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SENATE  
S. B. No. 1076

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(In substitution of SBN 199)

RECEIVED BY:

A handwritten signature in black ink, appearing to read "SENATOR GO".

Prepared and submitted jointly by the Committees on Health and Demography; Social Justice, Welfare and Rural Development; Ways and Means; and Finance with Senator Go as author thereof

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

*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  
2       Centers Act."

3       **SEC. 2. Declaration of Policies.** - It is the declared policy of the State to  
4       improve the delivery of health care services to the people, and to ensure financial  
5       access to health services. Towards this end, the State shall:

6       (a) Adopt a multi-sectoral and streamlined approach in addressing health issues  
7       and affirm the inherently integrated and indivisible linkage between health  
8       and social services consistent with the whole-of-government, whole-of-society  
9       and whole-of-system framework of Republic Act No. 11223, otherwise known  
10      as the "Universal Health Care (UHC) Act";

11      (b) Ensure that patients experience compassion and empathy or "malasakit", and  
12      receive respect and dignity in the availment of health services; and

13      (c) Provide medical and financial assistance through a one-stop shop.

14      **SEC. 3. Definition of Terms.** - For purposes of this Act, the following terms  
15      shall mean:

16      (a) *DOH Hospital* refers to a hospital under the management and administration

1       of the Department of Health (DOH), including the four (4) corporate hospitals  
2       under the Secretary of Health, namely: Philippine Heart Center, Lung Center  
3       of the Philippines, National Kidney and Transplant Institute and the Philippine  
4       Children's Medical Center;

5       (b) *Financial Assistance* refers to monetary aid, in the form of guaranty letter,  
6       cash or check, which covers burial, transportation, and other allied assistance  
7       or physical aid, such as food, clothing, general assistive devices, given by  
8       agencies and mandated by existing laws, rules and regulations to provide  
9       such assistance;

10      (c) *Financially incapacitated patient* refers to a patient who is not classified as  
11       indigent but who demonstrates clear inability to pay or spend for necessary  
12       expenditures for one's medical treatment, such as patients with catastrophic  
13       illness or any illness, which is life or limb-threatening and requires prolonged  
14       hospitalization, extremely expensive therapies or other special but essential  
15       care that would deplete one's financial resources, as assessed and certified by  
16       the medical social worker;

17      (d) *Indigent Patient* refers to patient who has no visible means of income, or  
18       whose income is insufficient for the subsistence of his/her family, as assessed  
19       by the Department of Social Welfare and Development (DSWD), local  
20       government social worker or the medical social worker of the health facility;

21      (e) *Medical Assistance* refers to assistance for out-of-pocket expense in the form  
22       of coupon, stub, guaranty letter, promissory note or voucher that has  
23       monetary value, given directly to recipients or beneficiaries to be used for the  
24       purchase of drugs, medicines, goods or other services prescribed by the  
25       physician of a health facility for in- and out-patients;

26      (f) *One Stop Shop* refers to a common site or location designated to receive and  
27       process requests for medical and financial assistance for indigent and  
28       financially incapacitated patients;

29      (g) *Out-of-pocket expense* refers to medical and surgical services arising from  
30       hospitalization not currently paid for or sufficiently covered by PhilHealth  
31       benefits, insurance coverage, discounts, or other sources of similar nature;

32      (h) *Patient navigation* refers to directing and assisting an individual to obtain

1           health care services and overcome barriers for timely, cost-effective and  
2           appropriate medical care.

3           **SEC 4. *Malasakit Program*.** - The DOH shall establish a Malasakit Program  
4           that all DOH hospitals shall adopt and implement. It shall have the following  
5           objectives:

- 6           1) Provide a policy framework for integrated people-centered health services in  
7           DOH hospitals that shall: (a) ensure and promote an organizational culture  
8           geared towards responsiveness; (b) ensure appropriate infrastructure and  
9           processes; and (c) promote client engagement and empowerment; and
- 10          2) Ensure financial risk protection and alleviate the financial burden of indigent  
11          and financially incapacitated patients and families who avail of health services  
12          in public hospitals through financial and medical assistance provided by  
13          national government agencies, local government, non-government  
14          organizations, private corporations and individuals.

15          The DOH shall provide policy direction and pertinent guidelines, in  
16          consultation with DSWD, Philippine Charity Sweepstakes Office (PCSO) and the  
17          Philippine Health Insurance Corporation (PhilHealth) to ensure and promote  
18          responsive and effective social service engagement in Malasakit Centers.

