labadlabad, Ronnie L. Ong, Corazon T. Nuñez-Malanyaon, Manuel Luis T. Lopez, Joseph Stephen S. Paduano, Rosanna "Ria" Vergara, Xavier Jesus D. Romualdo, Rufus B. Rodriguez, John Reynald M. Tiangco, Tyrone D. Agabas, Alfredo A. Garbin, Jr., Ma. Lourdes T. Arroyo, Jose "Bong" Teves, Jr., Elpidio F. Barzaga, Jr., Wilton T. Kho, Alyssa Sheena P. Tan, CPA, Faustino Michael Carlos T. Dy III, Stella Luz A. Quimbo, Jose "Jun" L. Ong, Jr., Joselito "Joel" S. Sacdalan as authors thereof.

Respectfully submitted:



HON. JOEY SARTE SALCEDA
Chairperson
Committee on Ways and Means



ANGELINA "Helen" D.L. TAN, M.D.
Chairperson
Committee on Health

THE HONORABLE SPEAKER
HOUSE OF REPRESENTATIVES
QUEZON CITY



Republic of the Philippines
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Quezon City

EIGHTEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 5477

(In substitution of House Bills Numbered 1140, 2309, 2511, 2536, 2540, 2543, 2849, 2891, 3114, 3273, 3345, 3486, 3651, 3653, 3946, 3948, 4192, and 4230)

Introduced by: Hon. Angelina "Helen" D.L. Tan, M.D., Emmarie "Lolypop" M. Ouano-Dizon, Weslie Gatchalian, Joel Mayo Z. Almario, Aurelio "Dong" D. Gonzales, Jr., Paul Ruiz Daza, Luis Raymund "Lray" F. Villafuerte, Anna Marie Villaraza-Suarez, David C. Suarez, John Marvin "Yul Servo" C. Nieto, "Kuya" Jose Antonio R. Sy-Alvarado, Yedda Marie K. Romualdez, Ferdinand Martin G. Romualdez, Cheryl P. Deloso-Montalla, Ferdinand L. Hernandez, Ruwel Peter S. Gonzaga, Eric L. Olivarez, Sol Aragones, Carlo Lisandro L. Gonzalez, Eric G. Yap, Jocelyn P. Tulfo, Rowena Niña O. Taduran, Edgar M. Chatto, Estrellita B. Suansing, Leo Rafael M. Cueva, Victor A. Yap, Florida "Rida" P. Robes, Sonny "Si" L. Lagon, Eleandro Jesus F. Madrona, Lucy Torres-Gomez, Deogracias Victor "Dv" B. Savellano, Ruth Mariano Hernandez, Angelo Marcos Barba, Dahlia A. Loyola, Ma. Bernardita "Ditas" B. Ramos, Kristine Singson-Meehan, Rico B. Geron, Jose Gay G. Padiernos, Francisco Jose "Bingo" F. Matugas II, CPA, CESO, LLB, Lorna P. Bautista-Bandigan, Allan Benedict S. Reyes, Jose "Jun" L. Ong, Vincent Franco D. Frasco, Jocelyn Sy Limkaichong, Myra Joy S. Tambunting, Manuel Jose "Mannix" M. Dalipe, Rommel Rico T. Angara, Jose Francisco B. Benitez, Carl Nicolas C. Cari, Anthony Peter "Onyx" D. Crisologo, Raul V. Del Mar, Ria Christina G. Fariñas, Pablo C. Ortega, Rogelio Neil P. Roque, Hector S. Sanchez, Frederick W. Siao, Kristine Alexei B. Tutor, Diego "Nonoy" C. Ty, Gerardo P. Valmayor, Jr., Micaela S. Violago, Lianda B. Bolilia, Strike B. Revilla, Ma. Fe R. Abunda, Abdullah D. Dimaporo, Glona G. Labadlabad, Ronnie L. Ong, Corazon T. Nuñez-Malanyaon, Manuel Luis T. Lopez, Joseph Stephen S. Paduano, Rosanna "Ria" Vergara, Xavier Jesus D. Romualdo, Rufus B. Rodriguez, John Reynald M. Tiangco, Tyrone D. Agabas, Alfredo A. Garbin, Jr., Ma. Lourdes T. Arroyo, Victor A. Yap, Jose "Bong" Teves, Jr., Mohamad Khalid Q. Dimaporo, Elpidio F. Barzaga, Jr., Wilton T. Kho, Alyssa Sheena P. Tan, CPA, Faustino Michael Carlos T. Dy III, Stella Luz A. Quimbo, Jose "Jun" L. Ong, Jr., Joselito "Joel" S. Sacdalan and Cesar "Jawo" L. Jimenez, Jr.

"AN ACT

ESTABLISHING THE MALASAKIT PROGRAM AND INSTITUTIONALIZING THE DELIVERY OF MEDICAL AND FINANCIAL ASSISTANCE UNDER THE MALASAKIT CENTERS IN PUBLIC HOSPITALS TO COMPLEMENT THE IMPLEMENTATION OF REPUBLIC ACT NO. 11223, OTHERWISE KNOWN AS THE "UNIVERSAL HEALTH CARE ACT" 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 "Malasakit Program Act."

2
3 **SEC. 2. Declaration of Policy.** - It is the policy of the State to protect and promote the right to
4 health of all Filipinos and instill health consciousness among them.

