

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

SIXTEENTH CONGRESS
Third Regular Session

HOUSE BILL NO. 6513



Introduced by **HONORABLE LANI MERCADO-REVILLA**

EXPLANATORY NOTE

The Constitution, Article II, Section 15 provides:

“Section 15. The State shall protect and promote the right to health of the people and instill health consciousness among them.”

Further, Article XIII, Section 11 states:

“SECTION 11. The State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost. There shall be priority for the needs of the underprivileged sick, elderly, disabled, women, and children. The State shall endeavor to provide free medical care to paupers.”

Pursuant to the above constitutional mandates, Republic Act Nos. 8344 and 9439 were enacted into law on August 25, 1997 and April 27, 2007, respectively. These two laws repealed Batas Pambansa Blg. No. 702, “An Act Prohibiting the Demand of Deposits or Advance Payments for the Confinement or Treatment of Patients in Hospitals and Medical Clinics in Certain Cases”, which took effect in 1984.

However, since then, despite the increase in the number of doctors, nurses, medical personnel and hospitals in the country, the health needs of our fellow Filipinos, especially the underprivileged sick, elderly, disabled, women, and children are not addressed. Further, a lot of middle class and rich individuals become impoverished after they or their loved ones are hospitalized in both public and private hospitals. Worse, despite being medically attended to, many of the patients die. Worst, some hospitals refuse to release the body of the dead patients to the family because of the inability of the estate of the deceased or the family of the patient to pay the entire hospital bills which prevent these poor people from being buried properly by their loved ones.

According to Orville Solo and Maria S. Floro in *The Philippines in the 1980s: A Review of National and Urban Level Economic Reforms* (World Bank: TWURP Working Paper No. 1, February 1993, p. 4) from 1965-1990, more than two-thirds of the population have access to health care. This was higher than the average for lower middle income countries. The infant mortality rate had been drastically reduced from 60 percent in 1970 to 45.1 percent in 1980 and it was estimated to be 30.1 percent in 1988. Female life expectancy at birth increased and was above the overall rate. The average-daily calorie intake per person in the Philippines is approximately 2,200. Both authors attributed this to the country's improved health practices.

In 2004, there were 403,191 reported deaths. Of these, the number 1 leading cause of death was diseases of the heart with 70,861 reported deaths or 17.6%. Second in rank was cerebrovascular diseases with 43,077 reported deaths or 10.7%. Third in rank was malignant neoplasms (commonly known as cancers) with 40,524 reported deaths or 10.1%. In 2007, there were 441,956 reported deaths. Of these, the number 1 leading cause of death was diseases of the heart again with 88,314 reported deaths or 20%. Second in rank was cerebrovascular diseases again with 48,969

reported deaths or 11.1%. Third in rank again was malignant neoplasms with 44,399 reported deaths or 10.0%. The number of death continued to increase through the years and in 2010 there were 488,265 reported deaths. In 2010, the number 1 leading cause of death was diseases of the heart again with 166,867 reported deaths or 34.2%; and it was reported that 1 out of 5 Filipinos die because of heart diseases. Second in rank again was cerebrovascular diseases with 48,969 reported deaths or 11.1% Third in rank again was malignant neoplasms with 59,551 reported deaths or 12.2%. It was further reported that of the 488,265 reported deaths in 2010, 166,867 deaths or 34.2% were medically attended with the NCR recording the highest medically attended deaths with 68,559 deaths with the Autonomous Region in Muslim Mindanao registering the lowest reported number of reported deaths at 1,081. (<http://www.census.gov.ph/content/death-statistics>).

In 2011, there were 498,486 reported deaths, an increase of 10,221 or 2.09% from the 2010 record of 488,265 deaths. More than half (60.2%) of the total deaths in 2011 occurred in Luzon; NCR (13.7%), Region IV-A (14.1%) and Region III (11.7%) were among the regions in Luzon that contributed to the highest proportion of deaths in the country while the rest of the regions contributed less than ten percent. About 33.4% or 166,307 reported deaths were medically attended. The NCR was noted to have the highest medically attended deaths with more than half of its total death occurrences of 68,490 (55.9%). Region VIII (Eastern Visayas) posted the lowest record of medically attended deaths at 4,979 or 23.3% of 21,575.