19          **SEC. 5. *Malasakit Program Office*.** – There shall be established a  
20          Malasakit Program Office in the DOH by augmenting, reclassifying and strengthening  
21          the existing Public Assistance Unit (PAU) of the DOH. The Malasakit Program Office  
22          shall oversee the operations of the Malasakit Centers.

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

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

- 28           (a) Serve as a one-stop shop for medical and financial assistance;
- 29           (b) Provide patient navigation and referral to the health care provider  
30           networks;
- 31           (c) Provide information with regard to membership, coverage and benefit  
32           packages in the National Health Insurance Program;

- 1                   (d) Document, process, and utilize data from patient experience through a  
2                   standardized form to shape institutional changes in the hospital; and  
3                   (e) Provide capacity building and performance evaluation that ensure good  
4                   client interaction.

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

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

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

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

22                  **SEC. 7. Administration of the Malasakit Center.** – The incumbent  
23                  Medical Director, Chief of Hospital or Medical Center Chief shall be designated as the  
24                  Malasakit Center Director, who shall oversee the proper management and efficient  
25                  operation of the Malasakit Center. The Malasakit Center Director shall:

- 26                  (a) Ensure the provision of appropriate space, furniture, equipment and  
27                  fixtures based on the standard Malasakit Center schematic plan to be  
28                  provided by DOH;
- 29                  (b) Promote harmony, coordination and cooperation among the participating  
30                  agencies in the Malasakit Centers and strengthen the delivery of services  
31                  by upholding the highest performance of duties and responsibilities; and
- 32                  (c) Perform such other functions as may be necessary for the

1 accomplishment of the objectives of the Malasakit Program.

2       The Malasakit Center Director shall assign the Head of the Medical Social  
3 Work Office as the Malasakit Center Operations Manager, who shall take charge of  
4 the day to day management and operations of the Malasakit Center. The Malasakit  
5 Center Director, and Malasakit Center Operations Manager, shall receive no extra  
6 compensation.

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

12       Each Malasakit Center shall consist of duly designated representatives from  
13 DOH, DSWD, PCSO and PhilHealth. The DOH, DSWD and PCSO representatives shall  
14 process and approve the requests for medical and financial assistance. The  
15 PhilHealth representative shall assist in the availment of benefits and address other  
16 PhilHealth related concerns of patients.

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

22       The DOH and DSWD shall include in their budgetary submission to the DBM the  
23 required budget for the personnel services requirements of each Malasakit Center.  
24 Such budgetary requirement shall be included in the budgets of the respective  
25 agencies in the General Appropriations Act.

26       **SEC. 9. Medical and Financial Assistance.** - The Malasakit Centers shall  
27 provide access to the following medical and financial assistance:

- 28       (a) The DOH medical assistance to indigent patients. Medical assistance to  
29           indigent and financially incapacitated patients shall be based on need as  
30           recommended by the medical social worker and the attending physician;  
31       (b) The DSWD financial assistance, based on existing Assistance to Individuals  
32           in Crisis Situation (AICS) guidelines;

- 1                   (c) The PCSO medical assistance to indigent and financially incapacitated  
2                   patients under its existing programs, chargeable against its funds;  
3                   (d) Medical and financial assistance programs provided by other government  
4                   agencies, local government units, non-government organizations, and  
5                   private institutions and individuals.

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

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

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

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

23                  In the implementation of this provision, the efficient and most streamlined  
24                  delivery of assistance to all beneficiaries shall be the primary consideration. All rules,  
25                  regulations, processes, and practices shall be formulated and implemented with the  
26                  end in goal of achieving this purpose.

27                  **SEC. 10. Monitoring and Evaluation.** - The DOH shall conduct monitoring  
28                  and evaluation to assess the responsiveness of Malasakit Centers, including a client  
29                  satisfaction survey, utilizing indicators such as reduced waiting time, percentage of  
30                  indigent and financially incapacitated patients served and percentage of complaints  
31                  endorsed for action, among others.

