

**HOUSE OF REPRESENTATIVES**  
Quezon City  
**NINETEENTH CONGRESS**  
Third Regular Session

**HOUSE BILL NO. 10672**



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**Introduced by BHW Partylist Rep. Angelica Natasha Co**

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**AN ACT**  
**AMENDING REPUBLIC ACT NO. 11223, OTHERWISE KNOWN AS THE**  
**"UNIVERSAL HEALTH CARE ACT"**

**EXPLANATORY NOTE**

Article II, Section 15 of the Philippine Constitution provides that “the State shall protect and promote the right to health of the people and instill health consciousness among them.” In keeping with this constitutional mandate, Congress enacted Republic Act No. 11223, otherwise known as the Universal Health Care (UHC) Act, in December 2018. This landmark legislation is also critical in compliance with the Philippines’ commitment to achieve the Sustainable Development Goals (SDG), specifically, Goal No. 3 which aims to ensure healthy lives and promote well-being for all, at all ages.

More than five years after the UHC Act was implemented, however, critical reforms need to be put in place with the end view of protecting the Filipino people further from the financial consequences of paying for health services out of their own pockets because the cost of needed services and treatments requires them to use up their life savings, sell assets, or incur debts. Several studies have pointed out that such a predicament pushed a great number of Filipino families into difficult economic conditions and even poverty.

The difficulties our country experienced during the COVID-19 pandemic also brought about important lessons that merit critical amendments to the UHC Act. Moreover, an increase in PhilHealth benefits and local health financing must be ensured.

This bill proposes the following:

1. To adjust the premium contribution rates for migrant workers and self-earning individuals to a more manageable level based on the income floor to alleviate OFWs and other self-employed Filipinos from financial strain;
2. To ensure that any unused portion of the premium subsidy of indirect contributors shall be used exclusively for the increase in benefits of direct and indirect beneficiaries;

3. To grant the President of the Philippines the power to suspend the increase in PhilHealth premium payment rates in the event of a state of national emergency, public health emergency, or state of calamity;
4. To dispense with the stringent requirements of the Health Technology and Assessment Council (HTAC) on safety and effectiveness in case of a pandemic or upon the declaration of a state of public health emergency to allow the government to take appropriate steps in the acquisition and distribution of life-saving medicines and medical facilities;
5. To mandate all provincial, municipal, and city local government units to contribute to the Special Health Fund;
6. To institutionalize the use of the special health fund for incentives and benefits for all public health workers, including barangay health workers (BHW) and barangay nutrition scholars (BNS); and
7. To ensure that health professionals and health care workers, including BHWs, are guaranteed permanent employment, job security, and competitive salaries to ensure the continuity of health programs and services.

The immediate approval of this bill is earnestly sought, cognizant that health is a precondition for and an outcome and indicator of the social, economic, and environmental dimensions of sustainable development.



**REP. ANGELICA NATASHA CO**  
**BHW Partylist**

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

**SECTION 1.** Section 9 of Republic Act No. 11223 is hereby amended to read as follows:

SEC. 9. Entitlement to Benefits. — Every member shall be granted immediate eligibility for health benefits package under the NHIP: *Provided*, That PhilHealth Identification Card shall not be required in the availment of any health services: *Provided further*, That no co-payments shall be charged for services rendered in basic accommodation: *Provided furthermore*, That co-payments and co-insurance for amenities in public hospitals shall be regulated by the DOH and PhilHealth: *Provided [finally]*, FURTHERMORE, That the current PhilHealth package for members shall not be reduced: and PROVIDED, FINALLY, THAT THE AMOUNTS UNDER EACH BENEFIT PACKAGE SHALL BE SUBJECT TO THE REVIEW AND ASSESSMENT OF THE HEALTH TECHNOLOGY ASSESSMENT COUNCIL PURSUANT TO SECTION 34 OF THIS ACT,"

PhilHealth shall provide additional NHIP benefits for direct contributors, where applicable: *Provided*, That failure to pay premiums shall not prevent the enjoyment of any NHIP benefits: *Provided further*, That employers [~~and self-employed direct contributors~~] shall be required to pay all missed contributions with an interest, compounded monthly, of at least three percent (3%) for employers [~~and not exceeding 1.5% for self-earning, professional practitioners and migrant workers~~].

