

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



HOUSE OF REPRESENTATIVE

H.B. No. 5428

Introduced by **Representative TEODORICO T. HARESCO, JR.**

EXPLANATORY NOTE

Article II, Section 15 of the 1987 Philippine Constitution declares that the “State shall protect and promote the right to health of the people and instill consciousness among them.” However, until today, most of the Filipinos, especially those living in far-flung areas have not access to basic health services.

This proposed measure intends to reduce, if not eliminate, out-of-pocket expenditures of indigent and poor patients including non-medical expenses like transportation costs through the establishment of Malasakit Centers. This bill seeks to establish, maintain and operate Malasakit Centers in all Department of Health (DOH) hospitals in the country which will house desk representatives from the Philippine Health Insurance Corporation (PhilHealth), Department of Social Welfare and Development (DSWD) and DOH.

It is high time that we put accessible health services at the forefront for every Filipino as this is necessary to secure and protect a nation.

  
TEODORICO T. HARESCO, JR.

HOUSE OF REPRESENTATIVES  
H.B. No. 5428

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AN ACT  
ESTABLISHING MALASAKIT CENTERS IN ALL DEPARTMENT OF HEALTH (DOH)  
HOSPITALS IN THE COUNTRY AND PROVIDING FUNDS THERFOR

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

1       **SECTION 1. Short Title.** – This Act shall be known as the “Malasakit Centers Act of  
2 2019”  
3

4       **SECTION 2. Declaration of Policy.** – It is hereby declared the policy of the State to  
5 improve the delivery of basic health care services to the people, especially to the poor, and  
6 to ensure financial access to health services.  
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8       **SECTION 3. Malasakit Program.** – The Department of Health (DOH) shall establish a  
9 Malasakit Program that all DOH Hospitals shall adopt and implement. It shall have the  
10 following objectives:

- 11       1. Provide a policy framework for integrated people-centered health services in  
12 DOH hospitals that shall:  
13           a. Ensure and promote an organizational culture geared towards  
14           responsiveness;  
15           b. Ensure appropriate infrastructure and process;  
16           c. Promote client engagement and empowerment; and  
17       2. Ensure financial risk protection and alleviate the financial burden of indigent and  
18 financially incapacitated patients and families who avail of health services in  
19 public hospitals through financial and medical assistance provided by national  
20 government agencies, local government, non-governmental organizations,  
21 private corporations and individuals.

22       The DOH shall provide policy direction and pertinent guidelines, in consultation with  
23 the Department of Social Welfare and Development (DSWD), Philippine Charity  
24 Sweepstakes Office (PCSO) and the Philippine Health Insurance Corporation



1 (PhilHealth) to ensure and promote responsive and effective social service  
2 engagement in Malasakit Centers.

3  
4 **SECTION 4. *Malasakit Program Office.*** – There shall be established a Malasakit  
5 Program Office in the DOH by augmenting, reclassifying and strengthening the existing  
6 Public Assistance Unit (PAU) of the DOH. The Malasakit Program Office shall oversee the  
7 operations of the Malasakit Centers.

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

11 **SECTION 5. *Malasakit Centers.*** There shall be established a Malasakit Center in all  
12 DOH hospitals in the country which shall:

- 13 a. Serve as a one-stop shop for medical and financial assistance;  
14 b. Provide patient navigation and referral to the health care provider networks;  
15 c. Provide information with regard to membership, coverage and benefit packages  
16 in the National Health Insurance Program;  
17 d. Document, process, and utilize data from patient experience through a  
18 standardized form to shape institutional changes in the hospital; and  
19 e. Provide capacity building and performance evaluation that ensure good client  
20 interaction.

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

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

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

- 30 a. Guarantee the availability of funds for the operations of the Malasakit Center,  
31 including its maintenance and other operating expenses, personnel complement  
32 including staff training, performance assessment and monitoring;  
33 b. Ensure the adoption of the integrated people-centered health services; and

- 1 c. Comply with other requirements to be prescribed by the DOH regarding service  
2 capacity and capability, location, among others.  
3

4 **SECTION 6. *Medical and Financial Assistance.*** - The Malasakit Centers shall provide  
5 access to the following medical and financial assistance:

- 6 a. The DOH medical assistance to indigent patients. Medical assistance to indigent  
7 and financially incapacitated patients shall be based on need as recommended by  
8 the medical social worker and the attending physician;  
9 b. The DSWD financial assistance, based on existing Assistance to Individuals in  
10 Crisis Situation (AICS) guidelines;  
11 c. The PCSO medical assistance to indigent and financially incapacitated patients  
12 under its existing programs, chargeable against its funds;  
13 d. Medical and financial assistance programs provided by other government  
14 agencies, local government units, non-government organizations, and private  
15 institutions and individuals.

16 The medical social worker shall assess the patient's eligibility and provide such  
17 patient with complete information of the type, form or character and degree or extent of  
18 welfare assistance that the patient may receive or benefit from various funding sources at  
19 the Malasakit Center.

20 In cases of patients who are admitted in LGU and other public hospitals but who are  
21 otherwise eligible for medical and financial assistance under this Act, they may be extended  
22 such medical and financial assistance through the Malasakit Centers.

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

27 The DOH, DSWD and PCSO shall issue guidelines for the proper implementation of  
28 medical and financial assistance to indigent and financially incapacitated patients, which  
29 shall include availment procedures, order of charging of payments, recording and reporting,  
30 and monitoring and evaluation.

31 In the implementation of this provision, the efficient and most streamlined delivery  
32 of assistance to all beneficiaries shall be the primary consideration. All rules, regulations,  
33 processes, and practices shall be formulated and implemented with the end in goal of  
34 achieving this purpose.  
35

36 **SECTION 7. *Appropriations.*** The amount necessary for the establishment and  
37 operation of Malasakit Centers shall be included in the General Appropriations.



1           **SECTION 8. *Implementing Rules and Regulations.*** – Within ninety (90) days from the  
2 approval of this Act, the DOH, PhilHealth, DSWD and PCSO shall jointly issue the  
3 implementing rules and regulations of this Act.

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5           **SECTION 9. *Separability Clause.*** - If any provision, or part hereof, is held invalid or  
6 unconstitutional, the remainder of the law or the provision not otherwise affected shall  
7 remain valid and subsisting.

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9           **SECTION 10. *Repealing Clause.*** - All laws, ordinances, rules, regulations, other  
10 issuances or parts thereof, which are inconsistent with this Act, are hereby repealed or  
11 modified accordingly.

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13           **SECTION 11. *Effectivity Clause.*** - This Act shall take effect fifteen (15) days after its  
14 publication in at least two (2) newspaper of general circulation.

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16           *Approved,*