

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

NINETEENTH CONGRESS
Third Regular Session

HOUSE BILL NO. 10995



Introduced by **Representative Wilbert “Manoy” T. Lee**

AN ACT
AMENDING REPUBLIC ACT NO. 11223, OTHERWISE KNOWN AS THE
“UNIVERSAL HEALTH CARE ACT”

EXPLANATORY NOTE

Article XIII, Section 11 of the 1987 Constitution 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 needs of the underprivileged, sick, elderly, disabled, women, and children. The State shall endeavor to provide free medical care to paupers.”

Health is essential in the lives of Filipinos, significantly influencing their ability to work, support their families, and engage in society. However, many Filipinos face significant barriers to accessing quality healthcare due to financial constraints, which can lead to delays in necessary treatments. These high costs and lack of affordable options exacerbate health issues, perpetuating a cycle of poverty and poor health outcomes. Thus, Philippine Health Insurance Corporation (PhilHealth) was established to ensure all Filipinos can access necessary healthcare services and receive timely medical care, particularly during illness or emergencies.

By implementing the National Health Insurance Program (NHIP), PhilHealth actively promotes equitable access to healthcare across the country, striving to eliminate disparities in health services. With the passage of Republic Act No. 11223, the Universal Health Care (UHC) Act strengthens this system by mandating the automatic inclusion of every Filipino in the national health insurance program, ensuring that no one is left without coverage. Ultimately, these coordinated efforts aim to enhance the overall health and well-being of the population, which is essential for contributing to the nation’s development and prosperity.

Over time, various challenges and issues emerge that hinder the objectives of the UHC. These include, but are not limited to, legal provisions that limit the ability to adjust case rates and packages, inefficiencies in managing funds, and public health emergencies that disrupt the law’s implementation and protections, all of which negatively affect the Filipino people.

In line with this mandate, this Representation reiterates that the national insurance fund is intended to be a common and inclusive fund for all; however, how can individuals contribute to it during times of national emergencies when they may be facing financial difficulties and fear for their livelihoods? This raises important questions about the system's accessibility and the need for support mechanisms that ensure everyone can participate, even in challenging circumstances.

This measure, through the Representation, seeks to amend essential sections of the Universal Health Care Act to improve health benefits for all, especially including schemes for migrant workers. Key changes include: (a) the Health Technology Assessment Council will review and assess the amounts for each benefit package annually to ensure that all services of the Corporation are responsive and up-to-date; (b) the PhilHealth Board can adjust income thresholds based on health funding needs after stakeholder consultation and Health Secretary recommendations; (c) migrant workers' premium contributions will be based on the income floor, with 50% of their contributions subsidized by the national government, and unpaid contributions will not be collected upon their return if they are in distress; (d) in a national emergency, the President may suspend premium contribution increases based on PhilHealth Board recommendations, with any delayed increases applied in subsequent years; and (e) the amendments will not reduce existing member benefits.

In light of these points, the expeditious approval of this bill is earnestly sought.



HON. WILBERT "MANOY" T. LEE
Representative
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Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:

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

3
4 **“Section 9. Entitlement to Benefits.** - Every member shall be granted immediate
5 eligibility for health benefit package under the Program: *Provided*, That PhilHealth
6 Identification Card shall not be required in the availment of any health
7 service: *Provided, further*, That no co-payment shall be charged for services rendered
8 in basic or ward accommodation: *Provided*, furthermore, That co-payments and co-
9 insurance for amenities in public hospitals shall be regulated by the DOH and
10 PhilHealth: *Provided, finally* **FURTHERMORE**, That the current PhilHealth
11 package for members shall not be reduced: **AND PROVIDED, FINALLY, THAT**
12 **THE AMOUNTS UNDER EACH BENEFIT PACKAGE SHALL BE SUBJECT**
13 **TO THE ANNUAL REVIEW AND ASSESSMENT OF THE HEALTH**
14 **TECHNOLOGY ASSESSMENT COUNCIL PURSUANT TO SECTION 34 OF**
15 **THIS ACT”**

16 PhilHealth shall provide additional Program benefits for direct contributors, where
17 applicable: *Provided*, That failure to pay premiums shall not prevent the enjoyment of
18 any Program 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 one and one-half percent (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:

“Section 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	2.75%	₱10,000.00	₱50,000.00
2020	3.00 %	₱10,000.00	₱60,000.00
2021	3.50%	₱10,000.00	₱70,000.00
2022	4.00 %	₱10,000.00	₱80,000.00
2023	4.50 %	₱10,000.00	₱90,000.00
2024	5.00 %	₱10,000.00	₱100,000.00
2025	5.00 %	₱10,000.00	₱100,000.00

Year	Premium Rate	Income Floor	Income Ceiling
2024	4%	₱10,000.00	₱50,000.00
2025	4.25%	₱10,000.00	₱60,000.00
2026	4.5%	₱10,000.00	₱65,000.00

