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Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

EIGHTEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 2891



Introduced by Hon. John Marvin "Yul Servo" C. Nieto

EXPLANATORY NOTE

This house bill aims to institutionalize the Malasakit Center Program, hereby mandating accredited public hospitals in the country to serve more indigent Filipinos through the establishment of their respective Malasakit Centers.

Malasakit Centers have been proven helpful to our indigent citizens who are in need of immediate, accessible, and convenient medical assistance. Prior to the implementation of this program, our indigent citizens were required to submit a myriad of documents and were forced to travel to different government agencies to follow the procedures in securing their much sought assistance. After the establishment of 18 Malasakit Centers (so far) all over the country, Filipinos were meet with much easier and faster processing as the Centers provided for a *one-stop-shop* venue for securing medical assistance. People no longer needed to travel to their local PhilHealth, DSWD, PCSO, and other agencies that offered medical assistance because the representatives of these agencies were already present at the Centers, ready to serve the people.

The institutionalization of Malasakit Centers will require all accredited hospitals to provide the accessibility and ease of acquiring medical assistance to the people. This mandates the Malaskit Centers' permanence in our public service delivery, assuring our citizens that they receive the health care that they deserve, and in a timely and convenient fashion.

It is high time that we empathize on the apparently tedious and unassuring processes that our *kababayans* have to go through just to receive medical assistance. Let us not just give them tokenistic solutions, let us also take steps in

41 making sure that they experience smooth and fast processing so as to avoid
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HOUSE BILL NO. 2891

Introduced by Hon. John Marvin "Yul Servo" C. Nieto

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

*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 of 2019".

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"** – refers to 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"** refer 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.

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

136 **a) Non-Partisan.** Any indorsement from any elected official or party charter
137 representatives to avail of services at Malasakit will not be accommodated by
138 the Centers.

139 **b) Convenient.** There is no need to go to separate government offices
140 providing assistance and undergo the same intake interview over and over
141 again.

142 **c) Free of charge.** Patients are not to be charged any fee for availing the
143 services inside the Malasakit Center.

144 **d) No Cash Assistance.** All assistance comes in the form of guaranty letters.

145 **e) Requirements Apply.** All programs brought by the agencies at the
146 Malasakit Center are subject to their respective guidelines.

147 **Section 5. Institutionalization of the Malasakit Centers.** - The Malasakit
148 Center program, initiated through a Joint Administrative Order among the
149 Department of Health, Philippine Health Insurance Corporation, Philippine Charity
150 Sweepstakes Office, and the Department of Social Welfare and Development in
151 2018, is hereby institutionalized, starting with all the existing Malasakit Centers at
152 the time of the approval of this Act.

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

154 a) To facilitate the process of availing government financial assistance services
155 for healthcare by bringing the providing agencies inside Department of
156 Health-retained ("DOH-retained") hospitals and local government unit ("LGU")
157 hospitals, by simplifying the procedures of application for such services, and
158 by implementing a single standard form;

159 b) To help DOH-retained and LGU hospitals address issues on revenue
160 generation, patient congestion, longer patient stay, and maximized use of
161 existing bed capacity, and;

162 c) To support the maximized utilization of government funds appropriated for
163 purposes of financial assistance for healthcare.

164 **Section 7. Participating Agencies.**

165 a) Office of the President ("OPP");.

166 b) Department of Health ("DOH");

167 c) Philippine Health Insurance Corporation ("PhilHealth");

168 d) Philippine Charity Sweepstakes Office ("PCSO");

169 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 ("RFS")

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:

Medical Social Welfare Officers for the Center to assist and assess patients based on the information required by the Center Unified Form; 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.

211

212 ii. Furnish necessary equipment to the Center for its conduct of operation.

213 **c) PhilHealth:**

214 i. Deploy Agency Representatives to the hospitals or assign its already deployed
215 personnel to represent PhilHealth in each of the Centers therein for appropriate
216 assistance to its members chargeable to its existing programs and funds.

217 **d) PCSO:**

218 i. Put up and implement the PCSO Desk/ASAP-delivery system in the Centers
219 ii. Issue Guarantee Letters ("GL") within the next working day in favor of qualified
220 patients, from the time the request for assistance was made, indicating the
221 amount of assistance and payable to Partner Hospitals. For this purpose, PCSO
222 shall designate PCSO officers who shall be the authorized signatories for the GLs.
223

224 **e) PSA:**

225 Put a system and deploy a representative from their Regional/Provincial Offices
226 to the partner hospitals that will make it easy for patients referred at the
227 Centers to access their NSO copies of Birth certificates, marriage certificates, or
228 death certificates, as the case maybe, which may be required by the partner
229 agencies in the availment of its programs.

230 **f) Office of the President:**

231 Allot and download on quarterly basis such amounts
232 of subsidies to the various Malasakit centers through the partner hospitals based
233 on guidelines formulated by the Malasakit Inter-Agency Steering Committee. It
234 shall be disbursed in accordance with existing accounting and auditing rules and in
235 consonance with the guidelines issued by the Malasakit Inter-Agency Steering
236 Committee.
237

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

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

244 a) Spearhead the establishment of a Malasakit Inter-agency Steering
245 Committee composed of the representatives of the partner agencies. The
246 Secretary of Health or his representative shall preside in the meetings of the
247 Committee.

248 b) Facilitate the crafting and publication of the Implementing Rules for this
249 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 plantilla 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 and Administrative Assistant who shall be a college graduate with a minimum of one year relevant experience. Both shall

289 be appointed by the Director of the partner hospitals subject to civil service rules.

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

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

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

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

305 a) To govern the administration and operation of the affairs of the Center;

306 b) To appoint such other personnel and staff as may be necessary for the
307 effective operation of the Center, subject to existing civil service laws, rules,
308 and regulations;

309
310 c) To provide for the continued improvement of the Center and its facilities
311 including training of personnel so that the highest professional levels of patient
312 services may be maintained;

313
314 d) To purchase and issue medicines, supplies and materials, equipment and
315 property required for its operation and maintenance, subject to availability to
316 funds or appropriations therefor;

317
318 e) To account for the funds, property, and other assets of the Center and to
319 submit an Annual Financial Report to the Secretary of Health at the end of
320 each year;

321
322 f) To promote cooperation and coordination with the different agencies in the
323 Center for any assistance as may be required in the performance of duties;
324 And,

325
326 g) To perform such other functions as may be necessary for the
327 accomplishment of the objectives of this Act.

328 **Section 13. Eligible Beneficiaries.** – Centers shall only cater to indigent

329 patients consulted or admitted in the Partner Hospital. This presupposes that
330 he/she had been registered in the hospital registry.

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

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

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

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

347 **Section 17. Coordination of Government Agencies.** - The DOH, in
348 coordination with the participating agencies and local government units, shall
349 assist in the effective implementation of this Act and provide the necessary
350 support services.

351
352 **Section 18. Separability Clause.** - If, for any reason any part or provision of
353 this Act is declared invalid and unconstitutional, the remaining parts or provisions
354 not affected thereby shall remain in full force and effect.

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

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

360

361 *Approved,*

1 Republic of the Philippines
2 **HOUSE OF REPRESENTATIVES**
3 **Quezon City**

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6 First Regular Session
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