5 The State shall provide quality, affordable, compassionate, and accessible healthcare to
6 all Filipinos. Toward this end, the State shall:

- 7
8 (a) Adopt a multi-sectoral approach in addressing health issues and affirm the
9 inherently integrated and indivisible linkage between health and social services
10 consistent with the whole-of-government, whole-of-society and whole-of-system
11 framework of Republic Act No. 11223, otherwise known as the "Universal Health
12 Care (UHC) Act";
13
14 (b) Provide assistance through a one-stop shop for easier access to all medical and
15 financial services offered by different government agencies and guarantee the
16 least or no out of pocket expense to patients;
17
18 (c) Ensure that patients experience compassion, empathy or "malasakit", respect and
19 dignity in the availment of health services;
20

21 **SEC. 3. Definition of Terms.** - As used in this Act;

- 22
23 (a) *Financial Assistance* refers to material assistance in monetary form or guarantee
24 letter or check, coupons, and instruments of similar nature to cover medical, burial,
25 transportation, food, accommodation, and other assistive services and devices;
26
27 (b) *Financially incapacitated patient* refers to a patient who is not classified as indigent
28 but who is in crisis situation and demonstrates clear inability to pay or spend for
29 necessary expenditures for one's medical treatment, such as patients with
30 catastrophic illness or any illness which is life or limb-threatening and requires
31 prolonged hospitalization, extremely expensive therapies or other special but
32 essential care that would deplete one's financial resources, as assessed and
33 certified by the medical social worker;
34
35 (c) *Indigent Patient* refers to a patient who has no visible means of income, or whose
36 income is insufficient for the subsistence of one's family, as assessed by the social
37 workers of the Department of Social Welfare and Development (DSWD), LGU or
38 the medical social worker of the hospital;
39
40 (d) *Medical Assistance* refers to check, coupons, guarantees and instruments of similar
41 nature to cover medical and surgical services as enumerated under Section 9 of
42 this Act on the coverage of financial assistance. It also refers to assistance for out-
43 of-pocket expenditure in the form of a coupon, stub, guarantee letter, promissory
44 note or voucher that has monetary value, given directly to individual recipients or
45 beneficiaries to address their immediate medical needs;
46
47 (e) *Out-of-pocket expense* refers to medical and non-medical costs arising from
48 hospitalization not currently paid for or sufficiently covered by PhilHealth benefits,
49 insurance coverage, discounts, or other sources of similar nature;

- 1
2 (f) *Participating Agencies* refer to the Department of Health (DOH), Philippine Health
3 Insurance Corporation (PhilHealth), Department of Social Welfare and
4 Development (DSWD), Philippine Charity Sweepstakes Office (PCSO), Office of
5 the President (OP), and other related government agencies.

6 **SEC. 4. *Establishment of the Malasakit Program*** – The Malasakit Program shall be established
7 under the DOH to complement the implementation of R.A. No. 11223, otherwise known as the
8 “Universal Healthcare Act”. It shall have the following objectives:
9

- 10 (a) Provide a policy framework for an integrated people-oriented approach in public
11 hospitals that :
12
13 (1) promotes people-centered engagement which uphold compassion and
14 empathy or “malasakit”,
15
16 (2) ensures an organizational culture geared towards responsiveness, and
17
18 (3) adopts appropriate infrastructure and processes; and,
19
20 (b) Ensure financial risk protection and alleviate the financial burden of the indigent
21 and financially incapacitated patients and families through streamlined processes
22 to access financial and medical assistance provided in public hospitals from
23 national government agencies, local government, non-government organizations,
24 private corporations and individuals.
25
26 (c) Guarantee that indigent patients will not incur out-of-pocket expense, and that
27 financially incapacitated patients will incur the least out-of-pocket expense, by
28 making use of the various medical and financial assistance available for patients.
29

30 **SEC. 5. *Malasakit Program Office***. – A Malasakit Program Office shall be established by
31 converting, reclassifying and strengthening the existing Public Assistance Unit (PAU) of the
32 DOH into a Service Office.
33

34 **SEC. 6. *Institutionalization of Malasakit Centers***. – The delivery of medical and financial
35 assistance under the Malasakit Centers shall be institutionalized in all DOH-retained hospitals to
36 carry out the objectives of the Malasakit Program.
37

38 The Malasakit Centers shall be non-partisan, convenient, free of charge, accessible, and shall
39 have a standard system of availment of assistance.
40

41 The Malasakit Centers shall:

- 42 (a) serve as one-stop shop for medical and financial assistance not covered by the
43 PhilHealth benefits for indigent and financially incapacitated patients, to be provided
44 by participating agencies such as DOH, DSWD, PCSO, and OP;
45
46 (b) facilitate patient navigation, proper referral to healthcare provider network and
47 ensure ease of accessing hospital services and medical and financial assistance;
48

1 (c) provide information with regard to PhiHealth membership, coverage and benefit
2 packages; and
3

4 (d) perform such other tasks as may be necessary to carry out its purpose of assisting
5 indigent and financially incapacitated patients.
6

7 LGU hospitals and other public hospitals may establish Malasakit Centers: *Provided*,
8 That said hospitals comply with the following standards and requirements:
9

10 (a) the LGU or agency or concerned hospital guarantees the availability of funds for the
11 operation of the Malasakit Centers, including their maintenance and other operating
12 expense and personnel complement such as staff training, performance assessment
13 and monitoring;
14

15 (b) the hospital ensures that appropriate infrastructure and processes are in place
16 including promotion of client engagement and empowerment, strategic planning,
17 system efficiency and feedback mechanism, and
18

19 (c) the requirements to be prescribed by the DOH pertaining to service capacity and
20 capability, and location, among others, are complied with.
21

