

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

NINETEENTH CONGRESS
Second Regular Session

HOUSE BILL NO. 10245



Introduced by **Representative Wilbert T. Lee**

AN ACT
INSTITUTIONALIZING THE “NO BALANCE BILLING POLICY”
IN ALL ACCREDITED HEALTH CARE INSTITUTIONS AND
APPROPRIATING FUNDS THEREOF

EXPLANATORY NOTE

Article II, Section 15 of the 1987 Constitution provides that “[t]he State shall protect and promote the right to health of the people and instill health consciousness among them.” In the same vein, Section 11 of Article XIII of the same states that “[t]he 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 need of the under-privileged, sick, elderly, disabled, women, and children. The State shall endeavor to provide free medical care to paupers.”

Filipinos access to healthcare remains full of challenges. Despite the enactment of Republic Act No. 11223, otherwise known as “Universal Health Care Act,” through PhilHealth, coverage gaps and high out-of-pocket expenses leave many Filipinos fearing and delaying crucial medical care. The tremendous fear of paying excessive hospital bills habitually result in demoralizing choices between healthcare and basic necessities.

This is in contravention of the Universal Health Care emphasizing Section 2 (b) of the said law which states that “the State shall adopt a health care model that provides all Filipinos access to a comprehensive set of quality and cost-effective, promotive, preventive, curative, rehabilitative, and palliative health services without causing financial hardship, and prioritizes the needs of the population who cannot afford such services.”

Health and human rights are undeniably linked. On top of the right to health, violations on human rights have significant consequences for the health of individuals and communities. Accordingly, lack of access to quality healthcare poses infringements on human rights and the right to health.

Thus, this Representation deems it necessary to appropriately institutionalize the “No Balance Billing” to empower Filipinos to seek their needed care without any financial worries, potentially improving health outcomes and promoting equity in health accessibility. This measure aims to strategically address the poor implementation of the current No-Balance Billing scheme which leaves Filipino families vulnerable.

Poverty should not be a barrier to proper medical care. Our country should ensure that all families, regardless of income, have access to quality treatment without draining their finances. This Representation envisions a country where parents can bring their children to the hospital without fear of depleting their savings on medication or procedures.

In view of the foregoing, the approval of this bill is earnestly sought.



HON. WILBERT T. LEE
Representative
AGRI PARTYLIST

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

1 **SECTION 1. Short Title.** – This Act shall be known as the “*No Balance Billing Act.*”
2

3 **SEC. 2. Declaration of Policy.** – As provided in the Constitution of the Republic of the
4 Philippines, it is the declared policy of the State to adopt an integrated and comprehensive
5 approach to health development, which shall endeavor to make essential goods, health, and
6 other social services available to all the people at affordable cost. There shall be priority for
7 the needs of the underprivileged, sick, elderly, disabled, women, and children. Consistent
8 with these constitutional principles, this Act shall recognize the rights of the most vulnerable
9 groups including the poorest of the poor for the provision of a comprehensive health care
10 including drugs and medicines, supplies, or diagnostic procedures which shall be provided to
11 them and their dependents at no added cost.
12

13 **SEC. 3. Definition of Terms.** – For the purpose of this Act, the following terms shall
14 mean:
15

- 16 a. Care rate refers to the fixed rate or amount that the Philippine Health Insurance
17 Corporation will reimburse for a specific illness/case, which shall cover for the fees of
18 health care professionals, and all facility charges including, but not limited to, room
19 and board, diagnostics and laboratories, drugs, medicines and supplies, operating
20 room fees and other fees and charges;

- b. Health care institutions refer to all levels of hospitals and other health facilities including ambulatory surgical clinics, freestanding dialysis clinics, infirmaries, dispensaries,
- c. National Health Insurance Program refers to the social health insurance program implemented by the Philippine Health Insurance Corporation as mandated by Republic Act No. 7875 as amended by Republic Act No. 9241 which seeks to provide health insurance coverage and ensure affordable, acceptable, available, accessible, and quality health care services for all citizens of the Philippines;
- d. No Balance Billing refers to the government policy that no other fees or expenses shall be charged or paid for by the Sponsored Program members of the Philippine Health Insurance Corporation patient-member above and beyond the packaged rates; and
- e. Sponsored member refers to a member whose contribution is being paid by another individual, government agency, or private entity.

SEC. 4. Institutionalization of the "No Balance Billing Policy". - For purposes of providing optimal financial risk protection to the most vulnerable groups including the poorest of the poor, the "No Balance Billing Policy" of the government, hereafter referred to as the "NBB Policy", is hereby institutionalized in all accredited government health care institutions for all case-based payments and covered benefits that shall be specified for the purpose by the Department of Health, hereafter referred to as the Department, and subject to conditions that it shall prescribe.

Accordingly, in pursuit of achieving the intents of the National Health Insurance Program, claims for medical conditions and procedures shall be paid by the Philippine Health Insurance Corporation using ease rates in order to reduce the out-of-pocket expenditures of disadvantaged patients.

The NBB Policy shall likewise be made applicable to all other membership types of the program who shall avail of the maternity care package, newborn care package and such other health services that shall be determined by the Department.

SEC. 5. Expansion of Priority Conditions and Procedures. — The Philippine Health Insurance Corporation shall expand the priority conditions and procedures to be packaged into case rates. It shall provide reasonable case rates to ensure that beneficiaries under the policy will get full and quality health services.