**SEC. 2.** Section 10 of Republic Act No. 11223 is hereby amended to read as follows:

SEC. 10. Premium Contributions. - For direct contributors, premium rates shall be in accordance with the following schedule, and monthly income floor and ceiling:

Year	Premium Rate	Income Floor	Income Ceiling
2019	<del>2.75 %</del>	<del>P10,000.00</del>	<del>P50,000.00</del>
2020	<del>3.00%</del>	<del>P10,000.00</del>	<del>P60,000.00</del>
2021	<del>3.5%</del>	<del>P10,000.00</del>	<del>P70,000.00</del>
2022	<del>4.0%</del>	<del>P10,000.00</del>	<del>P80,000.00</del>
2023	<del>4.5%</del>	<del>P10,000.00</del>	<del>P90,000.00</del>
2024	<del>5.0%</del>	<del>P10,000.00</del>	<del>P100,000.00</del>
2025	<del>5.0%</del>	<del>P10,000.00</del>	<del>P100,000.00</del>

Year	Premium Rate	Income Floor	Income Ceiling
2024	4%	P10,000.00	P50,000.00
2025	4.25%	P10,000.00	P60,000.00
2026	4.5%	P10,000.00	P65,000.00
2027	4.75%	P10,000.00	P70,000.00
2028	5%	P10,000.00	P75,000.00

PROVIDED, THAT AFTER CONSULTATION WITH STAKEHOLDERS AND UPON RECOMMENDATION OF THE SECRETARY OF HEALTH, THE PHILHEALTH BOARD MAY ADJUST THE INCOME FLOOR AND INCOME CEILING BASED ON THE FUNDING REQUIREMENT OF HEALTH BENEFIT PACKAGES.

FOR MIGRANT WORKERS, PREMIUM CONTRIBUTIONS SHALL BE BASED ON THE INCOME FLOOR: PROVIDED, THAT FIFTY PERCENT (50%) OF THE PREMIUM CONTRIBUTION OF MIGRANT WORKERS SHALL BE SHOULDERED BY THE NATIONAL GOVERNMENT: PROVIDED FURTHER, THAT UNPAID PREMIUM CONTRIBUTIONS OF MIGRANT WORKERS IN DISTRESS SHALL NOT BE COLLECTED UPON THEIR ARRIVAL IN THE COUNTRY: PROVIDED FINALLY, THAT FAILURE TO PAY PHILHEALTH CONTRIBUTION SHALL NOT BE A GROUND FOR NON-ISSUANCE OF OVERSEAS EMPLOYMENT CERTIFICATE OF A MIGRANT WORKER.

[Provide, That f]For indirect contributors, premium subsidy shall be gradually adjusted and included annually in the General Appropriations Act (GAA): Provided, [further,] That the funds shall be released to Philhealth: Provided further[more],

That the DOH, in coordination with Philhealth, may request Congress to appropriate supplemental funding to meet targeted milestones of this Act: Provided [finally] FURTHERMORE, That for every increase in the rate of contribution of direct contributors and premium subsidy of indirect contributors, Philhealth shall provide for a corresponding increase in benefits: PROVIDED FINALLY, THAT ANY UNUSED PORTION OF THE PREMIUM SUBSIDY OF INDIRECT CONTRIBUTORS SHALL BE USED EXCLUSIVELY FOR THE INCREASE IN BENEFITS OF DIRECT AND INDIRECT BENEFICIARIES.

IN THE EVENT OF A STATE OF NATIONAL EMERGENCY, PUBLIC HEALTH EMERGENCY, OR STATE OF CALAMITY, THE PRESIDENT OF THE PHILIPPINES, UPON RECOMMENDATION OF THE PHILHEALTH BOARD AFTER CONSULTATION WITH STAKEHOLDERS, MAY SUSPEND THE INCREASE IN PREMIUM CONTRIBUTION RATES PROVIDED UNDER THIS SECTION. THE MANDATED INCREASE SHALL BE IMPLEMENTED UPON LIFTING OF THE STATE OF NATIONAL EMERGENCY, PUBLIC HEALTH EMERGENCY, OR STATE OF CALAMITY. IN THE EVENT OF SUSPENSION, ALL SUBSEQUENT SCHEDULED INCREASES IN CONTRIBUTION RATES SHALL BE IMPLEMENTED IN THE SUCCEEDING YEARS ACCORDINGLY.

**SEC 3.** Section 12 of Republic Act 11223 is hereby amended to read as follows:

SEC. 12. Administrative Expense— ~~[No more than s]~~ Seven and one-half percent (7.5%) of the actual total premium collected from direct and indirect contributory members during the immediately preceding year shall be allotted for the administrative cost of implementing the Program.