22 **SEC. 7. Administration of a Malasakit Center.** – The incumbent chief of hospital or medical
23 center chief shall be designated as the Malasakit Center Director, who shall oversee to the
24 proper management and efficient operation of the Malasakit Center. The Malasakit Center
25 Director shall:
26

27 (a) Ensure the provision of appropriate space, furniture, equipment and fixtures based
28 on the Malasakit Center Schematic Plan to be provided by DOH;

29 (b) Account for the funds, property, and other assets of the Malasakit Center and to
30 submit an annual financial report to the Secretary of Health at the end of each year;
31

32 (c) Monitor and ensure the effective implementation of the no co-payment policy as
33 provided by Republic Act No. 11223 or the "Universal Healthcare Law";
34

35 (d) Promote harmony, coordination and cooperation among the participating agencies
36 in the Malasakit Centers and strengthen the delivery of services by upholding the
37 highest performance of duties and responsibilities; and
38

39 (e) Perform such other functions as may be necessary for the accomplishment of the
40 objectives of the Malasakit Program.
41

42 The Malasakit Center Director shall assign the Head of the Medical Social Work Office
43 as the Malasakit Center Operations Manager, who shall take charge of the day to day
44 management and operations of the Malasakit Center. The Malasakit Center Director and
45 Malasakit Center Operations Manager shall receive no extra compensation.
46

47 **SEC. 8. Access to Services.** – Indigent and financially incapacitated patients shall be eligible to
48 avail of the services of the Malasakit Centers: *Provided*, That prior to availment of services, the
49 hospital social worker shall assess the patient's eligibility and provide such patient with
50 complete information of the type, form or character and degree or extent of welfare assistance

1 that the patient may receive or benefit from various funding sources available at the Malasakit
2 Center.

3
4 The DOH, in coordination with participating agencies, shall issue proper guidelines on
5 the implementation of the medical and financial assistance to indigent and financially
6 incapacitated patients, such as procedure of availment, order of charging of payments, transfer
7 and release of funds, recording and reporting, and monitoring and evaluation.

8
9 **SEC. 9. Coverage of Medical Assistance.** – The medical assistance shall include medical
10 services not covered or paid for by PhilHealth benefits under the Universal Healthcare Act or by
11 other financing sources, and shall be used for the following:

- 12
13 (a) Laboratory, imaging and all other diagnostic procedures;
14 (b) Drugs and medicines;
15 (c) Supplies, orthopedic and assistive devices, prosthesis, blood and blood products;
16 (d) Dental services, except those that are for aesthetic purpose and not medically
17 indicated;
18 (e) Medical and surgical procedures;
19 (f) Prescribed post-hospitalization rehabilitation services, aftercare program, appropriate
20 mental and psychological support, including those done on an outpatient basis;
21 (g) All hospital bills including professional fees; and
22 (h) All other medical, health, documentary and related services billed by the hospital.

23
24 *Provided, That the concerned government hospital may enter into a contract with a DOH*
25 *- accredited private health facility to provide the needed drug, service or procedure at no cost to*
26 *the patient but charged against the hospital in case of non - availability of clinically indicated*
27 *drugs, medicines, services or procedures in government health facilities.*

28
29 **SEC. 10. Provision of Financial Assistance.** – The DSWD shall provide financial assistance to
30 indigent and financially incapacitated patients through the Malasakit Centers to cover medical,
31 burial, transportation, food, accommodation, and other assistive services and devices;

32
33 **SEC. 11. Participation from Other Government Agencies, Other Individuals, Entities and**
34 **Institutions.**– Other government agencies, government owned and controlled corporations
35 (GOCC's), private individuals, entities, institutions and health service providers are encouraged
36 to provide assistance and support the objectives of the Malasakit Program, subject to guidelines
37 to be issued by DOH.

38
39 **SEC. 12. Donations.** - Receipts from donations, whether in cash or in kind, shall be accounted
40 for in the books of the DOH in accordance with accounting and auditing rules and regulations.
41 The receipts from cash donations and proceeds from sale of donated commodities shall be
42 deposited with the National Treasury, recorded as a special account in the General Fund and
43 made available to the DOH through a special budget pursuant to Section 35, Chapter 5, Book VI
44 of Executive Order No. 292.

45
46 The DOH shall submit the quarterly reports of all donations received, whether in cash or
47 in kind, and expenditures or disbursements thereon with electronic signature to the Department
48 of Budget and Management, through the Unified Reporting System, and to the Speaker of the
49 House of Representatives, the President of the Senate of the Philippines, and the Commission
50 on Audit. Such reports shall be posted in the DOH website for a period of three (3) years.

1 **SEC. 12-A. Tax Exemption.** – All grants, bequest, endowments, donations and contributions
2 made to the Department of Health (DOH) to be used actually, directly and exclusively by the
3 DOH Malasakit Center shall be exempt from donor's tax and the same shall be considered as
4 allowable deduction from the gross income of the donor, in accordance with the provisions of
5 the National Internal Revenue of 1997, as amended.

6
7 **SEC. 13. Penal Provisions.** –

8
9 (a) A public official or employee who commits the following acts shall, after due notice and
10 hearing, suffer the corresponding penalties as herein provided:

11
12 (1) Unethical conduct and fraudulent act or abuse of authority – suspension for three (3)
13 months without pay for the first offense and dismissal from service for the
14 succeeding offenses;

15
16 (2) Misappropriation of the funds of the Malasakit Program for personal use, or willingly
17 or negligently consenting, either expressly or impliedly to the misappropriation of
18 funds, without objecting to the same or reporting the matter to the proper authorities -
19 a fine equivalent to triple the amount misappropriated per count and suspension of
20 three (3) months from service without pay.