SEC. 6. Augmentation of Reimbursement Rates. — Funds from the Philippine Charity Sweepstakes Office (PCSO) and the Department of Social Welfare and Development (DSWD) shall be used to augment reimbursement rates for health interventions that require surgery and/or accommodation to intensive care unit, isolation room or other special accommodation or those that are considered as medically difficult and expensive treatment and procedure.

In the spirit of efficiency and exigency of service, private health care institutions must be paid no later than 60 days. Likewise, they have the option to avail their the amount payable of the government to them in their gross income tax compliance subject to the certification issued by the PhilHealth.

1 **SEC. 7. Responsibilities of Health Care Institutions.** — Health care institutions shall
2 have the following responsibilities:

- 3
- 4 a. To ensure that utmost quality of healthcare is provided to qualified NBB members
5 and dependents. They shall provide the most cost-effective clinical approach without
6 compromising the quality of care;
- 7
- 8 b. To ensure access that all qualified NBB members and dependents shall receive the
9 basic necessities and comfort each patient must receive;
- 10
- 11 c. To give NBB patients preferential access to their social welfare funds;
- 12
- 13 d. To be responsible and accountable for the care of patients and in achieving the best
14 outcome. They shall extend all medical and financial support to qualified NBB
15 members and dependents. They shall not deny access to health services whenever
16 necessary;
- 17
- 18 e. To ensure the delivery of utmost quality of care and provide complete medical and
19 nonmedical care including but not limited to drugs, supplies, diagnostics and other
20 necessary medical services such as the provision of adequate patients' meals based on
21 prescribed therapeutic diet, nutritional status and dietary requirements to achieve the
22 best possible outcome;
- 23
- 24 f. To provide NBB patients appropriate accommodation such as intensive care unit,
25 isolation room, recovery room and other special accommodation if necessary. In cases
26 where a ward type accommodation is not available, patients shall be provided the next
27 higher accommodation available.
- 28
- 29 g. To ensure that there shall always be an available health care professional to manage
30 the patient at no added cost.
- 31
- 32 h. To exclusively bear the cost of acquisition of medications, diagnostics and supplies
33 that are not available inside the facility. Sourcing outside the facility shall only be
34 made as a last resort when all other possible sourcing options have been exhausted.

35 **SEC. 8. Incentives for Private Health Care Institutions Implementing the NBB**
36 **Policy.** - The Department shall coordinate, facilitate, and encourage the participation of
37 accredited private health care institutions in the implementation of the NBB policy. This shall
38 be achieved through the provision of appropriate incentives, enabling mechanisms and
39 conducive environment for their participation.

40

41 **SEC. 9. Information Dissemination.** — All qualified NBB members and dependents
42 shall be given thorough and appropriate orientation regarding the case rates and NBB Policy
43 upon admission in the health care institution. This shall be made in collaboration with the
44 concerned personnel of the Philippine Health Insurance Corporation assigned in the facility
45 using Information and Education Campaign materials.

46

47 **SEC. 10. Compliance Monitoring and Evaluation.** — The Department, through the
48 PhilHealth, shall regularly conduct compliance monitoring and evaluation to the NBB Policy
49 using exit interview, post-audit system, and such other mechanisms that will ensure effective
50 compliance to this Act and its existing rules and regulations.

1
2 **SEC. 11. Grievance and Complaints.** — The Department, through the Philippine
3 Health Insurance Corporation, shall establish complaints desks and such other facility to
4 report violations of this Act.
5

6 **SEC. 12. Penalties.** - Any health care institution which shall violate any provision of
7 this Act shall suffer a fine of not less than One Hundred Thousand Pesos (Php100,000.00)
8 but not more than Five Hundred Thousand Pesos (Php500,000.00). For the second
9 conviction, additional penalty of revocation or suspension of accreditation shall be imposed
10 from three (3) months to the whole term of accreditation. For the third conviction, in addition
11 to the aforesaid penalties, suspension or revocation of license to operate at the discretion of
12 the court shall be imposed.
13

14 The Secretary of the Department of Health shall have the authority to impose, in a
15 graduated manner, administrative sanctions such as suspension or cancellation of license to
16 operate.

17 **SEC. 13. Appropriations.** - The amount necessary to carry out the provisions of this
18 Act may be sourced out from the following:

- 19 a) Annual appropriations of the DOH included in the GAA;
20 b) Official Development Assistance to the Philippine Government;
21 c) Collection from excise taxes on tobacco and alcohol products;
22 d) National Government share from the income of the Philippine Amusement
23 Gaming Corporation (PAGCOR) as provided for in Presidential Decree No. 1869,
24 as amended; and
25 e) Charity Fund, net of Documentary Stamp Tax Payments, and mandatory
26 contributions of the Philippine Charity Sweepstakes Office (PCSO) as provided
27 for in Republic Act No. 1169, as amended.
28

29 **SEC. 14. Repealing Clause.** - All laws, orders, proclamations, rules and regulations,
30 or part thereof, which are inconsistent with any provision of this Act are hereby repealed or
31 modified accordingly.
32

33 **SEC. 15. Effectivity Clause.** - This Act shall take effect fifteen (15) days after its
34 publication in the Official Gazette or in two (2) newspapers of general circulation.

Approved,