



Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

NINETEENTH CONGRESS
Second Regular Session
HOUSE BILL NO. 8870



Introduced by Representatives
MARCELINO C. LIBANAN and HARRIS CHRISTOPHER M. ONGCHUAN

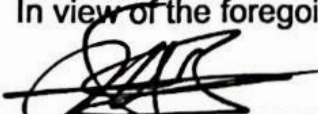
EXPLANATORY NOTE

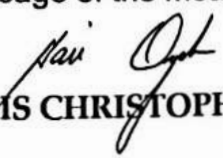
With the Philippines ensuring continuous access to Universal Health Care (UHC) coverage to all Filipinos, the national government proactively engages in various programs to ensure that the increasing demand for cheaper and affordable healthcare is sought. 2022 data released by the Philippine Statistics Authority (PSA) show that Current Health Expenditure (CHE) for 2021 is at 1.09 trillion pesos, higher than the 917.15 billion pesos that was recorded by the same agency in 2020. Meanwhile, 2019 data of the PSA reveal that 53.9% of medical cost is shouldered through out-of-pocket means by patients. This strengthens the belief that the cost of healthcare could lead to financial bankruptcy, if no intervention is found.

To alleviate this problem, the Department of Health launched its flagship program - Medical Assistance to Indigent Patients (MAIP) - a program that would allow the government to shoulder healthcare costs of indigent Filipino patients in public hospitals and in some instances, even in private health facilities. The success of this program led to its continued implementation and widened assistance to all indigent patients all over the country. With the passage of the Malasakit Centers Act of 2019, the program was strengthened to ensure that there are enough support staff to cater to indigent patients in public hospitals who are in need of financial, medical, and other necessary support that the government could provide for the patients and their families.

This bill seeks to institutionalize the Medical Assistance to Indigent Patients Program of the Department of Health. Once this bill is passed into law, it will guarantee that the yearly general appropriations will include a provision for the Medical Assistance to Indigent and financially incapacitated Patients. Aside from this, it places, in clear standards, the requirements that a patient must provide to be eligible for assistance by the national government.

In view of the foregoing, immediate passage of the measure is sought.


MARCELINO C. LIBANAN


HARRIS CHRISTOPHER M. ONGCHUAN



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HOUSE BILL NO. 8870

Introduced by Honorable Representatives
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AN ACT
INSTITUTIONALIZING THE MEDICAL ASSISTANCE TO INDIGENT AND
FINANCIALLY INCAPABLE PATIENTS PROGRAM OF THE DEPARTMENT OF
HEALTH AND PROVIDING FUNDS THEREFOR

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

SECTION 1. Short Title. – This Act shall be known as the “Medical Assistance to Indigent and Financially Incapable Patients (MAIP) Act”.

SEC. 2. Declaration of Policy. — It is the declared policy of the State to protect and promote the right to health of the people. It shall improve the health care services and ensure access to and efficiency in the process of availing the medical assistance program to indigent patients to defray their medical needs.

SEC. 3. Definition of Terms. – As used in this Act, the following terms are defined as follows:

- a.) Medical Assistance refers to assistance to help shoulder hospitalization expenses, cost of medicines, other medical treatments or procedures, or professional fees.
- b.) MAIP Beneficiary refers to an indigent or financially incapacitated patient who is eligible to receive medical assistance.
- c.) Indigent patient refers to patient who has no visible means of income, or whose income is insufficient for the subsistence of his/her family, as assessed by the medical social worker of the health facility
- d.) Financially incapacitated patient refers to a patient who is not classified as in indigent but who demonstrates clear inability to pay or spend for necessary expenditures for one’s medical treatment, such as patients with catastrophic illness or any illness, which is life threatening and requires prolonged hospitalization, extremely expensive therapies or other special but essential care that would deplete one’s financial resources, as assessed and certified by the Medical Social Worker (MSW).
- e.) Health Facility refers to government and partner private hospitals licensed by

the Department of Health (DOH) and/or accredited by the PhilHealth, with the capacity to subsidize medical assistance expenses and which can comply with the documentary/reportorial requirements as may be required by the DOH

SEC. 4. *The Medical Assistance to Indigent and Financially Incapacitated Patients Program* – The DOH shall establish the Medical Assistance to Indigent and Financially Incapacitated Patients (MAIP) Program that shall provide support for drugs, medicines, medical/surgical operations, medical/orthopedic devices, physical and psychological therapies, dental services (except those that are for aesthetic purposes and not medically indicated) or other medically related needs prescribed by the licensed physicians of a health facility for in-patients, out-patients, and patients catered through in facility, off – site, mobile or digital means by the licensed DOH Facility.

The amount of the medical assistance to be provided to the MAIP beneficiary shall be based on the assessment and recommendation of the Medical Social Worker or authorized personnel, duly approved by the authorized official of the DOH.

SEC. 5. *Conditions for Eligibility to Receive Medical Assistance.* – All MAIP Beneficiaries shall be eligible for medical assistance under this Act subject to presentation of documents, as may be determined by the DOH, to support their eligibility. Provided that, the DOH shall simplify the procedure of availing the benefits of this Act to ensure the speedy release of the medical assistance.

SEC. 6. *Implementing Rules and Regulations.* – Within six (6) months from the effectivity of this Act, the Secretary of the DOH shall promulgate the necessary rules and regulations to implement this Act.

Provided, that the program shall be under the direct control and supervision by the Secretary of Health in coordination with its officials in the Regional Offices or Center for Health Development (CHD).

Further, Malasakit Centers created under Republic Act No. 11463, otherwise known as the “Malasakit Centers Act,” shall continue to facilitate the provision of medical assistance under the Program in all Department Hospitals and National Government Hospitals, without prejudice to their existing functions and the establishment of additional MAIP-Accredited Health Facilities in geographical areas without Malasakit Centers. *Further,* all Malasakit Centers and CHDs shall be adequately staffed with Program Coordinators, Medical Social Workers, and Support Staff.

Finally, the Department is hereby authorized to create the required plantilla and staffing pattern necessary for the implementation of this Act in coordination with the Department of Budget and Management and Civil Service Commission.

SEC. 7. *Report of the Program.* — The Secretary of Health shall annually publish a full report of the program covering its implementation. The report shall be submitted to the President, the President of the Senate, and the Speaker of the House of Representatives.

SEC. 8. *Transparency Program.* — The Department shall, every quarter, post an update on its website a report of financial disclosures and information about the program's beneficiaries based on geographical area, social, economic, and cultural circumstances. *Provided,* that the transparency program is aligned with the Data

Privacy Act of 2012.

SEC. 9. Appropriations. - The amount necessary to implement this Act shall be included in the General Appropriations Act of the year following its enactment into law and thereafter.

SEC. 10. *Saving Clause.* – This Act does not affect rights, duties, and privileges that are vested, penalties that were incurred, and proceedings that were begun before its effective date.

SEC. 11. Repealing Clause. All laws, decrees, orders, rules, and regulations contrary to or inconsistent with the provisions of this Act are hereby repealed or amended accordingly.

SEC. 12. Effectivity. This Act shall take effect fifteen days (15) after its publication in the official Gazette.

Approved,