21
22 The abovementioned administrative penalties shall be without prejudice to the filing of
23 criminal charges under existing penal laws.

24
25 (b) Any person who commits fraud or misrepresentation as to his indigency or financial
26 incapacity shall render the assistance void and shall make the person liable for twice the
27 amount of assistance provided and suffer the penalty of imprisonment of six (6) months
28 to not more than two (2) years.

29
30 (c) Any person who aids or abets to the commission of the offense in the preceding
31 paragraph shall suffer the penalty of imprisonment for one (1) day to not more than six
32 (6) months.

33
34 **SEC. 14. Monitoring and Evaluation** – A strong monitoring and evaluation (M&E) system shall
35 be established through the DOH. All participating agencies are mandated to ensure
36 transparency, integrity and good governance in the implementation of the Malasakit Program
37 and the operations of the Malasakit Centers. The DOH shall establish and implement feedback
38 and complaint action system as part of the overall M&E system.

39
40 The DOH shall submit a report giving a detailed account of the status of the
41 implementation of this Act to the Office of the President of the Philippines, Senate President and
42 Speaker of the House of Representatives on or before the end of April of every year, or upon
43 the request of any of the aforesaid offices.

44
45 **SEC. 15. Implementing Rules and Regulations.** - Within ninety (90) days from the approval of
46 this Act, the DOH, in coordination with participating agencies and other stakeholders, shall issue
47 the implementing rules and regulations of this Act.

48
49 **SEC. 16. Separability Clause.** - Any portion or provision of this Act that is declared
50 unconstitutional shall not nullify other portions or provisions hereof as long as such remaining
51 portions can still subsist and be given effect in their entirety.

- 1
2 **SEC. 17. *Repealing Clause.*** - All laws, ordinances, rules, regulations, other issuances or parts
3 thereof, which are inconsistent with this Act, are hereby repealed or modified accordingly.
4
5 **SEC. 18. *Effectivity.*** - This Act shall take effect fifteen (15) days after its publication in the
6 Official Gazette or in a newspaper of general circulation.

Approved,

FACT SHEET

House Bills Numbered 1140, 2309, 2511, 2536, 2540, 2543, 2849, 2891, 3114, 3273, 3345, 3486, 3651, 3653, 3946, 3948 4192 and 4230

(As approved by the Committee on September 18, 2019)

AN ACT
ESTABLISHING THE MALASAKIT PROGRAM AND
INSTITUTIONALIZING THE DELIVERY OF MEDICAL AND
FINANCIAL ASSISTANCE UNDER THE MALASAKIT CENTERS IN
PUBLIC HOSPITALS TO COMPLEMENT THE OBJECTIVES OF
REPUBLIC ACT NO. 11223, OTHERWISE KNOWN AS THE
“UNIVERSAL HEALTH CARE ACT”, AND APPROPRIATING FUNDS
THEREFOR

Introduced by: REPS. ANGELINA “HELEN” D.L. TAN, M.D., EMMARIE “LOLYPOP” M. OUANO-DIZON, WESLIE GATCHALIAN, JOEL MAYO Z. ALMARIO, AURELIO “DONG” D. GONZALES, JR., PAUL RUIZ DAZA, LUIS RAYMUND “LRAY” F. VILLAFUERTE, ANNA MARIE VILLARAZA-SUAREZ, DAVID C. SUAREZ, JOHN MARVIN “YUL SERVO” C. NIETO, “KUYA” JOSE ANTONIO R. SY-ALVARADO, YEDDA MARIE K. ROMUALDEZ, FERDINAND MARTIN G. ROMUALDEZ, CHERYL P. DELOSOMONTALLA, FERDINAND L. HERNANDEZ, RUWEL PETER S. GONZAGA, ERIC L. OLIVAREZ, SOL ARAGONES, CARLO LISANDRO L. GONZALEZ, ERIC G. YAP, JOCELYN P. TULFO, ROWENA NIÑA O. TADURAN, EDGAR M. CHATTO, ESTRELLITA B. SUANSING, LEO RAFAEL M. CUEVA, VICTOR A. YAP, FLORIDA “RIDA” P. ROBES, SONNY “SL” L. LAGON, ELEANDRO JESUS F. MADRONA, LUCY TORRES-GOMEZ, DEOGRACIAS VICTOR “DV” B. SAVELLANO, RUTH MARIANO HERNANDEZ, ANGELO MARCOS BARBA, DAHLIA A. LOYOLA, MA. BERNARDITA “DITAS” B. RAMOS, KRISTINE SINGSON-MEEHAN, RICO B. GERON, JOSE GAY G. PADIERNOS, FRANCISCO JOSE “BINGO” F. MATUGAS II, CPA, CESO, LLB, LORNA P. BAUTISTA-BANDIGAN, ALLAN BENEDICT S. REYES, JOSE “JUN” L. ONG, VINCENT FRANCO D. FRASCO, JOCELYN SY LIMKAICHONG, MYRA JOY S. TAMBUNTING, MANUEL JOSE “MANNIX” M. DALIPE, ROMMEL RICO T. ANGARA, JOSE FRANCISCO B. BENITEZ, CARL NICOLAS C. CARI, ANTHONY PETER “ONYX” D. CRISOLOGO, RAUL V. DEL MAR, RIA CHRISTINA G. FARIÑAS, PABLO C. ORTEGA, ROGELIO NEIL P. ROQUE, HECTOR S. SANCHEZ, FREDERICK W. SIAO, KRISTINE ALEXEI B. TUTOR, DIEGO “NONOY” C. TY, GERARDO P. VALMAYOR, JR., MICAELA S. VIOLAGO, LIANDA B. BOLILIA, STRIKE B. REVILLA, MA. FE R. ABUNDA, ABDULLAH D. DIMAPORO, GLONA G. LABADLABAD, RONNIE L. ONG, CORAZON T. NUÑEZ-MALANYAON, MANUEL LUIS T. LOPEZ, JOSEPH STEPHEN S. PADUANO, ROSANNA “RIA” VERGARA, XAVIER JESUS D. ROMUALDO, RUFUS B. RODRIGUEZ, JOHN REYNALD M. TIANGCO, TYRONE D. AGABAS, ALFREDO A. GARBIN, JR., MA. LOURDES T. ARROYO, JOSE “BONG” TEVES, JR., MOHAMAD KHALID Q. DIMAPORO, ELPIDIO F. BARZAGA, JR., WILTON T. KHO, ALYSSA SHEENA P. TAN, CPA, FAUSTINO MICHAEL CARLOS T. DY III, STELLA LUZ A. QUIMBO, JOSE “JUN” L. ONG, JR., JOSELITO “JOEL” S. SACDALAN

