

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

18TH CONGRESS
First Regular Session

HOUSE BILL NO. 1599



**Introduced by Representatives Michael L. Romero and
Enrico A. Pineda**

EXPLANATORY NOTE

In 2010 and 2015, reform efforts were outlined to make decentralization and health insurance work more effectively, including an expanded government subsidy for the enrollment of the poor, the creation of local health service delivery/planning units to reduce fragmentation, and a stronger DOH role in regulation. Also the shifting from Fee-for-service to Case Rate payment scheme and IHCP Portal System is established to provide a link between accredited institutional health care providers and Philhealth through online connections.

PhilHealth have six major membership categories covering nearly the entire population. Those who count under the:

- (a) "Formal" sector are workers employed by public and private companies and other institutions;
- (b) "Indigents" also called "Philhealth sa Masa" are subsidized by National Government the National Household Targeting System for Poverty Reduction;
- (c) "Sponsored Members" are subsidized by their respective Local Governments (LGU);
- (d) "Lifetime" (non-paying members) are retirees and pensioners and have already paid premiums for 120 months of membership and are 60 or older;
- (e) "Senior Citizen" under RA 10645 that all citizen ages 60 years old above are eligible to have free Philhealth coverage;

(f) The "Informal Economy" is composed of Informal Sectors, Self-Earning Individuals, Organized Group, Filipino with Dual Citizenship, Naturalized Born Citizen. Although treated separately, the Overseas Filipino Workers (OFW) program or Migrant Workers is as part of the Informal Economy. Migrant Worker is sub-categorized as whether Land Based or Sea Based (for Sea Fearers);

This House Bill seeks to foster the benefits package and delivery system of our Health promotion programs. To promote additional comprehensive coverage for all its beneficiaries. To improve comprehensive services and other accreditation programs.

Thus, the early passage of this bill is earnestly requested.



MICHAEL L. ROMERO Ph.D.



ENRICO A. PINEDA

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A. Pineda**

**AN ACT
TO INSTITUTIONALIZE THE EXISTING HEALTH
PROMOTION PROGRAM IN THE COUNTRY, TO ADOPT A MORE
SYSTEMATIC AND COMPREHENSIVE HEALTH MANAGEMENT
PROGRAM, TO PROMOTE AN ACCELERATED SCHEME, TO
FOSTER THE IMPOSITION OF ALL EXISTING HEALTH
POLICIES AND PROGRAMS, AND FOR OTHER PURPOSES**

*Be it enacted by the Senate and House of Representative of the Philippines
in congress assembled:*

SECTION 1. DECLARATION OF POLICY -

It is hereby declared a policy of the State to protect and promote the right to health of the people and instill health consciousness among them.

The State shall provide sustainable funding for health promotion activities, encourage coordination and collaboration of national and local agencies and institutions in achieving a proficient health promotion program.

SECTION 2. HEALTH PROMOTION PROGRAM FUNDING -

The state shall hereby appropriate an additional Fifty million pesos **(₱50,000,000.00)** as additional funding, there is hereby created a **Health Promotion Program Fund**, that shall be used exclusively for the mandates, programs, activities and objectives of this act.

The amount of Fifty million pesos **(₱50,000,000.00)** is hereby appropriated from the Organizational Adjustment Fund on the year of the effectivity of this Act, and every year thereafter.

Additional requirements shall be charged to the appropriations under the current General Appropriations Act (GAA).

Thereafter, such sum as may be needed for the continued implementation of this Act shall be included in the annual General Appropriations Act (GAA).

SECTION 3. PURPOSES OF THE FUNDING – These additional funding shall be used to promote and foster the following:

1. Rationalizing resources and support for workers in the LGUs;
2. Accelerate Promotional campaigns;
3. Institutionalize Research and Development of health policies and guidelines;
4. Foster supportive schemes; and
5. Promote inter-agency and inter-sectoral relations

SECTION 4. APPROPRIATION AND RELEASE OF FUNDING – The funds referred to shall be hereby appropriated and automatically released in favor of the Health Promotional Program Fund, from the Organizational Adjustment Fund for establishing its programs and initiating its activities.

SECTION 5. IMPLEMENTING RULES AND REGULATIONS – The departments and agencies charged with carrying out the provisions of this

Act shall, within sixty **(60)** days after the effectivity of this Act, formulate the necessary rules and regulations for its effective implementation.

SECTION 6. REPEALING CLAUSE. – All laws, decrees, executive orders, rules and regulations, or parts thereof inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

SECTION 7. SEPARABILITY CLAUSE. – If, for any reason, any section or provision of this Act is held unconstitutional or invalid, the other sections or provisions hereof shall not be affected thereby.

SECTION 8. EFFECTIVITY CLAUSE. – This Act shall take effect after fifteen (15) days from its publication in the Official Gazette or in at least two (2) national newspapers of general circulation whichever comes earlier.

Approved,