

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

FIFTEENTH CONGRESS
Second Regular Session

HOUSE BILL NO. 5038

Introduced by **REP. ANTHONY G. DEL ROSARIO**

EXPLANATORY NOTE

This bill seeks to expand the benefit package of the National Health Insurance Program, amending for the purpose Republic Act (RA) No. 7875 otherwise known as the "*National Health Insurance Act of 1995*."

Section 11 of Article XIII of the Constitution provides that the "*State shall adopt an integrated and comprehensive approach to health development which shall endeavour to make essential goods, health and other social service available to all the people at affordable cost.*"

Under this mandate, the government provides several health care programs to the people. Among these is the National Health Insurance Program created by RA 7875, as amended by RA 9241, designed to help the people pay for their health care services. Membership to this program has been quite useful to many Filipinos so it makes health care services more accessible and affordable. It somehow lessens the cost of hospitalization and other medical bill.

A review of the program would reveal, however, the need to strengthen the delivery of health care services to the people because the Philhealth care benefits under the program are limited. Philhealth does not cover the basic needs of health care services such as annual physical check-up. Also, it has little preventive health care function. The focus is a curative healthcare when a patient is too sick to rest at home and needs hospital confinement. Also, it does not cover outpatient consultation such as psychiatric cases, basic dental and optometric services. Finally, because of the limited cost of coverage, the health care benefits are not enough to cover expenses for serious diseases. Thus, being a Philhealth member alone is not sufficient. A member still needs private health maintenance organization (HMO) membership cards for a wider coverage but HMOs have many limitations, including the cost of premiums.

In this light, this measure seeks to address the program coverage limitations by expanding the Philhealth benefit package to include health services such as annual physical check-up, outpatient consultation, dental and optometric service and bigger health care coverage. Hopefully, this measure will answer the growing imperative to make more available, and accessible, appropriate and adequate health care service at affordable and reasonable cost to every Filipino.

In view of the foregoing, immediate approval of this bill is highly recommended.


ANTHONY G. DEL ROSARIO

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AN ACT
EXPANDING THE BENEFIT PACKAGE OF THE NATIONAL HEALTH INSURANCE
PROGRAM, AMENDING FOR THE PURPOSE REPUBLIC ACT NO. 7875,
OTHERWISE KNOWN AS THE "NATIONAL INSURANCE ACT OF 1995,"AS
AMENDED

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

SECTION 1. Section 10 of Republic Act No. 7875 is hereby amended to read as follows:

SEC. 10. *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) xxx

xxx

xxx

xxx

b) Outpatient Care:

xxx

xxx

xxx

3. personal preventive services; [and]

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

5. ANNUAL PHYSICAL EXAMINATION;

6. DENTAL SERVICES;
7. OPTOMETRIC SERVICES; AND
8. PSYCHIATRIC CONSULTATION.

c) xxx

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

1. xxx

xxx

xxx

xxx

4. THE PRESENT COST OF COVERAGE FOR INPATIENT HOSPITAL CARE, OUTPATIENT CARE, EMERGENCY AND TRANSFER SERVICES AND SUCH OTHER HEALTH CARE SERVICES SHALL BE INCREASED TO TWENTY-FIVE PERCENT (25%) OF THE TOTAL CHARGES BILLED BY THE HEALTH CARE PROVIDER."

SEC. 2. Section 11 of the same Act, as amended, is hereby further amended by deleting item (d) to read as follows:

"SEC. 11. *Excluded Personal Health Services.* – The benefits granted under this Act shall not cover expenses for the services enumerated hereunder except when the Corporation, after actuarial studies, recommends their inclusion subject to the approval of the Board.

a) xxx

xxx

xxx

xxx

[(d) optometric services;]

[(e)] (D) Fifth subsequent normal obstetrical deliveries; and

[(f)] (E) Cost-ineffective procedure, which shall be defined by the Corporation.

xxx

xxx

xxx.”

SEC. 3. The amount necessary to carry out the provisions of this Act upon its effectivity shall be charged to the appropriations of the Philippine Health Insurance Corporation. Thereafter, any such sum as shall be needed for the regular implementation of this Act shall be included in the General Appropriations Act following its enactment into law.

SEC. 4. This Act shall take effect fifteen days (15) days after publication in the Official Gazette or in two (2) national newspapers of general circulation.

Approved,