Committee Referral: **COMMITTEE ON HEALTH (Primary)**
Committee Chairperson: **REP. ANGELINA "HELEN" D.L. TAN, M.D.**
Committee Referral: **COMMITTEE ON APPROPRIATIONS (Secondary)**
Committee Chairperson: **REP. JOEY SARTE SALCEDA**

OBJECTIVES:

- To establish the Malasakit Program to complement the delivery of medical and financial assistance under the Malasakit Center
- To provide 'one-stop services' to expedite processes in availing medical and financial assistance relevant to healthcare needs of indigent and financially incapacitated patients
- To reduce, if not eliminate, out-of-pocket expenditures of indigent and financially incapacitated patients, including indirect cost of hospitalization

KEY PROVISIONS:

- Establishes Malasakit Program under the DOH Institutionalizes the Malasakit Centers in all DOH-retained hospitals to carry out the objectives of the Malasakit Program
- Creates a Malasakit Program Office which shall be headed by a Program Director who shall perform the functions of (a) planning, (b) managing funds, and (c) overseeing and monitoring the implementation of the Malasakit Program, including the Malasakit Centers
- Establishes the Malasakit Centers in LGU hospitals and other public hospitals by following standards and criteria set by the DOH regarding service capacity and capability and location, among others
- Provides financial assistance to indigent and financially incapacitated patients through the Malasakit Centers which shall include non-medical assistance such as economical transportation costs, accommodation and food expenses, housing related expense, funeral and burial expense, and other allied services in accordance with the guidelines issued by the DOH in coordination with the DSW
- Provides medical assistance to indigent and financially incapacitated patients which include medical services not covered or paid for by PhilHealth benefits in accordance with the Universal Healthcare Act or by other financing sources
- Receives donations from public and private sectors which shall be accounted in the books of the DOH and the same shall submit quarterly reports to the Department of Budget and Management (DBM), through the Unified Reporting System
- Provides penalties to erring public officials or employees who commits the administrative penalties and criminal acts in this Act

RELATED LAWS:

- Republic Act No. 11223 - "Universal Health Care Act"
- Republic Act No. 10963 – "Tax Reform for Acceleration and Inclusion (TRAIN)"
- Republic Act No. 8424 - National Internal Revenue Code of 1997, as amended
- Executive Order No. 292 – Instituting the "Administration Code of 1987"
- Joint DOH-PCSO-DSWD-PHIC Administrative Order No. 2018-0001 – "Streamlining Access to Medical Assistance Fund of the Government"



As of 3:00 PM
11/13/2019

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

EIGHTEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 5477

Introduced by: Hon. Angelina "Helen" D.L. Tan, M.D., Emmarie "Lolypop" M. Ouano-Dizon, Weslie Gatchalian, Joel Mayo Z. Almario, Aurelio "Dong" D. Gonzales, Jr., Paul Ruiz Daza, Luis Raymund "Lray" F. Villafuerte, Anna Marie Villaraza-Suarez, David C. Suarez, John Marvin "Yul Servo" C. Nieto, "Kuya" Jose Antonio R. Sy-Alvarado, Yedda Marie K. Romualdez, Ferdinand Martin G. Romualdez, Cheryl P. Deloso-Montalla, Ferdinand L. Hernandez, Ruwel Peter S. Gonzaga, Eric L. Olivarez, Sol Aragones, Carlo Lisandro L. Gonzalez, Eric G. Yap, Jocelyn P. Tulfo, Rowena Niña O. Taduran, Edgar M. Chatto, Estrellita B. Suansing, Leo Rafael M. Cueva, Victor A. Yap, Florida "Rida" P. Robes, Sonny "Si" L. Lagon, Eleandro Jesus F. Madrona, Lucy Torres-Gomez, Deogracias Victor "Dv" B. Savellano, Ruth Mariano Hernandez, Angelo Marcos Barba, Dahlia A. Loyola, Ma. Bernardita "Ditas" B. Ramos, Kristine Singson-Meehan, Rico B. Geron, Jose Gay G. Padiernos, Francisco Jose "Bingo" F. Matugas II, CPA, CESO, LLB, Lorna P. Bautista-Bandigan, Allan Benedict S. Reyes, Jose "Jun" L. Ong, Vincent Franco D. Frasco, Jocelyn Sy Limkaichong, Myra Joy S. Tambunting, Manuel Jose "Mannix" M. Dalipe, Rommel Rico T. Angara, Jose Francisco B. Benitez, Carl Nicolas C. Cari, Anthony Peter "Onyx" D. Crisologo, Raul V. Del Mar, Ria Christina G. Fariñas, Pablo C. Ortega, Rogelio Neil P. Roque, Hector S. Sanchez, Frederick W. Siao, Kristine Alexei B. Tutor, Diego "Nonoy" C. Ty, Gerardo P. Valmayor, Jr., Micaela S. Violago, Lianda B. Bolilia, Strike B. Revilla, Ma. Fe R. Abunda, Abdullah D. Dimaporo, Glona G. Labadlabad, Ronnie L. Ong, Corazon T. Nuñez-Malanyaon, Manuel Luis T. Lopez, Joseph Stephen S. Paduano, Rosanna "Ria" Vergara, Xavier Jesus D. Romualdo, Rufus B. Rodriguez, John Reynald M. Tiangco, Tyrone D. Agabas, Alfredo A. Garbin, Jr., Ma. Lourdes T. Arroyo, Victor A. Yap, Jose "Bong" Teves, Jr., Mohamad Khalid Q. Dimaporo, Elpidio F. Barzaga, Jr., Wilton T. Kho, Alyssa Sheena P. Tan, CPA, Faustino Michael Carlos T. Dy III, Stella Luz A. Quimbo, Jose "Jun" L. Ong, Jr., Joselito "Joel" S. Sacdalan and Cesar "Jawo" L. Jimenez, Jr.