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

1 **MIGRANT WORKERS IN DISTRESS SHALL NOT BE COLLECTED UPON**
2 **THEIR ARRIVAL IN THE COUNTRY: *PROVIDED FINALLY*, THAT**
3 **FAILURE TO PAY PHILHEALTH CONTRIBUTION SHALL NOT BE A**
4 **GROUND FOR NON-ISSUANCE OF OVERSEAS EMPLOYMENT**
5 **CERTIFICATE OF A MIGRANT WORKER.**

6 ~~*Provided, That*~~ For indirect contributors, premium subsidy shall be gradually adjusted
7 and included annually in the General Appropriations Act (GAA): *Provided,*
8 ~~*further,*~~ That the funds shall be released to PhilHealth: *Provided, furthermore;* That
9 the DOH, in coordination with PhilHealth, may request Congress to appropriate
10 supplemental funding to meet targeted milestones of this Act: *Provided, finally,* That
11 for every increase in the rate of contribution of direct contributors and premium
12 subsidy of indirect contributors, PhilHealth shall provide for a corresponding increase
13 in benefits.

14 **IN THE EVENT OF A STATE OF NATIONAL EMERGENCY, PUBLIC**
15 **HEALTH EMERGENCY, OR STATE OF CALAMITY, THE PRESIDENT OF**
16 **THE PHILIPPINES, UPON RECOMMENDATION OF THE PHILHEALTH**
17 **BOARD AFTER CONSULTATION WITH STAKEHOLDERS, MAY**
18 **SUSPEND THE INCREASE IN PREMIUM CONTRIBUTION RATES**
19 **PROVIDED UNDER THIS SECTION. THE MANDATED INCREASE SHALL**
20 **BE IMPLEMENTED UPON LIFTING OF THE STATE OF NATIONAL**
21 **EMERGENCY, PUBLIC HEALTH EMERGENCY, OR STATE OF**
22 **CALAMITY. IN THE EVENT OF SUSPENSION, ALL SUBSEQUENT**
23 **SCHEDULED INCREASES IN CONTRIBUTION RATES SHALL BE**
24 **IMPLEMENTED IN THE SUCCEEDING YEARS ACCORDINGLY.**

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

26 “Section 12. Administrative Expense. - ~~No more than~~ Seven and one-half percent
27 (7.5%) of the actual total premium collected from direct and indirect contributory
28 members during the immediately preceding year shall be allotted for the
29 administrative cost of implementing the Program.

31 **SEC. 4.** Section 34 of Republic Act 11223 is hereby amended to read as follows:

32 Section 34. Health Technology Assessment (HTA). –

(a) The HTA process shall be institutionalized as a fan' and transparent priority setting mechanism that shall be recommendatory to the DOH and PhilHealth for the development of policies and programs, regulation, and the determination of a range of entitlements such as drugs, medicines, pharmaceutical products, and other devices, procedures and services as provided for under this Act: Provided, That investments on any health technology or development of any benefit package by the DOH and PhilHealth shall be based on the positive recommendations of the HTA: Provided, farther, That despite having undergone the HTA process, all health technology, intervention or benefit package shall still be subjected to periodic review: Provided, furthermore, That a health technology assessment may be conducted as new evidence emerges which may have substantial impact on the initial coverage decision by the DOH or PhilHealth: Provided, finally, That the HTA process shall adhere to the principles of ethical soundness, inclusiveness and preferential regard for the underserved, evidence-based and scientific defensibility, transparency and accountability, efficiency, enforceability and availability of remedies, and due process.

(b) The following criteria must be observed in the conduct of HTA: (1) Responsiveness to Magnitude, Severity, and Equity. - The health interventions must address the top medical conditions that place the heaviest burden on the population, including dimensions of magnitude or the number of people affected by a health problem, and severity or health loss by an individual as a result of disease, such as death, handicap, disability or pain, and conditions of the poorest and most vulnerable population; (2) Safety and Effectiveness. - Each intervention must have undergone Phase IV clinical trial, **EXCEPT FOR INTERVENTIONS WHERE PHASE III CLINICAL TRIALS ARE ALREADY ACCEPTABLE AND SAFE**, 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;

SEC. 5. 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. 6. Separability Clause. – If any portion or provision of this Act is declared unconstitutional, the remainder of this Act or any provision not affected thereby shall remain in force and effect.

1 **SEC. 7. Repealing Clause** – All laws, presidential decrees, executive orders, letters of
2 instructions, proclamations, and administrative regulations that are inconsistent with the
3 provisions of this Act are hereby repealed, amended or modified accordingly.

4
5 **SEC. 8. Effectivity.** – This Act shall take effect immediately following the completion of
6 its publication in the Official Gazette or in two (2) newspapers of general circulation.

Approved,