



REPUBLIC OF THE PHILIPPINES
HOUSE OF REPRESENTATIVES
Quezon City, Manila

FIFTEENTH CONGRESS
SECOND REGULAR SESSION



COMMITTEE REPORT NO. 2060

Submitted by the Committee on Health on 21 MAR 2012

Re House Bill No. 6048

Recommending its approval in substitution of House Bills No. 20, 87, 102, 150, 210, 265, 367, 495, 637, 655, 937, 961, 1083, 1202, 1267, 1566, 1567, 1612, 1628, 1847, 1854, 1965, 2099, 2174, 2441, 2547, 2711, 2939, 3090, 3142, 3143, 3144, 3405, 3499, 3544, 3545, 3795, 3921, 4116, 4150, 4168, 4235, 4236, 4238, 4339, 4340, 4430, 4590, 5003, 5038, 5047, 5177, 5270, 5283 and 5284

Sponsors : Reps. Alfredo D. Marañon III, Anthony T. Golez, Romeo M. Acop and Philip A. Pichay

Mr. Speaker:

The Committee on Health to which were referred House Bill No. 20, introduced by Rep. Marcelino R. Teodoro, entitled:

"AN ACT GRANTING ADDITIONAL POWERS TO THE PHILIPPINE HEALTH INSURANCE CORPORATION (PHILHEALTH), AMENDING FOR THE PURPOSE REPUBLIC ACT NO. 7875, OTHERWISE KNOWN AS THE 'NATIONAL HEALTH INSURANCE ACT OF 1995', AS AMENDED, AND FOR OTHER PURPOSES"

House Bill No. 87, introduced by Rep. Juan Edgardo M. Angara, entitled:

AN ACT TO ENSURE THAT EVERY FILIPINO IS GRANTED WITH BASIC HEALTHCARE SERVICES, PROVIDING FOR THE PURPOSE A MANDATORY UNIVERSAL HEALTHCARE COVERAGE, AND FOR OTHER PURPOSES

House Bill No. 102, introduced by Rep. Janette L. Garin, entitled:

AN ACT GRANTING ADDITIONAL POWERS TO THE PHILIPPINE HEALTH INSURANCE CORPORATION (PHILHEALTH), AMENDING FOR THE PURPOSE REPUBLIC ACT NO. 7875, OTHERWISE KNOWN

AS THE 'NATIONAL HEALTH INSURANCE ACT OF 1995', AS AMENDED, AND FOR OTHER PURPOSES

House Bill No. 150, introduced by Rep. Ben P. Evardone, entitled:

AN ACT GRANTING COMPULSORY COVERAGE TO ACCREDITED BARANGAY HEALTH WORKERS IN THE NATIONAL HEALTH INSURANCE PROGRAM, AMENDING FOR THIS PURPOSE REPUBLIC ACT NO. 7883, AND FOR OTHER PURPOSES

House Bill No. 210, introduced by Rep. Neptali M. Gonzales II, entitled:

AN ACT GRANTING COMPULSORY COVERAGE TO ACCREDITED BARANGAY HEALTH WORKERS IN THE NATIONAL HEALTH INSURANCE PROGRAM, AMENDING FOR THIS PURPOSE REPUBLIC ACT 7883, AND FOR OTHER PURPOSES

House Bill No. 265, introduced by Rep. Juan Edgardo M. Angara, entitled:

AN ACT STRENGTHENING THE ROLE AND FUNCTIONS OF THE LOCAL GOVERNMENT UNITS IN IMPLEMENTING UNIVERSAL HEALTH CARE SYSTEM AND APPROPRIATING FUNDS THEREFOR

House Bill No. 367, introduced by Rep. Mary Mitzi L. Cajayon, entitled:

AN ACT TO ENSURE THAT INDIGENT FILIPINOS ARE GRANTED WITH BASIC HEALTHCARE SERVICES, PROVIDING FOR A UNIVERSAL HEALTHCARE COVERAGE AMENDING FOR THIS PURPOSE SEC. 29 OF REPUBLIC ACT NO. 7875 OTHERWISE KNOWN AS THE 'NATIONAL HEALTH INSURANCE ACT OF 1995', AND FOR OTHER PURPOSES

House Bill No. 495, introduced by Rep. Juan Edgardo M. Angara, entitled:

AN ACT GRANTING COMPULSORY COVERAGE TO ACCREDITED BARANGAY HEALTH WORKERS IN THE NATIONAL HEALTH INSURANCE PROGRAM, AMENDING FOR THIS PURPOSE REPUBLIC ACT NO. 7883, AND FOR OTHER PURPOSE

House Bill No. 637, introduced by Rep. Juan Edgardo M. Angara, entitled:

AN ACT INSTITUTING MECHANISMS FOR THE ESTABLISHMENT OF A CHILDREN'S HEALTH INSURANCE PROGRAM, AMENDING FOR THE PURPOSE REPUBLIC ACT NO. 7875, OTHERWISE KNOWN AS THE 'NATIONAL HEALTH INSURANCE ACT OF 1995'

House Bill No. 655, introduced by Rep. Juan Edgardo M. Angara, entitled:

AN ACT GRANTING ADDITIONAL POWERS TO THE PHILIPPINE HEALTH INSURANCE CORPORATION (PHILHEALTH), AMENDING FOR THE PURPOSE REPUBLIC ACT NO. 7875, OTHERWISE KNOWN

AS THE 'NATIONAL HEALTH INSURANCE ACT OF 1995', AS
AMENDED, AND FOR OTHER PURPOSES

House Bill No. 937, introduced by Rep. Susan A. Yap, entitled:

AN ACT TO ENSURE THAT EVERY FILIPINO IS GRANTED WITH
BASIC HEALTHCARE SERVICES, PROVIDING FOR THE PURPOSE A
MANDATORY UNIVERSAL HEALTHCARE COVERAGE, AND FOR
OTHER PURPOSES

House Bill No. 961, introduced by Rep. Augusto Boboy Syjuco, entitled:

AN ACT REQUIRING THE MANDATORY COVERAGE OF ALL
HOUSEHELPERS IN THE NATIONAL HEALTH INSURANCE PROGRAM
(NHIP) UNDER THE PHILIPPINE HEALTH INSURANCE
CORPORATION (PHILHEALTH)

House Bill No. 1083, introduced by Rep. Bernadette R. Herrera-Dy, entitled:

AN ACT INSTITUTING A UNIVERSAL HEALTH CARE, AMENDING FOR
THIS PURPOSE REPUBLIC ACT 7875, OR THE 'NATIONAL HEALTH
INSURANCE ACT OF 1995', REPUBLIC ACT 7392 OR THE MIDWIFERY
ACT, REPUBLIC ACT 7600 OR THE ROOMING IN AND
BREASTFEEDING ACT, AND FOR OTHER PURPOSES

House Bill No. 1202, introduced by Rep. Marcelino R. Teodoro, entitled:

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

House Bill No. 1267, introduced by Rep. Augusto Boboy Syjuco, entitled:

AN ACT REQUIRING THE MANDATORY COVERAGE OF ALL
HOUSEHELPERS IN THE NATIONAL HEALTH INSURANCE PROGRAM
(NHIP) UNDER THE PHILIPPINE HEALTH INSURANCE
CORPORATION (PHILHEALTH)

House Bill No. 1566, introduced by Rep. Rufus B. Rodriguez, entitled:

AN ACT APPROPRIATING FUNDS TO PROVIDE FOR UNIVERSAL
PHILIPPINE HEALTH INSURANCE CORP. (PHILHEALTH) COVERAGE
TO DESERVING INDIGENT FILIPINOS

House Bill No. 1567, introduced by Rep. Bernadette R. Herrera-Dy, entitled:

AN ACT GRANTING COMPULSORY COVERAGE TO ACCREDITED
BARANGAY HEALTH WORKERS IN THE NATIONAL HEALTH
SURANCE PROGRAM AND THE GOVERNMENT SERVICE

INSURANCE SYSTEM, AMENDING FOR THIS PURPOSE REPUBLIC
ACT NO. 7883, AND FOR OTHER PURPOSES

House Bill No. 1612, introduced by Rep. Ma. Milagros H. Magsaysay, entitled:

AN ACT FURTHER AMENDING REPUBLIC ACT NO. 7875,
OTHERWISE KNOWN AS "AN ACT INSTITUTING A NATIONAL
HEALTH INSURANCE PROGRAM FOR ALL FILIPINOS AND
ESTABLISHING THE PHILIPPINE HEALTH INSURANCE
CORPORATION FOR THE PURPOSE"

House Bill No. 1628, introduced by Rep. Eufanio C. Eriguel, entitled:

AN ACT TO ENSURE MANDATORY UNIVERSAL HEALTHCARE
COVERAGE OF ALL FILIPINOS TO BASIC HEALTHCARE SERVICES,
AND FOR OTHER PURPOSES

House Bill No. 1847, introduced by Rep. Marcelino R. Teodoro, entitled:

AN ACT MANDATING THE COMPULSORY COVERAGE OF
BARANGAY HEALTH WORKERS TO THE NATIONAL HEALTH
INSURANCE PROGRAM, AMENDING FOR THIS PURPOSE REPUBLIC
ACT NO. 7883 AND FOR OTHER PURPOSES

House Bill No. 1854, introduced by Rep. Marcelino R. Teodoro, entitled:

AN ACT INSTITUTING MECHANISM FOR THE ESTABLISHMENT OF
CHILDREN'S HEALTH INSURANCE PROGRAM, AMENDING FOR THE
PURPOSE REPUBLIC ACT NO. 7875, OTHERWISE KNOWN AS THE
'NATIONAL HEALTH INSURANCE ACT 1995', AS AMENDED BY RA
9241, AND FOR OTHER PURPOSES

House Bill No. 1965, introduced by Rep. Mark A. Villar, entitled:

AN ACT REQUIRING THE MANDATORY COVERAGE OF ALL
HOUSEHELPERS IN THE NATIONAL HEALTH INSURANCE PROGRAM
(NHIP) UNDER THE PHILIPPINE HEALTH INSURANCE
CORPORATION (PHILHEALTH)

House Bill No. 2099, introduced by Rep. Mark A. Villar, entitled:

AN ACT GRANTING COMPULSORY COVERAGE TO ACCREDITED
BARANGAY HEALTH WORKERS IN THE NATIONAL HEALTH
INSURANCE OR GOVERNMENT SERVICE INSURANCE SYSTEM,
AMENDING FOR THIS PURPOSE SECTION 6 OF THE REPUBLIC ACT
NO. 7883

House Bill No. 2174, introduced by Rep. Lorenzo R. Tañada III, entitled:

AN ACT AMENDING REPUBLIC ACT NO. 7875 OTHERWISE KNOWN AS THE 'NATIONAL HEALTH INSURANCE ACT OF 1995', AS AMENDED, AND FOR OTHER PURPOSES

House Bill No. 2441, introduced by Rep. Ignacio T. Arroyo Jr., entitled:

AN ACT INSTITUTING FOR THE ESTABLISHMENT OF A CHILDREN'S HEALTH INSURANCE PROGRAM, AMENDING FOR THE PURPOSE REPUBLIC ACT NO. 7875, OTHERWISE KNOWN AS THE 'NATIONAL HEALTH INSURANCE ACT OF 1995', AS AMENDED BY REPUBLIC ACT 9241 AND FOR OTHER PURPOSES

House Bill No. 2547, introduced by Rep. Joseph Victor G. Ejercito, entitled:

AN ACT TO ENSURE THAT EVERY FILIPINO IS GRANTED WITH BASIC HEALTHCARE SERVICES, PROVIDING FOR THE PURPOSE A MANDATORY UNIVERSAL HEALTHCARE COVERAGE, AND FOR OTHER PURPOSES

House Bill No. 2711, introduced by Rep. Emi G. Calixto-Rubiano, entitled:

AN ACT FURTHER AMENDING REPUBLIC ACT NO. 9241 ENTITLED 'AN ACT AMENDING REPUBLIC ACT NO. 7875, OTHERWISE KNOWN AS 'AN ACT INSTITUTING A NATIONAL HEALTH INSURANCE PROGRAM FOR ALL FILIPINOS AND ESTABLISHING THE PHILIPPINE HEALTH INSURANCE CORPORATION FOR THE PURPOSE'

House Bill No. 2939, introduced by Rep. Rufus B. Rodriguez, entitled:

AN ACT INSTITUTING MECHANISMS FOR THE ESTABLISHMENT OF A CHILDREN'S HEALTH INSURANCE PROGRAM, AMENDING FOR THE PURPOSE REPUBLIC ACT NO. 7875, OTHERWISE KNOWN AS THE 'NATIONAL HEALTH INSURANCE ACT OF 1995', AS AMENDED BY R.A. 9241 AND FOR OTHER PURPOSES

House Bill No. 3090, introduced by Rep. Wilfrido Mark M. Enverga, entitled:

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'

House Bill No. 3142, introduced by Rep. Ma. Carmen Zamora-Apsay, entitled:

AN ACT REQUIRING THE MANDATORY COVERAGE OF ALL BARANGAY HEALTH WORKERS IN THE NATIONAL HEALTH INSURANCE PROGRAM (NHIP) UNDER THE PHILIPPINE HEALTH INSURANCE CORPORATION (PHILHEALTH)

House Bill No. 3143, introduced by Rep. Ma. Carmen Zamora-Apsay, entitled:

AN ACT REQUIRING THE MANDATORY COVERAGE OF ALL BARANGAY DAY CARE WORKERS IN THE NATIONAL HEALTH INSURANCE PROGRAM (NHIP) UNDER THE PHILIPPINE HEALTH INSURANCE CORPORATION (PHILHEALTH)

House Bill No. 3144, introduced by Rep. Ma. Carmen Zamora-Apsay, entitled:

AN ACT REQUIRING THE MANDATORY COVERAGE OF ALL BARANGAY NUTRITION SCHOLARS IN THE NATIONAL HEALTH INSURANCE PROGRAM (NHIP) UNDER THE PHILIPPINE HEALTH INSURANCE CORPORATION (PHILHEALTH)

House Bill No. 3405, introduced by Rep. George P. Arnaiz, entitled:

AN ACT REQUIRING THE MANDATORY COVERAGE OF ALL BARANGAY HEALTH WORKERS IN THE NATIONAL HEALTH INSURANCE PROGRAM (NHIP) UNDER THE PHILIPPINE HEALTH INSURANCE CORPORATION (PHILHEALTH)

House Bill No. 3499, introduced by Rep. Emi G. Calixto-Rubiano, entitled:

AN ACT GRANTING MANDATORY PHILHEALTH BENEFITS TO ALL INCUMBENT BARANGAY OFFICIALS, PROVIDING FUNDS THEREFOR

House Bill No. 3544, introduced by Rep. Ma. Theresa B. Bonoan-David, entitled:

AN ACT TO ENSURE THAT EVERY FILIPINO IS GRANTED WITH BASIC HEALTHCARE SERVICES, PROVIDING FOR THE PURPOSE A MANDATORY UNIVERSAL HEALTHCARE COVERAGE, AND FOR OTHER PURPOSES

House Bill No. 3545, introduced by Rep. Ma. Theresa B. Bonoan-David, entitled:

AN ACT GRANTING COMPULSORY COVERAGE TO ACCREDITED BARANGAY HEALTH WORKERS IN THE NATIONAL HEALTH INSURANCE PROGRAM, AMENDING FOR THIS PURPOSE REPUBLIC ACT NO. 7883, AND FOR OTHER PURPOSES

House Bill No. 3795, introduced by Rep. Mariano Michael M. Velarde, entitled:

AN ACT REQUIRING THE PHILIPPINE HEALTH INSURANCE CORPORATION TO PROVIDE COVERAGE FOR THE DIAGNOSTIC SERVICES FOR BREAST AND CERVICAL CANCER, PROVIDING FUNDS THEREFOR, AND FOR OTHER PURPOSES

House Bill No. 3921, introduced by Rep. Loreto S. Ocampos, entitled:

AN ACT PROVIDING SETTLEMENT OF HOSPITAL FEES IN EXCESS OF THE AMOUNT COVERED BY THE NATIONAL HEALTH INSURANCE PROGRAM FOR INDIGENT MEMBERS

House Bill No. 4116, introduced by Rep. Alfredo D. Marañon III, entitled:

AN ACT AMENDING REPUBLIC ACT NO. 7875 OTHERWISE KNOWN AS THE 'NATIONAL HEALTH INSURANCE ACT OF 1995', AS AMENDED, AND FOR OTHER PURPOSES

House Bill No. 4150, introduced by Rep. Feliciano Belmonte Jr., entitled:

AN ACT PROVIDING A DEFINITE TARGETING STRATEGY IN IDENTIFYING THE POOR, AMENDING REPUBLIC ACT NO. 7875 OTHERWISE KNOWN AS THE NATIONAL HEALTH INSURANCE ACT OF 1995 AS AMENDED, AND FOR OTHER PURPOSES

House Bill No. 4168, introduced by Rep. Abigail Faye C. Ferriol, entitled:

AN ACT TO ENSURE THAT EVERY FILIPINO IS GRANTED WITH BASIC HEALTHCARE SERVICES, PROVIDING FOR THE PURPOSE A MANDATORY UNIVERSAL HEALTHCARE COVERAGE, AND FOR OTHER PURPOSES

House Bill No. 4235, introduced by Rep. Rogelio J. Espina, entitled:

AN ACT AMENDING SECTION 5 OF REPUBLIC ACT 7875 OTHERWISE KNOWN AS AN ACT INSTITUTING A NATIONAL HEALTH INSURANCE PROGRAM FOR ALL FILIPINOS AND ESTABLISHING THE PHILIPPINE HEALTH INSURANCE CORPORATION FOR THE PURPOSE

House Bill No. 4236, introduced by Rep. Rogelio J. Espina, entitled:

AN ACT PROVIDING FOR THE COMPUTERIZATION/MODERNIZATION OF THE PHILIPPINE HEALTH INSURANCE CORPORATION AND FOR OTHER PURPOSES

House Bill No. 4238, introduced by Rep. Philip A. Pichay, entitled:

AN ACT STRENGTHENING THE IMPLEMENTATION OF THE NATIONAL HEALTH INSURANCE PROGRAM (NHIP), AMENDING CERTAIN PROVISIONS OF REPUBLIC ACT NO. 7875, AS AMENDED BY RA 9241, FOR THE PURPOSE

House Bill No. 4339, introduced by Rep. Diosdado Macapagal Arroyo, entitled:

AN ACT INSTITUTING MECHANISMS FOR THE ESTABLISHMENT OF A CHILDREN'S HEALTH INSURANCE PROGRAM, AMENDING FOR THE PURPOSE REPUBLIC ACT NO. 7875, OTHERWISE KNOWN AS THE 'NATIONAL HEALTH INSURANCE ACT OF 1995' AS AMENDED BY R.A. 9241 AND FOR OTHER PURPOSES

House Bill No. 4340, introduced by Rep. Diosdado Macapagal Arroyo, entitled:

AN ACT REQUIRING THE MANDATORY COVERAGE OF ALL PUBLIC UTILITY DRIVERS IN THE NATIONAL HEALTH INSURANCE PROGRAM (NHIP) UNDER THE PHILIPPINE HEALTH INSURANCE CORPORATION (PHILHEALTH)

House Bill No. 4430, introduced by Rep. Romeo M. Acop, entitled:

AN ACT PROVIDING FOR THE UTILIZATION OF THE EXCESS RESERVE FUND OF THE PHILIPPINE HEALTH INSURANCE CORPORATION, AMENDING FOR THE PURPOSE REPUBLIC ACT NO. 7875

House Bill No. 4590, introduced by Rep. Salvio B. Fortuno, entitled:

AN ACT PROVIDING FOR THE MANDATORY UNIVERSAL HEALTHCARE COVERAGE PROGRAM AND APPROPRIATING FUNDS THEREFOR

House Bill No. 5003, introduced by Rep. Kimi S. Cojuangco, entitled:

AN ACT PROVIDING FOR THE COMPULSORY COVERAGE OF ALL ACCREDITED BARANGAY HEALTH WORKERS IN THE NATIONAL HEALTH INSURANCE PROGRAM, AMENDING FOR THE PURPOSE REPUBLIC ACT NO. 7883, OTHERWISE KNOWN AS THE 'BARANGAY HEALTH WORKERS BENEFITS AND INCENTIVES ACT OF 1995'

House Bill No. 5038, introduced by Rep. Anthony G. Del Rosario, entitled:

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 HEALTH INSURANCE ACT OF 1995', AS AMENDED

House Bill No. 5047, introduced by Rep. Anthony G. Del Rosario, entitled:

AN ACT PROVIDING FOR THE MANDATORY UNIVERSAL COVERAGE OF ALL CITIZENS IN THE NATIONAL HEALTH INSURANCE PROGRAM, AMENDING FOR THE PURPOSE REPUBLIC ACT NO. 7875, OTHERWISE KNOWN AS THE 'NATIONAL HEALTH INSURANCE ACT OF 1995'

House Bill No. 5177, introduced by Rep. Winston Castelo, entitled:

AN ACT PROVIDING MANDATORY UNIVERSAL HEALTH CARE TO EVERY FILIPINO CITIZEN WHO IS EIGHTEEN YEARS OLD AND ABOVE FUNDED FROM EARNINGS OF PAGCOR AND PCSO

House-Bill No. 5270, introduced by Rep. Diosdado Macapagal Arroyo, entitled:

AN ACT PROVIDING FOR AFFORDABLE DRUG REHABILITATION TREATMENT FOR PHILIPPINE HEALTH INSURANCE CORPORATION (PHIC) BENEFICIARIES, FURTHER AMENDING FOR THE PURPOSE RA 7875, AS AMENDED BY RA 9241

House Bill No. 5283, introduced by Rep. Carmelo F. Lazatin, entitled:

AN ACT GRANTING PHILHEALTH COVERAGE TO ALL INDIGENT FILIPINOS, AMENDING REPUBLIC ACT NO. 7875, OTHERWISE KNOWN AS THE NATIONAL HEALTH INSURANCE ACT OF 1995, AND FOR OTHER PURPOSES

and House Bill No. 5284, introduced by Rep. Carmelo F. Lazatin, entitled:

AN ACT GIVING PHILHEALTH AND GSIS COVERAGE TO ALL BARANGAY OFFICIALS AND EMPLOYEES

has considered the same and recommends that the attached House Bill No. 6048, entitled:

"AN ACT PROVIDING HEALTHCARE SERVICES TO ALL FILIPINOS, FURTHER AMENDING FOR THE PURPOSE REPUBLIC ACT NO. 7875 OTHERWISE KNOWN AS THE 'NATIONAL HEALTH INSURANCE ACT OF 1995' AS AMENDED, AND FOR OTHER PURPOSES."

be approved in substitution of House Bills No. 20, 87, 102, 150, 210, 265, 367, 495, 637, 655, 937, 961, 1083, 1202, 1267, 1566, 1567, 1612, 1628, 1847, 1854, 1965, 2099, 2174, 2441, 2547, 2711, 2939, 3090, 3142, 3143, 3144, 3405, 3499, 3544, 3545, 3795, 3921, 4116, 4150, 4168, 4235, 4236, 4238, 4339, 4340, 4430, 4590, 5003, 5038, 5047, 5177, 5270, 5283, 5284 with Reps. Marcelino R. Teodoro, Juan Edgardo M. Angara, Janette L. Garin, Ben P. Evardone, Neptali M. Gonzales, Mary Mitzi L. Cajayon, Susan A. Yap, Augusto Boboy, D. Syjuco, Bernadette R. Herrera-Dy, Rufus B. Rodriguez, Maria Milagros E. Magsaysay, Eufanio C. Eriguel, Mark A. Villar, Lorenzo R. Tañada, Daisy Avance-Fuentes, Ignacio T. Arroyo, Joseph Victor G. Ejercito, Imelda G. Calixto-Rubiano, Wilfrido Mark C. Enverga, Maria Carmen. Zamora-Apsay, George P. Arnaiz, Ma. Theresa B. Bonoan-David, Mariano Michael M. Velarde Jr., Irwin C. Tieng, Loreto S. Ocampos, Alfredo D. Marañon III, Anthony Rolando T. Golez, Feliciano R. Belmonte, Abigail Faye C. Ferriol, Rogelio J. Espina, Philip A. Pichay, Diosdado M. Arroyo, Romeo M. Acop, Salvio B. Fortuno, Kimi S. Cojuanco, Anthony G. Del Rosario, Winston Castelo, Carmelo F. Lazatin, Erico B. Aumentado, Ma. Amelita A. Calimbas-Villarosa, Rachel Marguerite B. Del Mar, Bernardo M. Vergara, Cesar V. Sarmiento, Josephine Veronique R. Lacson-Noel, Patricio T. Antonio, Arnulfo F. Go, Arnel M. Cerafica, Eleanor C. Bulut-Begtang, Christopher S. Co, Rodel M. Batocabe, Maximo B. Rodriguez, Rodante D. Marcoleta, Rosenda Ann Ocampo, Irvin M. Alcala, Thelma Z. Almario, Giorgidi B. Aggabao, Alfredo A. Garbin Jr., Tomas V. Apacible, Jose Carlos L. Cari, Neil Benedict A. Montejo, Gloria A. Macapagal-Arroyo, Catalina C. Bagasina, Monique Yazmin Q. Lagdameo, Mar-Len Abigail S. Binay, Ma. Georgina P. De Venecia, Maria Isabelle G. Canaco, Salvador H. Escudero III, Joel Roy R. Duavit, Mel Senen S. Sarmiento, Randolph S. Ting, Deogracias B. Ramos Jr., Angelo B.

Palmones, Benhur L. Salimbangon, Herminia B. Roman, Linabelle Ruth R. Villarica, Irvin M. Alcala, Lani Mercado-Revilla, Ryan Luis Singson, Salvador P. Cabaluna, Cinchona Cruz-Gonzales, Romero Federico S. Quimbo, David L. Kho, Emerenciana A. De Jesus, Mohammed Hussein P. Pangandaman, Lucy Torres Gomez, Salvador H. Escudero III, Reena Concepcion G. Obillo, Jose Carlos L. Cari, Jesus F. Celeste, Ma. Evita R. Arago, Arthur C. Yap, Juan Miguel Macapagal- Arroyo, Bai Sandra A. Sema, Amado S. Bagatsing, Edwin Olivarez, Alfredo Abelardo B. Benitez, Daryl Grace Abayon, Peter Unabia, Imelda Dimaporo, Albert Garcia and Alfredo D. Marañon III as authors thereof.

Respectfully submitted,


HON. ALFREDO D. MARAÑON
Chairman
Committee on Health

THE HONORABLE SPEAKER
House of Representatives
Quezon City

Introduced by Representatives *Marcelino R. Teodoro, Juan Edgardo M. Angara, Janette L. Garin, Ben P. Evardone, Neptali M. Gonzales, Mary Mitzi L. Cajayon, Susan A. Yap, Augusto Boboy, D. Syjuco, Bernadette R. Herrera-Dy, Rufus B. Rodriguez, Maria Milagros E. Magsaysay, Eufanio C. Eriguel, Mark A. Villar, Lorenzo R. Tañada, Daisy Avance-Fuentes, Ignacio T. Arroyo, Joseph Victor G. Ejercito, Imelda G. Calixto-Rubiano, Wilfrido Mark C. Enverga, Maria Carmen Zamora-Apsay, George P. Arnaiz, Ma. Theresa B. Bonoan-David, Mariano Michael M. Velarde Jr., Irwin C. Tieng, Loreto S. Ocampos, Alfredo D. Maraño III, Anthony Rolando T. Golez, Feliciano R. Belmonte, Abigail Faye C. Ferriol Rogelio J. Espina, Philip A. Pichay, Diosdado M. Arroyo, Romeo M. Acop, Salvio B. Fortuno, Kimi S. Cojuanco, Anthony G. Del Rosario, Winston Castelo, Carmelo F. Lazatin, Erico B. Aumentado, Ma. Amelita A. Calimbavillarosa, Rachel Marguerite B. Del Mar, Bernardo M. Vergara, Cesar V. Sarmiento, Josephine Veronique R. Lacson-Noel, Patricio T. Antonio, Arnulfo F. Go, Arnel M. Cerafica, Eleanor C. Bulut-Begtang, Christopher S. Co, Rodel M. Batocabe, Maximo B. Rodriguez, Rodante D. Marcoleta, Rosenda Ann Ocampo, Irvin M. Alcala, Thelma Z. Almario, Giorgidi B. Aggabao, Alfredo A. Garbin Jr., Tomas V. Apacible, Jose Carlos L. Cari, Neil Benedict A. Montejo, Gloria A. Macapagal-Arroyo, Catalina C. Bagasina, Monique Yazmin Q. Lagdameo, Mar-Len Abigail S. Binay, Ma. Georgina P. De Venecia, Maria Isabelle G. Climaco, Salvador H. Escudero III, Joel Roy R. Duavit, Mel Senen S. Sarmiento, Randolph S. Ting, Deogracias B. Ramos Jr., Angelo B. Palmones, Benhur L. Salimbangon, Herminia B. Roman, Linabelle Ruth R. Villarica, Irvin M. Alcala, Lani Mercado-Revilla, Ryan Luis Singson, Salvador P. Cabaluna, Cinchona Cruz-Gonzales, Romero Federico S. Quimbo, David L. Kho, Emerenciana A. De Jesus, Mohammed Hussein P. Pangandaman, Lucy Torres Gomez, Salvador H. Escudero III, Reena Concepcion G. Obillo, Jose Carlos L. Cari, Jesus F. Celeste, Ma. Evita R. Arago, Arthur C. Yap, Juan Miguel Macapagal-Arroyo, Bai Sandra A. Sema, Amado S. Bagatsing, Edwin Olivarez, Alfredo Abelardo B. Benitez, Daryl Grace Abayon, Peter Unabia, Imelda Dimaporo, Albert Garcia*

AN ACT

PROVIDING FOR UNIVERSAL HEALTH CARE SERVICES TO ALL FILIPINOS, FURTHER AMENDING FOR THE PURPOSE REPUBLIC ACT NO. 7875, OTHERWISE KNOWN AS THE 'NATIONAL HEALTH INSURANCE ACT OF 1995', AS AMENDED

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

SECTION 1. Sections 1 and 2 of Republic Act No. 7875, as amended, are hereby amended to read as follows:

“SECTION 1. *Short Title.* – This Act shall be known as the “[National] PINOY Health Insurance Act [of 1995].”

ARTICLE I. GUIDING PRINCIPLES

SEC. 2. *Declaration of Principles and Policies.* – [Section II, Article XIII of the 1987-Constitution of the Republic of the Philippines declares that]

1 IT IS HEREBY DECLARED THE POLICY OF the State [shall] TO adopt an
2 integrated and comprehensive approach to health development which shall
3 endeavor to make essential goods, health and other social services available to
4 all people at affordable cost AND TO PROVIDE FREE MEDICAL CARE
5 TO PAUPERS. [Priority of the needs of the underprivileged, sick, elderly,
6 disabled women and children shall be recognized. Likewise, it shall be the
7 policy of the state to provide free medical care to paupers.] TOWARDS THIS
8 END, THE STATE SHALL PROVIDE ~~COMPREHENSIVE HEALTH~~
9 CARE SERVICES TO ALL FILIPINOS THROUGH A SOCIALIZED
10 HEALTH INSURANCE PROGRAM THAT WILL PRIORITIZE THE
11 HEALTH CARE NEEDS OF THE UNDERPRIVILEGED, SICK,
12 ELDERLY, DISABLED, WOMEN AND CHILDREN AND PROVIDE
13 FREE HEALTH CARE SERVICES TO INDIGENTS.

14 [In the pursuit of a National Health Insurance Program, this Act]
15 PURSUANT TO THIS POLICY, THE STATE shall adopt the following
16 [guiding] principles:

17 a) *Allocation of Natural Resources for Health.* – The Program
18 shall underscore the importance for government to give priority to health as
19 strategy for bringing about faster economic development and improving
20 quality of life.

21 ~~xxx xxx xxx.~~
22 SEC. 2. Section 4 of the same Act, as amended, is hereby further amended to
23 read as follows:

24 **“ARTICLE II. DEFINITION OF TERMS**

25 SEC. 4. *Definition of Terms.* – For the purpose of this Act, the
26 following terms shall be defined as follows:

27 a) *Beneficiary* – Any person entitled to health care benefits under
28 this Act.

29 ~~xxx xxx xxx~~
30 f) *Dependent* – The legal dependents of a member are:

31 1. the legitimate spouse who is not a member;

32 ~~xxx xxx xxx~~
33 4. the parents who are sixty (60) years old or above whose
34 monthly income is below an amount to be determined by the

Corporation in accordance with the guiding principles set forth in Article I of this Act; AND

5. PARENTS WITH PERMANENT DISABILITY THAT RENDER THEM TOTALLY DEPENDENT ON THE MEMBER FOR SUBSISTENCE.

XXX XXX XXX

o) *Health care provider* -- Refers to:

1. a health care institution which is duly licensed or accredited devoted primarily to the maintenance and operation of facilities for health promotion, prevention, diagnosis, treatment and, care of individuals suffering from illness, disease, injury, disability, or deformity, drug addiction or in need of obstetrical or other medical and nursing care.