"AN ACT
ESTABLISHING MALASAKIT CENTERS IN ALL DEPARTMENT OF HEALTH (DOH)
HOSPITALS IN THE COUNTRY AND IN THE PHILIPPINE GENERAL HOSPITAL (PGH),
PROVIDING FUNDS THEREFOR AND FOR OTHER PURPOSES"

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 known as the "Malasakit Centers Act."

1 **SEC. 2. Declaration of Policies.** - It is the declared policy of the State to improve the delivery of
2 health care services to the people, and to ensure access to and efficiency in the process of
3 availing medical and financial assistance to fund health services. Towards this end, the State
4 shall:

- 5
6 (a) Adopt a multi-sectoral and streamlined approach in addressing health issues and
7 affirm the inherently integrated and indivisible linkage between health and social
8 services consistent with the whole-of-government, whole-of-society and whole-of-
9 system framework of Republic Act No. 11223, otherwise known as the "Universal
10 Health Care (UHC) Act";
11
12 (b) Ensure that patients experience compassion and empathy or "malasakit", and
13 receive respect and dignity in the availment of health services; and
14
15 (c) Provide medical and financial assistance through a one-stop shop.
16

17 **SEC. 3. Definition of Terms.** – For purposes of this Act, the following terms shall mean:
18

- 19 (a) *DOH Hospital* refers to a hospital under the management and administration of the
20 Department of Health (DOH), including the four (4) corporate hospitals under the
21 Secretary of Health, namely: Philippine Heart Center, Lung Center of the
22 Philippines, National Kidney and Transplant Institute and the Philippine Children's
23 Medical Center;
24
25 (b) *Financial Assistance* refers to monetary aid, in the form of guaranty letter, cash or
26 check, which covers burial, transportation, and other allied assistance or physical
27 aid, such as food, clothing, general assistive devices, given by agencies and
28 mandated by existing laws, rules and regulations to provide such assistance;
29
30 (c) *Financially incapacitated patient* refers to a patient who is not classified as indigent
31 but who demonstrates clear inability to pay or spend for necessary expenditures for
32 one's medical treatment, such as patients with catastrophic illness or any illness,
33 which is life or limb-threatening and requires prolonged hospitalization, extremely
34 expensive therapies or other special but essential care that would deplete one's
35 financial resources, as assessed and certified by the medical social worker;
36
37 (d) *Indigent Patient* refers to patient who has no visible means of income, or whose
38 income is insufficient for the subsistence of his/her family, as assessed by the
39 Department of Social Welfare and Development (DSWD), local government social
40 worker or the medical social worker of the health facility;
41
42 (e) *Medical Assistance* refers to assistance for out-of-pocket expense in the form of
43 coupon, stub, guaranty letter, promissory note or voucher that has monetary value,
44 given directly to recipients or beneficiaries to be used for the purchase of drugs,
45 medicines, goods or other services prescribed by the physician of a health facility
46 for in- and out-patients;
47

1 (f) *One-Stop Shop* refers to a common site or location designated to receive and
2 process requests for medical and financial assistance for indigent and financially
3 incapacitated patients;
4

5 (g) *Out-of-pocket expense* refers to medical and surgical services arising from
6 hospitalization not currently paid for or sufficiently covered by Philippine Health
7 Insurance Corporation (PhilHealth) benefits, insurance coverage, discounts, or
8 other sources of similar nature;
9

10 (h) *Patient navigation* refers to directing and assisting an individual to obtain health
11 care services and overcome barriers for timely, cost-effective and appropriate
12 medical care; and
13

14 (i) *Philippine General Hospital (PGH)* refers to the state-owned tertiary hospital
15 administered and operated by the University of the Philippines-Manila.
16

17 **SEC. 4. Malasakit Program** – The DOH shall establish a Malasakit Program that all DOH
18 hospitals and the PGH shall adopt and implement. It shall have the following objectives:
19

20 (1) Provide a policy framework for integrated people-centered health services that shall: (a)
21 ensure and promote an organizational culture geared towards responsiveness; (b)
22 ensure appropriate infrastructure and processes; and (c) promote client engagement
23 and empowerment; and
24