1           **SEC. 11. *Donations from Non-Governmental Organizations and the***

2           **Private Sector.** - The DOH may solicit and receive donations from the private  
3           sector for medical assistance to indigent and financially incapacitated patients. Such  
4           donations shall be exempt from income or donor's tax and all other taxes, fees and  
5           charges imposed by the government: *Provided*, That donations from the private  
6           sector for a particular hospital shall only be used for the benefit of the patients of  
7           the particular hospital: *Provided, further*, That the donations and grants shall only be  
8           used for the purpose specified by the donor. As such, the donor may send his or her  
9           representatives to the Malasakit Center for the provision of the medical assistance  
10          donated by the donor in the particular hospital.

11          Receipts from donations, whether in cash or in kind, shall be accounted for in  
12         the books of the DOH in accordance with accounting and auditing rules and  
13         regulations. The receipts from cash donations and proceeds from sale of donated  
14         commodities shall be deposited with the National Treasury and recorded as a special  
15         account in the General Fund and shall be available to the DOH through a special  
16         budget pursuant to Section 35, Chapter 5, Book VI of Executive Order No. 292.  
17          Donations with a term not exceeding one (1) year shall be treated as trust receipts.

18          The DOH shall submit the quarterly reports of all donations received, whether  
19         in cash or in kind, and expenditures or disbursements thereon with electronic  
20         signature to the DBM, through the Unified Reporting System, and to the Speaker of  
21         the House of Representatives, the President of the Senate of the Philippines, the  
22         House Committee on Appropriations, the Senate Committee on Finance and the  
23         Commission on Audit, by posting such reports on the DOH website for a period of  
24         three (3) years. The head of the DOH shall send written notice to the said offices  
25         when said reports have been posted on its website which shall be considered the  
26         date of submission.

27           **SEC. 12. *Penal Provisions.* –**

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

31           (1) Commits an unethical and fraudulent act or abuse of authority, shall be  
32           suspended for three (3) months without pay for the first offense and

1                   dismissal from service for the succeeding offense;

2                   (2) Appropriates the funds of the Malasakit Program for personal use, or

3                   shall willingly or negligently consents either expressly or impliedly to the

4                   misappropriation of funds without objecting to the same and properly

5                   reporting the matter to the proper authorities, shall be liable for

6                   misappropriation of the funds of the Malasakit Program, and shall be

7                   punished with a fine equivalent to triple the amount misappropriated per

8                   count and suspension of three (3) months without pay.

9                   The abovementioned administrative penalties shall be without prejudice to

10                  the filing of criminal charges under existing penal laws.

11                  (b) Any person who commits fraud or misrepresentation as to his

12                  indigency or financial incapacity shall render the assistance void and shall

13                  make the person liable for twice the amount of assistance provided and suffer

14                  the penalty of imprisonment of from six (6) months to not more than two (2)

15                  years.

16                  (c) Any person who aids or abets the commission of the offense in the

17                  preceding paragraph shall suffer the penalty of imprisonment for one (1) day

18                  to not more than six (6) months.

19                  **SEC. 13. Annual Report.** – The DOH, DSWD, PCSO and PhilHealth shall

20                  jointly submit to the Office of the President of the Philippines, Senate Committee on

21                  Health and Demography, and the House of Representatives Committee on Health on

22                  or before the end of December of every year, or upon the request of any of the

23                  aforesaid offices, a report giving a detailed account of the status of the

24                  implementation of this Act.

25                  **SEC 14. Appropriations.** - The amount necessary for the establishment

26                  and operation of Malasakit Centers shall be included in the General Appropriations

27                  Act.

28                  The amounts earmarked under Section 288-A of the National Internal

29                  Revenue Code, as amended, for medical assistance shall be appropriated under the

30                  DOH, specifically for medical assistance to indigent patients, portion of which shall

31                  be allotted for DOH hospitals.

32

1           **SEC 15. Implementing Rules and Regulations.** - Within ninety (90) days  
2 from the approval of this Act, the DOH, PhilHealth, DSWD and PCSO shall jointly  
3 issue the implementing rules and regulations of this Act.

4           **SEC. 16. Separability Clause.** - Any portion or provision of this Act that is  
5 declared unconstitutional shall not have the effect of nullifying other portions or  
6 provisions hereof as long as such remaining portions can still subsist and be given  
7 effect in their entirety.

8           **SEC. 17. Repealing Clause.** - All laws, ordinances, rules, regulations, other  
9 issuances or parts thereof, which are inconsistent with this Act, are hereby repealed  
10 or modified accordingly.

11          **SEC. 18. Effectivity.** - This Act shall take effect fifteen (15) days after its  
12 publication in the *Official Gazette* or in a newspaper of general circulation.

*Approved,*