It shall also be construed as any institution, building, or place where there are installed beds, cribs, or bassinets for twenty-four hour use or longer by patients in the treatment of diseases, injuries, deformities, or abnormal physical and mental states, maternity cases or sanitarial care; or infirmaries, nurseries, dispensaries, rehabilitation centers and such other similar names by which they may be designated; or

XXX XXX XXX

4. a community-based health organization, which is an association of indigenous members of the community organized for the purpose of improving the health status of that community through preventive, promotive and curative health services; OR

5. A PRACTITIONER ENGAGED IN THE PRACTICE OF ALTERNATIVE HEALTH CARE SERVICE OR TREATMENT WHICH INCLUDES HEALING BY TRADITIONAL OR HERBAL MEDICINES AS APPROVED BY THE CORPORATION.

XXX XXX XXX

q) *Indigent* -- A person who has no visible means of income, or whose income is insufficient for the subsistence of his family, [as identified by the Local Health Insurance Office and] as identified by the [Corporation]

1 NATIONWIDE, NOTWITHSTANDING THE EXISTENCE OF LGU-
2 BASED HEALTH INSURANCE PROGRAMS.

3 SEC. 6. *Coverage.* – All citizens of the Philippines shall be covered
4 by the National Health Insurance Program. In accordance with the principles
5 of universality and compulsory coverage enunciated in Section 2 (b) and 2 (l)
6 hereof, implementation of the Program shall [furthermore, be gradual and
7 phased in over a period of not more than fifteen (15) years. *Provided,* That the
8 Program shall not be made compulsory in certain provinces and cities until the
9 Corporation shall be able to ensure that the members in such localities shall
10 have reasonable access to adequate and acceptable health care services]
11 ENSURE SUSTAINABILITY OF THE COVERAGE AND CONTINUOUS
12 ENHANCEMENT OF THE QUALITY OF SERVICE.

13 THE CORPORATION, IN COORDINATION WITH THE
14 DEPARTMENT OF HEALTH (DOH), LOCAL GOVERNMENT UNITS
15 (LGUs), OTHER NATIONAL GOVERNMENT AGENCIES INCLUDING
16 NON-GOVERNMENTAL ORGANIZATIONS (NGOs) SHALL ENSURE
17 THAT ALL MEMBERS SHALL HAVE ACCESS TO QUALITY HEALTH
18 CARE SERVICES THROUGH THE PROGRAM.

19 SEC. 7. *Enrollment.* – The [Program] CORPORATION shall enroll
20 beneficiaries in order for them [to be placed under the coverage that entitles
21 them] to avail of benefits UNDER THIS ACT with the assistance of the
22 financial arrangements provided by the [Program] CORPORATION UNDER
23 THE FOLLOWING CATEGORIES:

- 24 A) MEMBERS IN THE FORMAL ECONOMY;
- 25 B) MEMBERS IN THE INFORMAL ECONOMY;
- 26 C) ENROLLED INDIGENTS; AND
- 27 D) LIFETIME MEMBERS.

28 The process of enrollment shall include the identification of beneficiaries, issuance of
29 appropriate documentation specifying eligibility to benefits, and indicating how membership
30 was obtained or is being maintained.

31 [a) all persons currently eligible for benefits under Medicare Program I, including SSS
32 and GSIS members, retirees, pensioners and their dependents.] ALL PERSONS
33 CURRENTLY ENROLLED AS MEMBERS shall [immediately and] BE automatically
34 ELIGIBLE [be made members of] FOR BENEFITS UNDER the National Health Insurance

1 Program UNDER THIS ACT. IT SHALL ENROLL QUALIFIED FOREIGNERS ON A
2 VOLUNTARY BASIS;

3 [b) all persons eligible for benefits through health insurance plans
4 established by local governments as part of Program II of Medicare or in
5 accordance with the provisions of this Act, including indigent members, shall
6 also be enrolled in the Program;

7 c) all persons eligible for benefits as members of local health
8 insurance plans established by the Corporation in accordance with the
9 implementing rules and regulations of this Act shall also be deemed to have
10 enrolled in the Program. Enrollment of persons who have no current health
11 insurance coverage shall be given priority by the Corporation; and

12 d) all persons eligible for benefits as members of other
13 government-initiated health insurance programs, community-based health care
14 organizations, cooperatives, or private non-profit health insurance plans shall
15 be enrolled in the Program upon accreditation by the Corporation which shall
16 devise and provide incentives to ensure that such accredited organizations will
17 benefit from their participation in the program.

18 All indigents not enrolled in the Program shall have priority in the use
19 and availment of the services and facilities of government hospitals, health
20 care personnel, and other health organizations: *Provided, however,* That such
21 government health care providers shall ensure that said indigents shall
22 subsequently be enrolled in the Program.]

23 SEC. 8. *Health Insurance* [ID] *IDENTIFICATION Card*. – In
24 conjunction with the enrollment provided above, the Corporation, through its
25 local office shall, issue a health insurance [ID] IDENTIFICATION CARD
26 (ID) TO ALL ITS MEMBERS which shall be used for purposes of
27 identification, eligibility verification, and utilization recording. The issuance
28 of this [ID] IDENTIFICATION CARD shall be accompanied by a clear
29 explanation to the enrollee of [his] THE rights, privileges and obligations as a
30 member. A list of health care providers accredited by the Local Health
31 Insurance Office shall likewise be [attached thereto] PROVIDED TO THE
32 MEMBER TOGETHER WITH THE IDENTIFICATION CARD.

1 THE ABSENCE OF THE IDENTIFICATION CARD SHALL NOT
2 PREJUDICE THE RIGHT OF ANY MEMBER TO AVAIL OF BENEFITS
3 OR MEDICAL SERVICES UNDER THE NHIP.”

4 SEC. 4. Section 12 of the same Act, as amended, is hereby amended to read
5 as follows:

6 “SEC. 12. *Entitlement to Benefits.* – A member whose premium
7 contributions for at least three (3) months have been paid within the six (6)
8 months prior to the first day of [his or his dependents’ availment]
9 AVAILMENT, INCLUDING THOSE OF THE DEPENDENTS, shall be
10 entitled to the benefits of the Program: *Provided,* That such member can show
11 that [he contributes thereto] CONTRIBUTIONS HAVE BEEN MADE with
12 sufficient regularity, [as evidenced in his health insurance ID card: and]:
13 *Provided, further,* That [he] THE MEMBER is not currently subject to legal
14 penalties as provided for in Section 44 of this Act.

15 The following need not pay the monthly contributions to be entitled to
16 the Program’s benefits:

- 17 a) Retirees and pensioners of the SSS and GSIS prior to the
18 effectivity of this Act;
19 b) [Members who reach the age of retirement as provided for by
20 law and have paid at least one hundred twenty (120) contributions;]
21 LIFETIME MEMBERS; and
22 c) Enrolled indigents.”

23 SEC. 5. Section 16 of the same Act, as amended, is hereby amended to read
24 as follows:

25 “SEC. 16. *Powers and Functions.* – The Corporation shall have the
26 following powers and functions:

- 27 a) to administer the National Health Insurance Program;
28 xxx xxx xxx
29 c) TO SUPERVISE THE PROVISION OF HEALTH BENEFITS
30 AND to set standards, rules, and regulations necessary to ensure quality of
31 care, appropriate utilization of services, fund viability, member satisfaction,
32 and overall accomplishment of Program objectives;
33 xxx xxx xxx
34 j) to negotiate and enter into contracts with health care
35 institutions, professionals, and other persons, juridical or natural, regarding the

pricing, payment mechanisms, design and implementation of administrative and operating systems and procedures, financing, and delivery of health services ON BEHALF OF ITS MEMBERS;

xxx

xxx

xxx

m) [to supervise the provision of health benefits with the power] to VISIT, ENTER AND inspect THE FACILITIES OF HEALTH CARE PROVIDERS AND SECURE COPIES OF medical and financial records PERTINENT TO THE APPLICATION FOR ACCREDITATION OF HEALTH CARE PROVIDERS, OR TO THE PROCESSING OF THEIR CLAIMS OR THAT OF THEIR PATIENTS OR TO VISIT THE FACILITIES OF EMPLOYERS TO SECURE COPIES OF THEIR FINANCIAL RECORDS OR DOCUMENTS PERTINENT TO THE PREMIUM PAYMENTS OF THEIR EMPLOYEES, [of health care providers and patients] who are [participants in or] members of the Program[.]; [and the power to enter and inspect accredited health care institutions, subject to the rules and regulations to be promulgated by the Corporation;]

xxx

xxx

xxx

Q) TO MONITOR COMPLIANCE BY THE REGULATORY AGENCIES WITH THE REQUIREMENTS OF SECTION 28 (B) OF THIS ACT AND TO CARRY OUT NECESSARY ACTIONS TO ENFORCE COMPLIANCE,

R) TO MANDATE THE NATIONAL AGENCIES AND LOCAL GOVERNMENT UNITS TO REQUIRE PROOF OF PHILHEALTH MEMBERSHIP BEFORE DOING BUSINESS WITH A PRIVATE INDIVIDUAL OR GROUP;

S) TO ESTABLISH AND MAINTAIN AN ELECTRONIC DATA BASE OF ALL ITS MEMBERS AND ENSURE ITS SECURITY TO FACILITATE EFFICIENT AND EFFECTIVE SERVICES;

T) TO IMPOSE INTEREST OR SURCHARGE OF THREE PERCENT (3%) PER MONTH IN CASE OF DELAY IN THE REMITTANCE OF PREMIUM CONTRIBUTIONS EXCEPT UNDER SECTION 7 OF THIS ACT;

U) TO ACCREDIT INDEPENDENT PHARMACIES AND RETAIL DRUG OUTLETS;

1 V) TO CONDUCT A POST-AUDIT ON THE QUALITY OF
2 SERVICES RENDERED BY HEALTH CARE PROVIDERS; AND

3 [q] W) to perform such other acts as it may deem appropriate for the
4 attainment of the objectives of the Corporation and for the proper enforcement
5 of the provisions of this Act.”