25 (2) Ensure financial risk protection and alleviate the financial burden of indigent and
26 financially-incapacitated patients and families who avail of health services in public
27 hospitals through financial and medical assistance provided by national government
28 agencies, local government, non-government organizations, private corporations and
29 individuals: *Provided, That* financially-incapacitated patients who seek health services in
30 other public hospitals and private facilities are still eligible to avail of financial and
31 medical assistance subject to the assessment and recommendation of the medical
32 social worker.
33

34 The DOH shall provide policy direction and pertinent guidelines, in consultation with DSWD,
35 Philippine Charity Sweepstake's Office (PCSO) and the PhilHealth to ensure and promote
36 responsive and effective social service engagement in Malasakit Centers.
37

38 **SEC. 5. Malasakit Program Office.** – There shall be established a Malasakit Program Office in
39 the DOH by augmenting, reclassifying and strengthening the existing Public Assistance Unit
40 (PAU) of the DOH. The Malasakit Program Office shall oversee the operations of the Malasakit
41 Centers.
42

43 The DOH, in coordination with the Department of Budget and Management (DBM), shall
44 ensure the creation of adequate and appropriate plantilla positions and staffing pattern to the
45 Malasakit Program Office.
46

SEC. 6. *Malasakit Centers.* – There shall be established a Malasakit Center in all DOH hospitals and the PGH which shall:

- (a) Serve as one-stop shop for medical and financial assistance;
- (b) Provide patient navigation and referral to the health care provider networks;
- (c) Provide information with regard to membership, coverage and benefit packages in the National Health Insurance Program;
- (d) Document, process, and utilize data from patient experience through a standardized form to shape institutional changes in the hospital;
- (e) Provide capacity building and performance evaluation to ensure good client interaction; and
- (f) Provide critical information on healthy behaviors and conduct health promotion activities in the hospital.

There shall be a special lane in each Malasakit Center for the exclusive use of senior citizens and persons with disabilities (PWD).

The Malasakit Centers shall be non-partisan, convenient, free of charge, accessible, and shall have a standard system of availment of assistance.

Local Government Units (LGUs), State Universities and Colleges (SUCs), Department of National Defense (DND), Department of the Interior and Local Government (DILG) including the Philippine National Police (PNP), Department of Justice (DOJ) and other public hospitals may establish Malasakit Centers: *Provided, That* said hospitals meet the following standards and criteria:

- (a) Guarantee the availability of funds for the operations of the Malasakit Centers, including its maintenance and other operating expenses, personnel complement including staff training, performance assessment and monitoring;
- (b) Ensure the adoption of the integrated people-centered health service, and
- (c) Comply with other requirements to be prescribed by the DOH regarding service capacity and capability, location, among others.

Public hospitals with existing Malasakit Centers shall comply with the abovementioned standards and criteria. The DOH may augment Malasakit Centers personnel in other public hospitals subject to standards and criteria to be set by the DOH.

SEC. 7. *Administration of the Malasakit Centers.* – The incumbent Medical Director, Chief of Hospital or Medical Center Chief shall be designated as the Malasakit Centers Director, who

1 shall oversee the proper management and efficient operation of the Malasakit Center. The
2 Malasakit Center Director shall:

- 3
- 4
- 5 (a) Ensure the provision of appropriate space, furniture, equipment and fixtures based
- 6 on the standard Malasakit Centers schematic plan to be provided by DOH;
- 7 (b) Promote harmony, coordination and cooperation among the participating agencies in
- 8 the Malasakit Centers and strengthen the delivery of services by upholding the
- 9 highest performance of duties and responsibilities; and
- 10
- 11 (c) Perform such other functions as may be necessary for the accomplishment of the
- 12 objectives of the Malasakit Program.
- 13

14 The Malasakit Center Director shall assign the Head of the Medical Social Work Office
15 as the Malasakit Center Operations Manager, who shall take charge of the day to day
16 management and operations of the Malasakit Centers. The Malasakit Center Director, and
17 Malasakit Center Operations Manager, shall receive no extra compensation.

18
19 **SEC. 8. *Personnel Complement*** – The Malasakit Center shall be adequately staffed by medical
20 social workers and support staff. The Medical Director, Chief of Hospital or Medical Center Chief
21 shall appoint and assign such other personnel as may be necessary for the effective operation
22 of the Malasakit Centers.

23
24 Each Malasakit Center shall consist of duly designated representatives from DOH,
25 DSWD, PCSO and PhilHealth. The DOH, DSWD, and PCSO representatives shall process and
26 approve the requests for medical and financial assistance. The PhilHealth representative shall
27 assist in the availment of benefits and address other PhilHealth related concerns of patients.

28
29 The DOH, DSWD, PCSO, and PhilHealth are hereby authorized to create the required
30 plantilla and staffing pattern necessary for the implementation of this Act in coordination with the
31 DBM, Civil Service Commission (CSC), and the Governance Commission for Government
32 Owned or Controlled Corporations (GCG), as the case may be.

33
34 The DOH and DSWD shall include in their budgetary submission to the DBM the
35 required budget for the personnel services requirements of each Malasakit Center. Such
36 budgetary requirement shall be included in the budgets of the respective agencies in the
37 General Appropriations Act.