In 2012, there were 514,745 reported deaths, an increase of 16,259 or 3.3% from 498,486 deaths recorded in 2011. The highest registered number of deaths was in Region IV-A with 72,434 deaths or 14.1% of the total deaths. The National Capital Region ranked second with 70,018 or 13.6%, followed by Region III with 60,164 or 11.7%. On the other hand, the three (3) regions with the lowest number of registered deaths were the following: the ARMM with 1,610 deaths (0.3%), followed by Cordillera Administrative Region (CAR) with 7,373 deaths (1.4%) and Caraga 11,906 deaths (2.3%).

However, since the passage of Republic Act Nos. 8344 and 9439, the number of Filipino deaths including those which are medically attended continue to increase notwithstanding the increasing allocation of government funds to the health sector. The right to health is a basic human right guaranteed and protected by our own Constitution. However, the recent policies in our health care have failed to protect and promote such right. The national government, especially the present Aquino administration, has resorted to public-private partnerships to provide for the basic needs of the Filipinos including the health care for the Filipinos. Notwithstanding his assertion in his first State of the Nation Address in July 2010 that government will not spend more for basic services, a review of the health budget of the country from 2011 to 2016 would show that the allocation for health continues to increase, but the number of dead Filipinos continues to increase, even those who received medical care and intervention. A review of the previous budgets of the Department of Health would show that it received P24,649,765,000 of the annual budget in 2010, P31,828,616,000 of the annual budget in 2011, P50,442,299,000 of the annual budget in 2013, P83,720,921,000 of the annual budget in 2014, P86,968,697,000 of the annual budget in 2015, and P122,630,153,000 of the annual budget in 2016.

By repealing Republic Act Nos. 8344 and 9439 and passing this measure, it is hoped that the true spirit behind the above-mentioned constitutional mandates will be promoted if not attained; and thus, there will be more healthy, strong and productive Filipinos, both here and abroad.

Hence, the approval of this bill is earnestly sought.



REP. LANI MERCADO-REVILLA
2nd District, Cavite

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HOUSE BILL NO. 6513

Introduced by **HONORABLE LANI MERCADO-REVILLA**

AN ACT
PROHIBITING THE DEMAND OF DEPOSITS OR ADVANCE PAYMENTS FOR THE
CONFINEMENT OR TREATMENT OF PATIENTS IN HOSPITALS AND MEDICAL
CLINICS IN EMERGENCY AND SERIOUS CASES AND THE DETENTION OF
PATIENTS IN HOSPITALS FOR NONPAYMENT OF HOSPITAL BILLS OR MEDICAL
EXPENSES

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

SECTION 1. It shall be unlawful for any director, president, chief executive officer, chief operating officer, manager, account officer or any other officer of a hospital or medical clinic to demand any deposit or any other form of advance payment for the confinement or treatment in such hospital or medical clinic in emergency or serious cases and to detain or otherwise cause, directly or indirectly, the detention of patients who have fully or partially recovered or have been adequately attended to or who may have died, for reasons of nonpayment in part or in full of hospital bills or medical expenses.

SEC. 2. Any director, president, chief executive officer, chief operating officer, manager, account officer or any other officer of a hospital or medical clinic who violates Section 1 of this Act shall be punished by a fine of not less than Fifty thousand pesos (P50,000.00), but not more than One hundred thousand pesos (P100,000.00), or imprisonment of not less than one month, but not more than six months, or both such fine and imprisonment, at the discretion of the proper court.

SEC. 3. The Department of Health, in consultation with the Civil Service Commission, a consumers group, a workers group, a teachers group, an agricultural group, a fisherfolk group, an indigenous group, a senior citizens group, a people with disability group, an urban poor group, a rural urban poor group, a women's group and a youth sector group, shall issue the IRR for this Act within 30 days from its effectivity.

SEC. 4. If any provision of this Act is declared void and unconstitutional the remaining provisions hereof not affected thereby shall remain in full force and effect.

SEC. 5. Repealing Clause. - All laws including Republic Act Nos. 8344 and 9439, orders, issuances, and rules and regulations or parts thereof inconsistent with this Act are hereby repealed or modified accordingly.

SEC. 6. Effectivity. - This Act shall take fifteen (15) days after its publication in two (2) newspapers of general circulation.

Approved,