6 SEC. 6. Sections 18 and 19 of the same Act, as amended, are hereby further
7 amended to read as follows:

8 “SEC. 18. *The Board of Directors.* –

9 a) *Composition* – The Corporation shall be governed by a Board
10 of Directors hereinafter referred to as the Board, composed of the following
11 [members]:

12 The Secretary of Health;

13 The Secretary of Labor and Employment or [his] A PERMANENT
14 representative;

15 The Secretary of the Interior and Local Government or [his] A
16 PERMANENT representative;

17 The Secretary of Social Welfare and Development or [his] A
18 PERPMANENT representative;

19 THE SECRETARY OF THE DEPARTMENT OF FINANCE OR A
20 PERMANENT REPRESENTATIVE;

21 THE CHAIRPERSON OF THE CIVIL SERVICE COMMISSION OR
22 A [HIS] PERMANENT REPRESENTATIVE;

23 The Vice Chairperson for the basic sector of the National Anti-Poverty
24 Commission or his PERMANENT representative;

25 The President AND CHIEF EXECUTIVE OFFICER (CEO) of the
26 Corporation;

27 A PERMANENT representative of the MEMBERS IN THE [abor]
28 FORMAL ECONOMY [sector];

29 A PERMANENT representative of the [self-employed] MEMBERS IN
30 THE INFORMAL ECONOMY [sector];

31 A representative of employers;

32 [The SSS Administrator or his representative;

33 The GSIS General Manager or his representative;]

34 A PERMANENT representative of Filipino [overseas] MIGRANT
35 workers;

1 [A representative of health care providers to be endorsed by the national
2 associations of health care institutions and medical health professionals.]

3 A PERMANENT REPRESENTATIVE OF THE ELECTED LOCAL CHIEF
4 EXECUTIVES TO BE ENDORSED BY THE LEAGUE OF PROVINCES,
5 LEAGUE OF CITIES AND LEAGUE OF MUNICIPALITIES.

6 The Secretary of Health shall be the *ex officio* Chairperson while the
7 President AND CEO of the Corporation shall be the Vice Chairperson of the
8 Board.

9 b) *Appointment and Tenure* -- [The President of the Philippines
10 shall appoint the Members of the Board upon the recommendation of the
11 Chairman of the Board and in consultation with the sectors concerned.
12 Members of the Board shall have a term of four (4) years each, renewable for
13 a maximum of two (2) years, except for members whose terms shall be co-
14 terminus with their respective position in government. Any vacancy in the
15 Board shall be filled in the manner in which the original appointment was
16 made and the appointee shall serve only the unexpired term of his
17 predecessor.] EXCEPT FOR *EX-OFFICIO* MEMBERS, THE OTHER
18 MEMBERS OF THE BOARD SHALL BE APPOINTED BY THE
19 PRESIDENT OF THE PHILIPPINES IN ACCORDANCE WITH THE
20 PROVISIONS OF REPUBLIC ACT (RA) NO. 10149, OTHERWISE
21 KNOWN AS THE "GOCC GOVERNANCE ACT OF 2011": *PROVIDED*,
22 THAT SECTORAL BOARD MEMBERS SHALL BE APPOINTED BY THE
23 PRESIDENT OF THE PHILIPPINES UPON THE RECOMMENDATION
24 OF THE CHAIRPERSON AND AFTER DUE CONSULTATIONS WITH
25 THE SECTORS CONCERNED.

26 THE TERM OF OFFICE OF THE APPOINTIVE MEMBERS OF
27 THE BOARD SHALL BE IN ACCORDANCE WITH R.A. NO. 10149.

28 XXX XXX XXX

29 SEC. 19. *The President of the Corporation.* --

30 a) *Appointment and Tenure.* -- The President of the Philippines
31 shall appoint [for a non renewable term of six (6) years,] the President AND
32 CEO of the Corporation, hereinafter referred to as the President, upon the
33 recommendation of the Board. The President shall [not be removed from
34 office except in accordance with existing laws.] HAVE A TENURE OF ONE
35 YEAR IN ACCORDANCE WITH THE PROVISIONS OF RA 10149.

SEC. 7. Sections 26, 27, 28 and 29 of the same Act, as amended, are hereby further amended to read as follows:

"SEC. 26. *Financial Management.* – The use, disposition, investment, disbursement, administration and management of the National Health Insurance Fund, including any subsidy, grant or donation received for program operations shall be governed by resolution of the Board of Directors of the Corporation, subject to the following limitations:

a) All funds under the management and control of the Corporation shall be subject to all rules and regulations applicable to public funds.

b) The Corporation is authorized to charge TO the various funds under its control [for] the costs of administering the Program. Such costs may include administration, monitoring, marketing and promotion, research and development, audit and evaluation, information services, and other necessary activities for the effective management of the Program. The total annual costs for these shall not exceed [twelve (12%) of the total contributions, including government contributions to the Program and not more than three percent (3%) of the investment earnings collected during the immediately preceding year.] THE SUM TOTAL OF THE FOLLOWING:

1. FOUR PERCENT (4%) OF THE TOTAL PREMIUM CONTRIBUTIONS COLLECTED DURING THE IMMEDIATELY PRECEEDING YEAR,

2. FOUR PERCENT (4%) OF THE TOTAL REIMBURSEMENTS OR TOTAL COST OF HEALTH SERVICES PAID BY THE CORPORATION IN THE IMMEDIATELY PRECEDING YEAR; AND

3. FIVE PERCENT (5%) OF THE INVESTMENT EARNINGS GENERATED DURING THE IMMEDIATELY PRECEDING YEAR.

THE PERIOD FOR IMPLEMENTATION OF THE COST CEILING PROVIDED UNDER THIS SECTION SHALL NOT BE LATER THAN FIVE (5) YEARS FROM THE EFFECTIVITY OF THIS ACT DURING WHICH PERIOD, THE TOTAL ANNUAL COST SHALL NOT EXCEED THE SUM TOTAL OF THE FOLLOWING:

- a. FIVE PERCENT (5%) OF THE TOTAL CONTRIBUTIONS;
- b. FIVE PERCENT (5%) OF THE TOTAL REIMBURSEMENTS; AND
- c. FIVE PERCENT (5%) OF THE INVESTMENT EARNINGS GENERATED DURING THE IMMEDIATELY PRECEDING YEAR.

SEC. 27. *Reserve Funds.* – The Corporation shall set aside a portion of its accumulated revenues not needed to meet the cost of the current year's expenditures as reserved funds: *Provided*, That the total amount of reserves shall not exceed a ceiling equivalent [to the amount actuarially estimated for two years projected] TO THE TOTAL OF THE ACTUAL [Program] expenditures FOR THE LAST TWO YEARS: *Provided further*, That whenever actual reserves exceed the required ceiling at the end of the Corporation's fiscal year[, the Program's benefits shall be increased or member contributions decreased prospectively in order to adjust expenditures or revenues to meet the required ceiling for reserve funds. [Such] THE EXCESS [portions] of the CORPORATION'S reserve fund SHALL BE USED TO INCREASE THE PROGRAM'S BENEFITS, DECREASE THE MEMBER'S CONTRIBUTIONS, AUGMENT THE HEALTH FACILITIES ENHANCEMENT PROGRAM OF THE DEPARTMENT OF HEALTH AND ENHANCE THE ELECTRONIC DATA BANK OF MEMBERS.

THE REMAINING PORTION OF THE RESERVE FUND [as] THAT are not needed to meet the current expenditure obligations OR USED FOR THE ABOVE-MENTIONED PROGRAMS shall be [invested] PLACED in investments to earn an average annual income at prevailing rates of interest and shall be known as the "Investment Reserve Fund" which shall be invested in any or all of the following:

- a) In interest-bearing bonds, securities or other evidences of indebtedness of the Government of the Philippines, or in bonds, securities, promissory notes and other evidences of indebtedness to which full faith and credit and unconditional guarantee of the Republic of the Philippines is pledged;

1 B) IN DEBT SECURITIES AND CORPORATE BONDS:
2 *PROVIDED*, THAT SUCH SECURITIES AND BONDS ARE
3 RATED TRIPLE "A" BY AUTHORIZED ACCREDITED
4 DOMESTIC RATING AGENCIES, AND THE ISSUING OR
5 ASSUMING ENTITY OR ITS PREDECESSOR SHALL NOT HAVE
6 DEFAULTED IN THE PAYMENT OF INTEREST ON ANY OF ITS
7 SECURITIES. DURING THE LAST THREE (3) FISCAL YEARS
8 PRECEDING THE DATE OF ACQUISITION BY THE
9 CORPORATION OF SUCH DEBT SECURITIES AND
10 CORPORATE BONDS. *PROVIDED, FURTHER*, THAT THE NET
11 EARNINGS OF THE ISSUING OR ASSUMING INSTITUTION
12 AVAILABLE FOR ITS RECURRING EXPENSES, SUCH AS
13 AMORTIZATION OF DEBT DISCOUNT AND RENTALS FOR
14 LEASED PROPERTIES, INCLUDING INTEREST ON FUNDED
15 AND UNFUNDED DEBT, SHALL NOT BE LESS THAN 1.25
16 TIMES OF THE TOTAL RECURRING EXPENSES FOR THE
17 INVESTMENT YEAR: *PROVIDED, FINALLY*, THAT THE
18 INVESTMENT ON THESE BONDS AND SECURITIES SHALL
19 NOT EXCEED FIFTEEN PERCENT (15%) OF THE INVESTMENT
20 RESERVE FUND;

21 XXX XXX XXX

22 F) IN BONDS, SECURITIES, PROMISSORY NOTES OR OTHER
23 EVIDENCE OF INDEBTEDNESS OF ACCREDITED AND
24 FINANCIALLY SOUND MEDICAL INSTITUTIONS
25 EXCLUSIVELY TO FINANCE THE CONSTRUCTION,
26 IMPROVEMENT AND MAINTENANCE OF HOSPITALS AND
27 OTHER MEDICAL FACILITIES: *PROVIDED*, THAT SUCH
28 SECURITIES AND INSTRUMENTS ARE BACKED UP BY THE
29 GUARANTEE OF THE REPUBLIC OF THE PHILIPPINES (ROP)
30 OR THE ISSUING MEDICAL INSTITUTION AND THE ISSUED
31 SECURITIES AND BONDS ARE BOTH RATED TRIPLE "A" BY
32 AUTHORIZED ACCREDITED DOMESTIC RATING AGENCIES.
33 *PROVIDED FURTHER*, THAT SAID INVESTMENTS SHALL NOT
34 EXCEED TEN PERCENT (10%) OF THE TOTAL INVESTMENT
35 RESERVE FUND.

1 THE CORPORATION MAY, THROUGH A PUBLIC BIDDING,
2 HIRE LOCAL FUND OR INVESTMENT MANAGERS TO
3 MANAGE THE INVESTMENT RESERVE FUND.
4

5 SEC. 28. *Contributions.* – All members [of the program] WHO CAN
6 AFFORD TO PAY shall contribute to the Fund, in accordance with a
7 reasonable, equitable and progressive contribution schedule to be determined
8 by the Corporation on the basis of applicable actuarial studies and in
9 accordance with the following guidelines:

10 a) MEMBERS IN THE formal [sector employees] ECONOMY
11 [and current Medicare members] and their employers shall continue paying the
12 same monthly contributions as provided for by law until such time that the
13 Corporation shall have determined [the] A NEW contribution schedule
14 [mentioned herein]: *Provided*, That their monthly contributions shall not
15 exceed [three percent (3%)] FIVE PERCENT (5%) of their respective monthly
16 salaries.