38
39 **SEC. 9. *Medical and Financial Assistance***. – The Malasakit Centers shall facilitate access to the
40 following medical and financial assistance:

- 41
- 42 (a) The DOH medical assistance to indigent patients. Medical assistance to indigent and
- 43 financially incapacitated patients shall be based on need as recommended by the
- 44 medical social worker and the attending physician;
- 45
- 46 (b) The DSWD financial assistance, based on existing Assistance to Individuals in Crisis
- 47 Situation (AICS) guidelines;
- 48
- 49 (c) The PCSO medical assistance under its existing programs, chargeable against its funds;

1 (d) Medical and financial assistance programs provided by other government agencies,
2 local government units, non-government organizations, and private institutions and
3 individuals.
4

5 Nothing in this Act shall limit access to or availability of medical and financial assistance
6 only to indigent and financially incapacitated patients referred through Malasakit Centers.
7

8 The medical social worker shall assess the patient's eligibility and provide such patient
9 with complete information of the type, form or character and degree or extent of welfare
10 assistance that the patient may receive or benefit from various funding sources at the Malasakit
11 Centers.
12

13 In cases of patients who are admitted in LGU and other public hospitals but who are
14 otherwise eligible for medical and financial assistance under this Act, they may be extended
15 such medical and financial assistance through the Malasakit Centers or through the government
16 agencies concerned.
17

18 In case of non-availability of clinically indicated drugs, medicines, tests, services or
19 procedures in DOH hospital, the DOH hospital may enter into a contract with DOH-accredited
20 private health facility to provide the needed drug, test, service or procedure to the patient,
21 charged against the hospital, subject to the guidelines set by DOH.
22

23 The DOH, DSWD, PhilHealth and PCSO shall issue uniform guidelines for the proper
24 implementation of medical and financial assistance to indigent and financially incapacitated
25 patients, which shall include availment procedures, order of charging of payments, recording
26 and reporting, and monitoring and evaluation.
27

28 In the implementation of this provision, the efficient and most streamlined delivery of
29 assistance to all beneficiaries shall be the primary consideration. All rules, regulations,
30 processes, and practices shall be formulated and implemented with the end in goal of achieving
31 this purpose.
32

33 Nothing in this Act shall prohibit a patient or his/her representative from accessing and
34 requesting medical and financial assistance directly from the abovementioned agencies.
35
36

37 **SEC. 10. Monitoring and Evaluation.** – The DOH shall conduct monitoring and evaluation to
38 assess the responsiveness of Malasakit Centers, including a client satisfaction survey, utilizing
39 indicators such as reduced waiting time, percentage of indigent and financially incapacitated
40 patients served and percentage of complaints endorsed for action, among others.
41

42 **SEC. 11. Penal Provisions.** –
43

44 (a) A public official or employee who commits the following acts shall, after due notice and
45 hearing, suffer the corresponding penalties as herein provided:
46

47 (1) Commits an unethical and fraudulent act or abuse of authority, shall be suspended
48 for three (3) months without pay for the first offense and dismissal from service for
49 the succeeding offense;
50

1 (2) Appropriates the funds of the Malasakit Program for personal use, or shall willingly or
2 negligently consents either expressly or impliedly to the misappropriation of funds
3 without objecting to the same and properly reporting the matter to the proper
4 authorities, shall be liable for misappropriation of the funds of the Malasakit Program,
5 and shall be punished with a fine equivalent to triple the amount misappropriated per
6 count and suspension of three (3) months without pay.
7

8 The abovementioned administrative penalties shall be without prejudice to the filing of criminal
9 charges under Republic Act No. 3019, otherwise known as the "Anti-Graft and Corrupt Practices
10 Act" and existing penal laws.
11

12 (b) Any person who commits fraud or misrepresentation as to his/her indigency or financial
13 incapacity shall render the assistance void and shall make the person liable for twice the
14 amount of assistance provided and suffer the penalty of imprisonment from six (6)
15 months to not more than two (2) years.
16

17 (c) Any person who aids or abets the commission of the offense in the preceding paragraph
18 shall suffer the penalty of imprisonment for one (1) day to not more than six (6) months.
19

20 **SEC. 12. Annual Report.** – The DOH, DSWD, PCSO, and PhilHealth shall jointly submit to the
21 Office of the President of the Philippines, Senate Committee on Health and Demography, and
22 the House of Representatives Committee on Health on or before the end of December of every
23 year, or upon the request of any of the aforesaid offices, a report giving a detailed account of
24 the status of the implementation of this Act.
25

26 **SEC. 13. Appropriations.** – The amount necessary for the establishment and operation of
27 Malasakit Centers shall be included in the General Appropriations Act.
28

29 The amounts earmarked under Section 288-A of the National Internal Revenue Code, as
30 amended, for medical assistance shall be appropriated under the DOH, specifically for medical
31 assistance to indigent patients, portion of which shall be allotted for DOH hospitals and the
32 PGH: *Provided*, That other public hospitals without Malasakit Centers shall continue to receive
33 medical assistance from the DOH.
34

35 **SEC. 14. Implementing Rules and Regulations.** – Within ninety (90) days from the approval of
36 this Act, the DOH, PhilHealth, DSWD and PCSO shall jointly issue the implementing rules and
37 regulations of this Act.
38

39 **SEC. 15. Separability Clause.** – Any portion or provision of this Act that is declared
40 unconstitutional shall not have the effect of nullifying other portions or provisions hereof as long
41 as such remaining portions can still subsist and be given effect in their entirety.
42

43 **SEC. 16. Repealing Clause.** – All laws, ordinances, rules, regulations, other issuances or parts
44 thereof, which are inconsistent with this Act, are hereby repealed or modified accordingly.
45

46 **SEC. 17. Effectivity.** – This Act shall take effect fifteen (15) days after its publication in the
47 *Official Gazette* or in a newspaper of general circulation.

Approved,