**SEC. 4.** Section 19 of Republic Act 11223 is hereby amended to read as follows:

SEC. 19. Integration of Local Health Systems into Province-wide and City-wide Health System. — The DOH, Department of the Interior and Local Government (DILG), PhilHealth and the LGUs shall endeavor to integrate health systems into province-wide and city-wide health systems. The Provincial and City Health Boards shall oversee and coordinate the integration of health services for province-wide and city-wide health systems, to be composed of municipal and component city health systems, and city-wide health systems in highly urbanized and independent component cities, respectively. The Provincial and City Health Boards shall manage the Special Health Fund referred to in Section 20 of this Act and shall exercise administrative and technical supervision over health facilities and health human resources within their respective territorial jurisdiction: Provided, That ALL municipalities and cities ~~[included]~~ in the province-wide and city-wide health systems shall be entitled to a representative in the Provincial or City Health Board, as the case may be.

**SEC. 5.** Section 20 of Republic Act No. 11223 is hereby amended to read as follows:

**SEC. 20. *Special Health Fund.*** - The province-wide or city-wide health system shall pool and manage, through a special health fund, all resources intended for health services to finance population-based and individual-based health services, health system operating costs, capital investments, and remuneration of additional health workers and incentives for all health workers IN ACCORDANCE WITH REPUBLIC ACT NO. 7305, OTHERWISE KNOWN AS THE “MAGNA CARTA FOR PUBLIC HEALTH WORKERS,” REPUBLIC ACT NO, 7883, OTHERWISE KNOWN AS THE “BARANGAY HEALTH WORKERS INCENTIVES AND BENEFITS ACT,” PRESIDENTIAL DECREE 1569 “STRENGTHENING THE BARANGAY NUTRITION PROGRAM,” REPUBLIC ACT NO. 11148 OTHERWISE KNOWN AS THE “KALUSUGAN AT NUTRISYON NG MAG-NANAY ACT,” AND OTHER RELEVANT LAWS: PROVIDED, THAT ALL PROVINCIAL, MUNICIPAL, AND CITY LOCAL GOVERNMENT UNITS SHALL CONTRIBUTE TO THE SPECIAL HEALTH FUND. *Provided* FURTHER, That the DOH, in consultation with the DBM and the LGUs, shall develop guidelines for the use of the Special Health Fund.

**SEC. 6.** Section 34(b)(2) of Republic Act No. 11223 is hereby amended to read as follows:

**SEC. 23. National Health Human Resource Master Plan.** — The DOH, together with stakeholders, shall ensure the formulation and implementation of a National Health Human Resource Master Plan that will provide policies and strategies for the appropriate generation, recruitment, retraining, regulation, retention, and reassessment of health workforce based on population health needs.

To ensure continuity in the provision of the health programs and services, all health professionals and health care workers shall be guaranteed permanent employment, JOB SECURITY and competitive salaries. PROVIDED, THAT NO ACCREDITED BARANGAY HEALTH WORKER (BHW) SHALL BE REMOVED FROM SERVICE NOR SHALL BE TERMINATED EVEN AFTER THE TERM OF THE PUNONG BARANGAY AND SANGGUNIANG BARANGAY MEMBERS, EXCEPT FOR CAUSE AS PROVIDED BY LAW AND AFTER DUE PROCESS. THE MUNICIPAL, CITY, PROVINCIAL GOVERNMENTS AND THE DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT (DILG) SHALL ESTABLISH A GRIEVANCE MECHANISM AS A MEANS OF PROCESSING COMPLAINTS OF BHWs AGAINST ALLEGED ACTS OF DISCRIMINATION AND UNJUST REMOVAL FROM THE SERVICE. A BHW MAY APPEAL THEIR GRIEVANCES TO THE DILG.

**SEC. 7.** Section 34(b)(2) of Republic Act No. 11223 is hereby amended to read as follows:

"SEC. 34. Health Technology Assessment (HTA) —

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"(b). The following criteria must be observed in the conduct of HTA:

"(2) Safety and Effectiveness. — Each intervention must have undergone Phase IV clinical trial, and systematic review and meta-analysis must be readily available. The interventions must also not pose any harm to the users and health care providers; PROVIDED THAT, IN CASE OF A PANDEMIC OR UPON THE DECLARATION OF A STATE OF PUBLIC HEALTH EMERGENCY, SUCH REQUIREMENTS MAY BE DISPENSED WITH;"

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**SEC 8.** Continuity of Benefits — Nothing in this Act shall be construed to eliminate or diminish any benefits or entitlements already granted to members of Philhealth.

**SEC 9.** Separability Clause. If any provision of this Act is declared invalid or unconstitutional, the remainder thereof not otherwise affected shall remain in full force and effect.

**SEC 10.** Repealing Clause. — All laws, presidential decrees, executive orders, letters of instruction, proclamations, and administrative regulations that are inconsistent with the provisions of this Act are hereby repealed, amended or modified accordingly.

**SEC 11.** Effectivity Clause - This Act shall take effect after fifteen (15) days following the completion of its publication in the Official Gazette or in any newspaper of general circulation.

*Approved,*