17 b) Contributions from [self-employed members] MEMBERS IN
18 THE INFORMAL ECONOMY shall be based primarily on household
19 earnings and assets. [; their total contributions for one year shall not, however,
20 exceed–three percent (3%) of their estimated actual net income for the
21 preceding year]: THOSE FROM THE LOWEST INCOME SEGMENT WHO
22 DO NOT QUALIFY FOR FULL SUBSIDY UNDER THE MEANS TEST
23 RULE OF THE NATIONAL GOVERNMENT SHALL BE ENTIRELY
24 SUBSIDIZED BY THE LOCAL GOVERNMENT UNITS OR THROUGH
25 COST SHARING MECHANISMS BETWEEN/AMONG LOCAL
26 GOVERNMENT UNITS AND/OR LEGISLATIVE SPONSORS AND/OR
27 OTHER SPONSORS AND/OR THE ENROLEE INCLUDING THOSE FOR
28 BARANGAY VOLUNTEERS WHO FALL UNDER THIS CATEGORY:
29 *PROVIDED*, THAT THE IDENTIFICATION OF BENEFICIARIES WHO
30 SHALL RECEIVE SUBSIDY FROM LOCAL GOVERNMENT UNITS
31 SHALL BE BASED ON A LIST TO BE PROVIDED BY THE NATIONAL
32 GOVERNMENT THROUGH THE SAME MEANS TEST RULE OF THE
33 NATIONAL GOVERNMENT OR ANY OTHER APPROPRIATE
34 STATISTICAL METHOD THAT MAY BE ADOPTED FOR SAID
35 PURPOSE.

1 THE FULL ANNUAL PREMIUM CONTRIBUTIONS OF
2 HOUSEHELPERS SHALL BE PAID BY THEIR EMPLOYERS.

3
4 THE REQUIRED NUMBER OF MONTHLY PREMIUM
5 CONTRIBUTIONS TO QUALIFY AS A LIFETIME MEMBER MAY BE
6 INCREASED BY THE CORPORATION TO SUSTAIN THE FINANCIAL
7 VIABILITY OF THE PROGRAM: *PROVIDED FURTHER*, THAT THE
8 INCREASE SHALL BE BASED ON ACTUARIAL ESTIMATE AND
9 STUDY.

10 IT SHALL BE MANDATORY FOR ALL GOVERNMENT
11 AGENCIES TO INCLUDE THE PAYMENT OF PREMIUM
12 CONTRIBUTION IN THEIR RESPECTIVE ANNUAL
13 APPROPRIATIONS: *PROVIDED FINALLY*, THAT ANY INCREASE IN
14 THE PREMIUM CONTRIBUTION OF THE NATIONAL GOVERNMENT
15 AS EMPLOYER SHALL ONLY BECOME EFFECTIVE UPON
16 INCLUSION OF SAID AMOUNT IN THE ANNUAL GENERAL
17 APPROPRIATIONS ACT.

18 SEC. 29. *Payment for Indigent Contributions.* - PREMIUM
19 [C]contributions for indigent members AS IDENTIFIED BY THE
20 NATIONAL GOVERNMENT THROUGH A MEANS TEST OR ANY
21 OTHER APPROPRIATE STATISTICAL METHOD shall be FULLY
22 subsidized [partially] by the [local government unit] NATIONAL
23 GOVERNMENT [where the member resides]. THE AMOUNT
24 NECESSARY SHALL BE INCLUDED IN THE APPROPRIATIONS FOR
25 THE DEPARTMENT OF HEALTH UNDER THE ANNUAL GENERAL
26 APPROPRIATIONS ACT. [The Corporation shall provide counterpart
27 financing equal to the LGU's subsidy for indigents: *Provided*, That in the case
28 of fourth, fifth and sixth class municipalities, the National Government shall
29 provide up to ninety percent (90%) of the subsidy for indigents until such time
30 that they shall have been upgraded to first, second or third class municipalities.
31 The share of the LGUs shall be progressively increased until such time that its
32 share becomes equal to that of the National Government.]

33 THE PREMIUM CONTRIBUTIONS OF ORPHANS, ABANDONED
34 AND ABUSED MINORS, OUT OF SCHOOL YOUTHS, STREET
35 CHILDREN, PERSONS WITH DISABILITIES, SENIOR CITIZENS AND

1 BATTERED WOMEN UNDER THE CARE OF THE DEPARTMENT OF
2 SOCIAL WELFARE AND DEVELOPMENT (DSWD), OR ANY OF ITS
3 ACCREDITED INSTITUTIONS RUN BY NON-GOVERNMENTAL
4 ORGANIZATIONS (NGOS) OR ANY NON-PROFIT PRIVATE
5 ORGANIZATIONS, SHALL BE PAID BY THE DSWD AND THE FUNDS
6 NECESSARY FOR THEIR INCLUSION IN THE PROGRAM SHALL BE
7 INCLUDED IN THE ANNUAL BUDGET OF THE DSWD.”

8 SEC. 8. Section 32 of the same Act, as amended, is hereby further amended
9 to read as follows:

10 “SEC. 32. *Accreditation Eligibility.* – All health care providers, as
11 enumerated in Sec. 4 (o) hereof and operating for at least three (3) years may
12 apply for accreditation: *Provided,* That a health care provider which has not
13 operated for at least three (3) years may likewise apply and qualify for
14 accreditation if it complies with all the other accreditation requirements of and
15 further meets any of the following conditions:

16 a) Its managing health care professional has had a working
17 experience in another accredited health care institution for at least three (3)
18 years;

19 b) It operates as a tertiary facility or its equivalent;

20 c) It operates in a local government unit where the accredited
21 health care provider cannot adequately or fully service its population; and

22 d) Other conditions as may be determined by the Corporation.

23 A HEALTH CARE PROVIDER FOUND GUILTY OF ANY
24 VIOLATION OF THIS ACT SHALL NOT BE ELIGIBLE TO APPLY FOR
25 THE RENEWAL OF ACCREDITATION.”

26 SEC. 9. Sections 34 and 35 of the same Act, as amended, are hereby
27 amended to read as follows:

28 “SEC. 34. *Provider Payment Mechanisms.* – The following
29 mechanisms for public and private providers shall be allowed in the Program:

30 a) Fee-for-service [based] OR PAYMENT BASED ON THE
31 COST OF SERVICES RENDERED UNDER THE mechanisms established
32 by the Corporation;

33 B) CASE-BASED PAYMENT OR PAYMENT BASED ON A
34 PRE-DETERMINED FIXED RATE FOR EACH TREATED CASE OR
35 DISEASE AS DETERMINED BY THE CORPORATION:

1 [b] C) Capitation of health care professionals and facilities, or
2 networks of the same including HMOs, medical cooperatives, and other
3 legally formed health service groups; AND

4 [c] [A combination of both; and]

5 d) Any or all of the above, [subject] PROVIDED, THAT IT SHALL
6 BE CONSIDERED AS [to] global budget.

7 NO OTHER FEE OR EXPENSE SHALL BE CHARGED TO THE
8 INDIGENT PATIENT.

9 THE HEALTH CARE PROVIDER SHALL BE ALLOWED TO
10 CHARGE THE MEMBER ONLY FOR AMENITIES AND SERVICES NOT
11 INCLUDED IN THE BENEFIT PACKAGE BUT VOLUNTARILY
12 CHOSEN BY THE MEMBER: *PROVIDED*, THAT THE MEMBER HAS
13 PREVIOUSLY AGREED TO PAY THE COST OF SUCH SERVICES.

14 SUBJECT TO THE APPROVAL OF THE BOARD, THE
15 CORPORATION MAY ADOPT OTHER PAYMENT MECHANISMS
16 THAT ARE MOST BENEFICIAL TO THE MEMBERS AND TO THE
17 CORPORATION.

18 Each [Office] PHILHEALTH LOCAL OFFICE shall recommend the
19 appropriate payment mechanism within its jurisdiction for approval by the
20 Corporation. Special consideration shall be given to payment for services
21 rendered by public and private health care providers serving remote or
22 medically underserved areas."

23 **SEC. 10.** Section 35 of the same Act, as amended, is hereby amended to read
24 as follows:

25 "SEC. 35. *[Fee-for-service Payments and Payment in General.* -- Fee-
26 for-service payments may be made separately for professional fees and
27 hospital charges, or both, based on arrangements with health care providers.
28 This fee shall be based on a schedule to be established by the Board which
29 shall be reviewed every three (3) years. Fees paid for professional services
30 rendered by salaried public providers shall be allowed to be retained by the
31 health facility in which services are rendered and be pooled and distributed
32 among health personnel. Charges paid to public facilities shall be allowed to
33 be retained by the individual facility in which services were rendered and for
34 which payment was made. Such revenues shall be used to defray operating
35 costs other than salaries, to maintain or upgrade equipment, plant or facility,

1 and to maintain or improve the quality of service in the public sector.]
2 PERIOD TO FILE CLAIMS. -- ALL CLAIMS FOR REIMBURSEMENT OR
3 PAYMENT FOR SERVICES RENDERED SHALL BE FILED WITHIN A
4 PERIOD OF SIXTY (60) CALENDAR DAYS FROM THE DATE OF
5 DISCHARGE OF THE PATIENT FROM THE HEALTH CARE
6 PROVIDER.

7 THE PERIOD TO FILE THE CLAIM MAY BE EXTENDED FOR
8 SUCH REASONABLE CAUSES DETERMINED BY THE
9 CORPORATION."

10 SEC. 11. Sections 41, and 42 of the same Act, as amended, are hereby
11 amended to read as follows:

12 "SEC. 41. *Grievance and Appeal Procedures.* -- A member, [his] A
13 dependent, or a health care provider may file a complaint for grievance based
14 on any of the above grounds, in accordance with the following procedures:

15 a) A complaint for grievance must be filed with the [Office]
16 CORPORATION which shall REFER SUCH COMPLAINT TO THE
17 GRIEVANCE AND APPEAL REVIEW COMMITTEE. THE GRIEVANCE
18 AND APPEAL REVIEW COMMITTEE SHALL rule on the complaint
19 THROUGH A NOTICE OF RESOLUTION within [ninety (90)] SIXTY (60)
20 calendar days from receipt thereof.

21 b) Appeals from [Office] THE DECISION OF THE
22 GRIEVANCE AND APPEAL REVIEW COMMITTEE must be filed with the
23 Board within thirty (30) CALENDAR days from receipt of THE notice of
24 RESOLUTION [dismissal or disallowance by the Office].

25 xxx xxx xxx."

26 SEC. 42. *Grievance and Appeal Review Committee.* -- The Board shall
27 create a Grievance and Appeal Review Committee, composed of [three (3) to]
28 five (5) members, hereinafter referred to as the Committee, which, subject to
29 the procedures enumerated above, shall receive and recommend appropriate
30 action on complaints from members and health care providers relative to this
31 Act and its implementing rules and regulations.

32 THE COMMITTEE SHALL HAVE AS ONE OF ITS MEMBERS A
33 REPRESENTATIVE OF ANY OF THE ACCREDITED HEALTH CARE
34 PROVIDERS AS ENDORSED BY THE DEPARTMENT OF HEALTH."

