

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

FIFTEENTH CONGRESS
First Regular Session

House Bill No. 1202

INTRODUCED BY HON. MARCELINO "MARCY" R. TEODORO

EXPLANATORY NOTE

The delivery of basic health services is a primordial State concern that demands vigorous pursuits of measures aimed to make health goods and services available to all people at an affordable cost. Without health as a critical component in socio-economic development processes, there is no way we can truly ameliorate our people's living condition.

Indeed, the health status of Filipinos, despite attempts to improve delivery of basic health services, has been disappointing and has in fact, never gone even close to minimum acceptable levels. Compared to other countries, including those in South East Asia, the Philippines obviously, lags behind in terms of medical health expenditures.

According to some reports, the Philippines allocates only a little over three percent of its gross domestic product to health care spending, which is way below the 5% benchmark set by the World Health Organization - and only 13% of this is used for public health.

This measure provides additional benefits and privileges to PHILHEALTH members by expanding available categories of personal health services granted to the member or his dependents included in PhilHealth Benefit Package.

In light of the foregoing, immediate passage of this bill is earnestly sought.



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AN ACT
GRANTING ADDITIONAL BENEFITS AND PRIVILEGES TO
PHILHEALTH MEMBERS AMENDING FOR THE PURPOSE SECTION 10 OF
REPUBLIC ACT NO. 7875 OTHERWISE KNOWN AS NATIONAL HEALTH
INSURANCE ACT OF 1995

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

SECTION 1. This Act shall be known as the "Expanded National Health Insurance Act of 2010".

SECTION 2. Section 40 of Republic Act No. 7875 is hereby amended to read as follows:

"Section 40. *Benefit Package* – Subject to the limitations specified in this Act and as may be determined by the Corporation, the following categories of personal health services granted to the member or his dependents as medically necessary or appropriate, shall include:

A) Inpatient hospital care:

- 1) Room and Board;
- 2) Services of health care professionals;
- 3) Diagnostic, laboratory, and other medical examination services;
- 4) Use of surgical or medical equipment and facilities;
- 5) Prescription drugs and biologicals; subject to the limitations stated in Section 37 of this Act;
- 6) Inpatient education packages;

B) Out Patient Care:

- 1) Services of health care professionals;
- 2) Diagnostic, laboratory, and other medical examination services;
- 3) Personal preventive services; and

4) Prescription drugs and biologicals, subject to the limitations described in Section 37 of this Act;

C) Emergency and transfer services:

D) PREVENTIVE HEALTH CARE SERVICES:

ANNUAL PHYSICAL EXAMINATION AT THE PHILHEALTH
ALLOWED MEDICAL FACILITIES ONLY CONSISTING OF:

1. MEDICAL HISTORY TAKING
2. PHYSICAL EDUCATION
3. CHEST X-RAY
4. LABORATORY CONSISTING OF:
 - a) COMPLETE BLOOD COUNT (CBC)
 - b) STOOL EXAMINATION (FECALYSIS)
 - c) URINALYSIS
 - d) ECG & FBS and

E) Such other health care services that the Corporation shall determine to be appropriate and cost-effective: Provided, That the Program, during its initial phase of implementation, which shall not be more than five (5) years, shall be defined according to the following guidelines:

- 1) the cost of providing said packages is such that the available national and local government subsidies for premium payments of indigents are sufficient to extend coverage to the widest possible population.
- 2) the initial set of services shall not be less than half of those provided under the current Medicare Program I in terms of overall average cost of claims paid per beneficiary household per year.
- 3) the services included are prioritized, first, according to its cost-effectiveness and, second, according to its potential of providing maximum relief from the financial burden on the beneficiary: Provided, that in addition to the basic minimum package, the Program shall provide supplemental health benefit coverage to beneficiaries of contributory funds: Provided, further, that the Program progressively expand the basic minimum benefit package as the proportion of the population covered reaches targeted milestone so that the same benefits are extended to all members of the Program within five (5) years after the implementation of this Act. Such expansion will provide for the gradual incorporation of supplementary health benefits previously extended only to some beneficiaries into the basic minimum package extend to all beneficiaries: and Provided, Finally, That in the phased implementation of this Act, there should be no reduction or interruption in the benefits currently enjoyed by present members of Medicare."

SECTION 3. All laws, presidential decrees, executive orders and rules and regulations or part thereof, contrary to, or inconsistent with the provisions of this Act, are hereby repealed or modified accordingly.

SECTION 4. Should any provision of this Act be found unconstitutional by a court of law, such provision shall be severed from the remainder of this Act, and such action shall not affect the enforceability of the remaining provisions of this Act.

SECTION 5. This Act shall take effect fifteen (15) days after its complete publication in any two (2) national newspapers of general circulation.

Approved,