SEC. 12 Section 44 of the same Act, as amended, is hereby further amended to read as follows:

"SEC. 44. *Penal Provisions.* – Any violation of the provisions of this Act, after due notice and hearing, shall suffer the following penalties:

A) VIOLATION BY AN ACCREDITED HEALTH CARE PROVIDER – ANY ACCREDITED HEALTH CARE PROVIDER WHO COMMITS A VIOLATION, ABUSE, UNETHICAL PRACTICE OR FRAUDULENT ACT WHICH TENDS TO UNDERMINE OR DEFEAT THE OBJECTIVES OF THE PROGRAM SHALL BE PUNISHED WITH [A] a fine of not less than [Ten] FIFTY thousand pesos [(P10,000.00)] (50,000.00) [nor] BUT NOT more than [Fifty] ONE HUNDRED thousand pesos [(P50,000.00)] (P100,000.00) [in case the violation is committed by the hospital management or provider. In addition, its accreditation shall be suspended or revoked] OR SUSPENSION OF ACCREDITATION from three (3) months to the whole term of accreditation, OR BOTH AT THE DISCRETION OF THE CORPORATION: *Provided, [however,]* That recidivists may [not anymore] NO LONGER be accredited as a participant of the Program;

B) VIOLATIONS OF A MEMBER – [A fine of not less than Five hundred pesos (P500.00) nor more than Five thousand pesos (P5,000.00) and imprisonment of not less than six (6) months nor more than one (1) year in case the violation is committed by the member.] ANY MEMBER WHO COMMITS ANY VIOLATION OF THIS ACT INDEPENDENTLY OR IN CONNIVANCE WITH THE HEALTH CARE PROVIDER FOR PURPOSES OF WRONGFULLY CLAIMING NHIP BENEFITS OR ENTITLEMENT, SHALL BE PUNISHED WITH A FINE OF NOT LESS THAN FIVE THOUSAND PESOS (P5,000.00) OR SUSPENSION FROM AVAILMENT OF NHIP BENEFITS FOR NOT LESS THAN THREE (3) MONTHS BUT NOT MORE THAN SIX (6) MONTHS, OR BOTH AT THE DISCRETION OF THE CORPORATION.

C) VIOLATIONS OF AN EMPLOYER –

1. FAILURE, REFUSAL TO REGISTER, DEDUCT, REMIT THE CONTRIBUTIONS – [Where the violations consist of failure or refusal to deduct contributions from the employee's compensation or to remit the same to the Corporation, the penalty shall be a fine of not less than Five

1 hundred pesos (P500.00) but not more than One thousand pesos (P1,000.00)
2 multiplied by the total number of employees employed by the firm and
3 imprisonment of not less than six (6) months but not more than one (1) year.]
4 ANY EMPLOYER WHO FAILS OR REFUSES TO REGISTER
5 EMPLOYEES, REGARDLESS OF THEIR EMPLOYMENT STATUS, OR
6 TO DEDUCT CONTRIBUTIONS FROM THE EMPLOYEE'S
7 COMPENSATION OR REMIT THE SAME TO THE CORPORATION
8 SHALL BE PUNISHED WITH A FINE OF NOT LESS THAN FIVE
9 THOUSAND PESOS (P5,000.00) MULTIPLIED BY THE TOTAL
10 NUMBER OF EMPLOYEES OF THE FIRM

11 Any employer or any officer authorized to collect contributions under
12 this Act who, after collecting or deducting the monthly contributions from his
13 employee's compensation, fails to remit the said contributions to the
14 Corporation within thirty (30) days from the date they become due shall be
15 presumed to have misappropriated such contribution [and shall suffer the
16 penalties provided for in Article 315 of the Revised Penal Code].

17 2. UNLAWFUL DEDUCTIONS – Any employer or OFFICER
18 who shall deduct directly or indirectly from the compensation of the covered
19 employees or otherwise recover from them his own contribution on behalf of
20 such employees shall be punished [by] with a fine [not exceeding One] OF
21 FIVE thousand pesos [(P1,000.00)] (P5,000.00) multiplied by the total number
22 of AFFECTED employees [employed by the firm, or imprisonment not
23 exceeding one (1) year, or both fine and imprisonment, at the discretion of the
24 court].

25 If the act or omission penalized by this Act be committed by an
26 association, partnership, corporation or any other institution, its managing
27 directors or partners or president or general manager, or other persons
28 responsible for the commission of the said act shall be liable for the penalties
29 provided for in this Act [and other laws for the offense].

30 3. MISAPPROPRIATION OF FUNDS BY EMPLOYEES OF
31 THE CORPORATION – Any employee of the Corporation who receives or
32 keeps funds or property belonging, payable or deliverable to the Corporation,
33 and who shall appropriate the same, or shall take or misappropriate or shall
34 consent, or through abandonment or negligence shall permit any other person
35 to take such property or funds wholly or partially, shall likewise be liable for

misappropriation of funds or property and shall BE PUNISHED WITH [suffer imprisonment of not less than six (6) years and not more than twelve (12) years and] a fine of not less than Ten thousand pesos (P10,000.00) nor more than Twenty thousand pesos (P20,000.00). Any shortage of the funds or loss of the property upon audit shall be deemed *prima facie* evidence of the offense.

4. OTHER VIOLATIONS – OTHER VIOLATIONS OF THE PROVISIONS OF THIS ACT OR OF THE RULES AND REGULATIONS PROMULGATED BY THE CORPORATION SHALL BE PUNISHED WITH A FINE OF NOT LESS THAN FIVE THOUSAND PESOS (P5,000.00) BUT NOT MORE THAN TWENTY THOUSAND PESOS (P20,000.00).

All other violations involving funds of the Corporation shall be governed by the applicable provisions of the Revised Penal Code or other laws, taking into consideration the rules on collection, remittances, and investment of funds as may be promulgated by the Corporation.

THE CORPORATION MAY ENUMERATE CIRCUMSTANCES THAT WILL MITIGATE OR AGGRAVATE THE LIABILITY OF THE OFFENDER OR ERRING HEALTH CARE PROVIDER, MEMBER OR EMPLOYER.

DESPITE THE CESSATION OF OPERATION BY A HEALTH CARE PROVIDER OR TERMINATION OF PRACTICE OF AN INDEPENDENT HEALTH CARE PROFESSIONAL WHILE THE COMPLAINT IS BEING HEARD, THE PROCEEDING AGAINST THEM SHALL CONTINUE UNTIL THE RESOLUTION OF THE CASE.

THE DISPOSITIVE PART OF THE DECISION REQUIRING PAYMENT OF FINES, REIMBURSEMENT OF PAID CLAIM OR DENIAL OF PAYMENT SHALL BE IMMEDIATELY EXECUTORY.”

SEC. 13. Section 46 of the same Act, as amended, IS hereby FURTHER amended to read as follows:

“SEC. 46. [Subsequent Appropriations] FUNDING SOURCE. – THE AMOUNT NECESSARY FOR THE IMPLEMENTATION OF THIS ACT SHALL BE SOURCED FROM THE FOLLOWING:

[Starting 1995 and thereafter, twenty-five percent (25%) of the increment in total revenue collected under Republic Act No. 7654 shall be

1 appropriated in the General Appropriations Act solely for the National Health
2 Insurance Fund.]

3 A) [In addition,] [s]Starting [1996 and thereafter] 2012,] Twenty-
4 five percent (25%) of the incremental revenue from the increase in the
5 documentary stamp taxes under Republic Act No. 7660, AS AMENDED BY
6 REPUBLIC ACT NO. 7875 shall [likewise] be appropriated solely for the
7 [said] National Health Insurance [f]Fund;

8 B) THREE PERCENT (3%) FROM THE SALE PROCEEDS OF
9 MILITARY CAMPS UNDER REPUBLIC ACT NO. 7227, AS AMENDED
10 BY REPUBLIC ACT NO. 7917;

11 C) AS COUNTERPART CONTRIBUTION OF THE LOCAL
12 GOVERNMENT, TEN PERCENT (10%) OF THE FIFTY PERCENT (50%)
13 LOCAL GOVERNMENT SHARE FROM THE INCREMENTAL
14 REVENUE FROM VALUE-ADDED TAX UNDER REPUBLIC ACT NO.
15 9337.

16 IN ADDITION, ANY AMOUNT CORRESPONDING TO A
17 PERCENTAGE OF THE INCREMENTAL REVENUE FROM THE EXCISE
18 TAX ON ALCOHOL AND TOBACCO PRODUCTS AS MAY BE
19 PRESCRIBED UNDER APPLICABLE LAWS SHALL BE USED FOR THE
20 IMPLEMENTATION OF THIS ACT. THE CORPORATION MAY
21 LIKEWISE REQUEST CONGRESS TO APPROPRIATE SUPPLEMENTAL
22 FUNDING TO ACHIEVE THE OBJECTIVES OF THE UNIVERSAL
23 HEALTHCARE.

24 ALL THESE FUNDS SHALL BE APPROPRIATED UNDER THE
25 BUDGET OF THE DEPARTMENT OF HEALTH.”

26 SEC. 14. Section 49 of the same Act, as amended, is hereby amended to read
27 as follows:

28 “SEC. 49. *Implementing Rules and Regulations.* – Within [thirty (30)]
29 SIXTY (60) days [from the completion of such appointments, the Board shall
30 convene to formulate the rules and regulations necessary for the
31 implementation of this Act.] FROM THE EFFECTIVITY OF THIS ACT,
32 THE CORPORATION, IN COORDINATION WITH THE DEPARTMENT
33 OF HEALTH SHALL ISSUE THE NECESSARY RULES AND
34 REGULATIONS FOR ITS EFFECTIVE IMPLEMENTATION.”

SEC. 15. Section 54 of the same Act, as amended, is hereby further amended to read as follows:

"SEC. 54. *CONGRESSIONAL Oversight [Provision] COMMITTEE.*

[Congress shall conduct a regular review of the National Health Insurance Program which shall entail a systematic evaluation of the Program's performance, impact or accomplishments with respect to its objectives or goals. Such review shall be undertaken by the Committee of the Senate and the House of Representatives which have legislative jurisdiction over the Program.] A JOINT CONGRESSIONAL OVERSIGHT COMMITTEE IS HEREBY CREATED WHICH SHALL BE COMPOSED OF THE CHAIRPERSON OF THE SENATE COMMITTEE ON HEALTH AND DEMOGRAPHY AND FIVE (5) OTHER SENATORS DESIGNATED BY THE SENATE PRESIDENT, AND THE CHAIRPERSON OF THE HOUSE COMMITTEE ON HEALTH AND FIVE (5) OTHER MEMBERS OF THE HOUSE OF REPRESENTATIVES DESIGNATED BY THE SPEAKER OF THE HOUSE OF REPRESENTATIVES: *PROVIDED*, THAT, OF THE FIVE (5) MEMBERS TO BE DESIGNATED BY EACH CHAMBER, THREE (3) MEMBERS SHALL BE FROM THE MAJORITY AND THE REMAINING TWO (2) MEMBERS SHALL BE FROM THE MINORITY.

THE JOINT CONGRESSIONAL OVERSIGHT COMMITTEE SHALL HAVE THE POWER TO MONITOR AND EVALUATE THE IMPLEMENTATION OF THIS ACT.

THE OVERSIGHT COMMITTEE CREATED UNDER THIS ACT SHALL EXIST FOR A PERIOD NOT EXCEEDING FIVE (5) YEARS FROM THE EFFECTIVITY OF THIS ACT, AFTER WHICH THE OVERSIGHT FUNCTIONS SHALL BE PERFORMED BY THE COMMITTEE ON HEALTH AND DEMOGRAPHY OF THE SENATE AND THE COMMITTEE ON HEALTH OF THE HOUSE OF REPRESENTATIVES.

The National Economic and Development Authority, in coordination with the National Statistics Office and the National Institute of Health of the University of the Philippines, INCLUDING THE PHILIPPINE INSTITUTE OF TRADITIONAL AND ALTERNATIVE HEALTH CARE IN THE CASE OF ALTERNATIVE CARE, TRADITIONAL MEDICINE AND HERBAL HEALTH SERVICES, shall undertake studies to validate the

1 accomplishments of the Program. The budget required to undertake such study
2 shall come from the income of the Philhealth.”

3 **SEC. 16 .** New sections to be denominated as Sections 55, 56, 57 and 58
4 under Article XIII. MISCELLANEOUS PROVISIONS, are hereby added to
5 read as follows:

6 “SEC. 55. *FILING OF OTHER LEGAL ACTIONS BEFORE THE*
7 *PROPER COURTS.* – THE FILING OF AN ADMINISTRATIVE ACTION
8 AGAINST ANY HEALTH CARE PROVIDER, EMPLOYER OR MEMBER
9 UNDER THIS ACT SHALL BE WITHOUT PREJUDICE TO THE FILING
10 OF ANY OTHER LEGAL ACTIONS UNDER THE REVISED PENAL
11 CODE OR ANY OTHER LAWS IN THE PROPER COURTS.

12 SEC. 56. *LEGAL ASSISTANCE AND BENEFITS.* – ANY OFFICER,
13 EMPLOYEE, OR AUTHORIZED REPRESENTATIVE OF THE
14 CORPORATION WHO MAY BE SUED BY ANY HEALTH CARE
15 PROVIDER, MEMBER, STAKEHOLDER OR ANY OTHER PERSON OR
16 ENTITY IN CONNECTION WITH THE PERFORMANCE OF DUTIES
17 AND OBLIGATIONS UNDER THE NHIP MAY BE PROVIDED LEGAL
18 ASSISTANCE OR COUNSEL BY THE CORPORATION UPON
19 APPROVAL BY THE BOARD.

20 SEC. 57. *REQUISITES FOR ISSUANCE OR RENEWAL OF*
21 *LICENSE OR PERMITS.* – NOTWITHSTANDING ANY LAW TO THE
22 CONTRARY, ALL GOVERNMENT AGENCIES ISSUING
23 PROFESSIONAL OR BUSINESS LICENSE OR PERMIT, SHALL
24 REQUIRE ALL APPLICANTS TO SUBMIT CERTIFICATE OR PROOF
25 OF PAYMENT OF PHILHEALTH PREMIUM CONTRIBUTIONS, PRIOR
26 TO THE ISSUANCE OR RENEWAL OF SUCH LICENSE OR PERMIT.

27 SEC. 58. *APPLICABILITY OF PROVISIONS.* – COMPLAINTS
28 ALREADY FILED WITH, AND UNDER DELIBERATION BY
29 APPROPRIATE BODIES OF THE CORPORATION PRIOR TO THE
30 EFFECTIVITY OF THIS ACT SHALL BE GOVERNED IN
31 ACCORDANCE WITH THE PREVIOUS LAWS AND THEIR
32 IMPLEMENTING RULES AND REGULATIONS.”

33 **SEC. 17.** Sections 55, 56, 57, 58 and 59 of Republic Act No. 7875, as
34 amended, are hereby renumbered as Sections 60, 61, 62 and 63 respectively.

1 **SEC. 18. Effectivity.** - This Act shall take effect fifteen (15) days after its
2 publication in at least two (2) newspapers of general circulation.

3 *Approved,*

FACT SHEET

House Bill No. _____

(In substitution of House Bills No. 20, 87, 102, 150, 210, 265, 367, 495, 637, 655, 937, 961, 1083, 1202, 1267, 1566, 1567, 1612, 1628, 1847, 1854, 1965, 2099, 2174, 2441, 2547, 2711, 2939, 3090, 3142, 3143, 3144, 3405, 3499, 3544, 3545, 3795, 3921, 4116, 4150, 4168, 4235, 4236, 4238, 4339, 4340, 4430, 4590, 5003, 5038, 5047, 5177, 5270, 5283, 5284)

(As approved by the Committee on May 25, 2011)

"AN ACT PROVIDING HEALTHCARE SERVICES TO ALL FILIPINOS, FURTHER AMENDING FOR THE PURPOSE REPUBLIC ACT NO. 7875 OTHERWISE KNOWN AS THE 'NATIONAL HEALTH INSURANCE ACT OF 1995' AS AMENDED, AND FOR OTHER PURPOSES."

Introduced by: Reps. Marcelino R. Teodoro, Juan Edgardo M. Angara, Janette L. Garin, Ben P. Evardone, Neptali M. Gonzales, Mary Mitzi L. Cajayon, Susan A. Yap, Augusto Boboy, D. Syjuco, Bernadette R. Herrera-Dy, Rufus B. Rodriguez, Maria Milagros E. Magsaysay, Eufanio C. Eriguel, Mark A. Villar, Lorenzo R. Tañada, Daisy Avance-Fuentes, Ignacio T. Arroyo, Joseph Victor G. Ejercito, Imelda G. Calixto-Rubiano, Wilfrido Mark C. Enverga, Maria Carmen. Zamora-Apsay, George P. Arnaiz, Ma. Theresa B. Bonoan-David, Mariano Michael M. Velarde Jr., Irwin C. Tieng, Loreto S. Ocampos, Alfredo D. Maraño III, Anthony Rolando T. Golez, Feliciano R. Belmonte, Abigail Faye C. Ferriol, Rogelio J. Espina, Philip A. Pichay, Diosdado M. Arroyo, Romeo M. Acop, Salvio B. Fortuno, Kimi S. Cojuanco, Anthony G. Del Rosario, Winston Castelo, Carmelo F. Lazatin, Erico B. Aumentado, Ma. Amelita A. Calimbas-Villarosa, Rachel Marguerite B. Del Mar, Bernardo M. Vergara, Cesar V. Sarmiento, Josephine Veronique R. Lacson-Noel, Patricio T. Antonio, Arnulfo F. Go, Arnel M. Cerafica, Eleanor C. Bulut-Begtang, Christopher S. Co, Rodel M. Batocabe, Maximo B. Rodriguez, Rodante D. Marcoleta, Rosenda Ann Ocampo, Irvin M. Alcala, Thelma Z. Almario, Giorgidi B. Aggabao, Alfredo A. Garbin Jr., Tomas V. Apacible, Jose Carlos L. Cari, Neli Benedict A. Montejo, Gloria A. Macapagal-Arroyo, Catalina C. Bagasina, Monique Yazmin Q. Lagdameo, Mar-Len Abigail S. Binay, Ma. Georgina P. De Venecia, Maria Isabelle G. Climaco, Salvador H. Escudero III, Joel Roy R. Duavit, Mel Senen S. Sarmiento, Randolph S. Ting, Deogracias B. Ramos Jr., Angelo B. Palmones, Benhur L. Salimbangon, Herminia B. Roman, Linabelle Ruth R. Villarica, Irvin M. Alcala, Lani Mercado-Revilla, Ryan Luis Singson, Salvador P. Cabaluna, Cinchona Cruz-Gonzales, Romero Federico S. Quimbo, David L. Kho, Emerenciana A. De Jesus, Mohammed Hussein P. Pangandaman, Lucy Torres Gomez, Salvador H. Escudero III, Reena Concepcion G. Obillo, Jose Carlos L. Cari, Jesus F. Celeste, Ma. Evita R. Arago, Arthur C. Yap, Juan Miguel Macapagal-Arroyo, Bai Sandra A. Sema, Amado S. Bagatsing, Edwin Olivarez, Alfredo Abelardo B. Benitez, Dary Grace Abayon, Peter Unabia, Imelda Dimaporo, Albert Garcia

Committee Referral: COMMITTEE ON HEALTH (Primary)

Committee Chairperson: HON. ALFREDO D. MARAÑO III

Committee Referral: COMMITTEE ON APPROPRIATIONS (Secondary)

Committee Chairperson: HON. JOSEPH EMILIO A. ABAYA

OBJECTIVES:

- To make all citizens of the country automatically covered by the Philippine Health Insurance Program
- To strengthen the Philippine Health Insurance Corporation (Philhealth) by granting additional powers to the Corporation

KEY PROVISIONS:

- Amends Section 29 of R.A. 7875 as amended, by mandating the national government to fully subsidize the premium contribution of indigents as identified by the national government through a means test or any appropriate statistical methods. The premium payment of those who do not qualify for full government subsidy will be shouldered entirely by the local government units through a cost sharing mechanisms between and among LGUs, district legislators and private sector donors and enrollees. Premium payment for househelpers will be paid by their employers;
- Mandates automatic and mandatory enrolment in the Philippine Health Insurance Program for all citizens of the Philippines and qualified foreigners. Mandatory coverage to the program includes the enrollees under the following categories: a) workers in the formal economy; b) workers in the informal economy; c) enrolled indigents; and d) lifetime members;
- Mandates compulsory health insurance in all Local Government Units (LGUs) nationwide through the National Health Insurance Program, notwithstanding the existence of an LGU-based health insurance programs;
- Provides for payment schemes other than the fee-for-service to include, case-based payment, capitation of health care professionals and facilities, or a combination of payment schemes;
- Allows the Corporation to set aside a portion of its accumulated revenues not needed to meet the cost of the current year's expenditures as reserve fund to be used for the following: a) increase in benefit or decrease of members' contributions; b) augmentation of "Health Facilities Enhancement Program" of the Department of Health; and c) development and maintenance of electronic data bank of members;
- Strengthens the powers of the Philippine Health Insurance Corporation (PHIC) by:
 1. amending its visitorial power to enable the Corporation to secure copies of medical and financial records not only of the health care providers and employers but also of their patients and employees;
 2. tasking the corporation to conduct post-audit on the quality of services rendered by health care providers, among others;
 3. empowering the Corporation to mandate the national agencies and local governments to require proof of Philhealth membership before transacting with private individuals or groups;

4. granting the Corporation the power to accredit independent pharmacies and other retail outlets; and
 5. imposing three percent (3%) interest and or surcharges per month on hospitals in case of any delay in remittance of contributions which are due within the prescribed period;
- Ensures that the Corporation adequately compensates the health care provider within sixty (60) calendar days from the date of filing of claims for reimbursements;
 - Penalizes any employer who fails or refuses to register its employees regardless of employment status (contractual, casuals, etc.) or to deduct contributions from the employee's compensation or remit the same to the Corporation with a fine of P5,000. multiplied by the number of affected employees of the firm;
 - Defines offenses and abuses against institutional health care providers, health care professionals and members and providing penalties thereof.

RELATED LAWS

- R.A. No. 7875 as amended by R.A. No. 9241
- The Revised Penal Code