



Republic of the Philippines  
**HOUSE OF REPRESENTATIVES**  
Quezon City, Metro Manila

**TWENTIETH (20<sup>th</sup>) CONGRESS**  
**FIRST REGULAR SESSION**

House Bill No. 760

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Introduced by  
Rep. **ROBERT NAZAL**

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**AN ACT  
FOR THE PROVISION OF  
MEDICAL ASSISTANCE TO INDIGENT PATIENTS UNDER THE MEDICAL  
ASSISTANCE TO INDIGENT PATIENTS (MAIP) PROGRAM AND MANDATING THE  
ACCEPTANCE OF LETTERS OF GUARANTEE FROM THE GOVERNMENT AS  
PAYMENT FOR MEDICAL OR HOSPITAL BILLS**

**EXPLANATORY NOTE**

One of the key strategies of the Philippine Development Plan 2016-2022 is to cover all Filipinos against financial health risk. Thus, providing access to medical care for indigent or financially challenged Filipinos especially in cases of critical illnesses will definitely save countless lives and improve the overall quality of living of our countrymen and women.

In this regard, mobilizing, streamlining, and harmonizing access to sources of funds will help in the provision of financing for the health and medical needs of the Filipino people. How many Filipinos have perished due to lack of funds to enable access to good medical care? How many families have suffered and fell into debt due to prolonged hospitalization that required significant financial resources? Many of our fellow men and women resist regular medical check-ups and screening because of the expenses associated with quality medical care.

While the recent pandemic has presented challenges to the public health sector and underscored the need to increase the capacity of our health facilities and hospitals, we cannot discount the increasing occurrence of critical illness cases in our country. In fact, in a report by the Philippine Statistics Authority, Ischaemic heart diseases,

cerebrovascular diseases, and the COVID-19 virus were identified as the leading causes of death in the Philippines as of 31 January 2022.<sup>1</sup>

In addition to the foregoing, it is also a known fact that the economy is just recovering from the adverse impact of the COVID-19 pandemic. The common Filipino still struggles to make ends meet on a day-to-day basis. Hence, to have health or medical security for the individual and his family will surely be a significant contribution to rebuilding not only their lives but also our nation.

Therefore, this bill aims to cover indigent and financially incapacitated individuals in availing or obtaining access to medical care as it would institutionalize the Medical Assistance to Indigent Patients (MAIP) Program of the Department of Health,<sup>2</sup> which would guarantee its continued implementation for the benefit of our less fortunate constituents.

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



**Rep. ROBERT NAZAL**  
Bagong Henerasyon Party-List

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<sup>1</sup> <https://psa.gov.ph/content/causes-deaths-philippines-preliminary-january-december-2021>,  
Accessed on 29 June 2025.

<sup>2</sup> Department of Health (DOH) Administrative Order No. 2020-0060, the "Revised Guidelines on the Implementation of the Medical Assistance to Indigent Patients (MAIP) Program."

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

**SECTION 1. SHORT TITLE.** – This Act shall be known as the "Medical Assistance to Indigent Patients (MAIP) Program Act."

**SECTION 2. DECLARATION OF POLICY.** – It is the policy of the State that it shall provide comprehensive health care services to all Filipino and provide free health care services to indigents.<sup>3</sup> It is the State's policy to 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 and to provide free medical care to paupers. Towards this end, the State shall provide comprehensive health care services to all Filipinos through a socialized health insurance program that will prioritize the health care needs of the underprivileged, sick, elderly, persons with disabilities (PWDs), women and children and provide free health care services to indigents and financially incapacitated individuals.

The State through its Department of Health (DOH) Administrative Order No. 2020-0060, the "Revised Guidelines on the Implementation of the Medical Assistance to Indigent Patients (MAIP) Program" attempts to provide universal health care coverage and financial protection while providing access to health care, to Filipinos. This Act provides the legislative framework to enhance and strengthen the implementation and realizations of the objective of the said measure.

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<sup>3</sup> See Section 2 of Republic Act No. 10606 or the National Health Insurance Act of 2013.

**SECTION 3. COVERAGE.** – This Act shall apply to the following health facilities and offices: DOH Central Office, Center for Health Development units (CHDs) and the Ministry of Health-Bangsamoro Autonomous Region in Muslim Mindanao (MOH-BARMM), DOH Hospitals including Specialty and Special, DOH-Drug Abuse Treatment and Rehabilitation Centers (DOH-DATRC), Department of National Defense (DND) Hospitals, Department of the Interior and Local Government (DILG) including Local Government Units (LGUs) and Philippine National Police (PNP) Hospitals, Department of Justice (DOJ) Infirmaries, State Universities and Colleges (SUCs) Hospitals, and Private Hospitals and Private Health Facilities.

**SECTION 4. DEFINITION OF TERMS.** – As used in this Act, the following terms shall mean:

- A. Basic or ward accommodation – refers to the provision of regular meal, bed in shared room, fan ventilation, and shared toilet and bath.
- B. Case Rate – refers to fixed-rate or amount that Philhealth will reimburse for a specific illness/case as defined by Philhealth Circular No. 0035 s. 2013 and other related Philhealth Circulars.
- C. Catastrophic Disease – refers to a severe illness requiring prolonged hospitalization or recovery. These include, but not limited to, cancer, psychiatric conditions, heart attack or stroke, and severe, life-threatening, and long-term effects of diabetes. These illnesses usually involve high costs of bills and medical expenses causing financial hardship which may incapacitate the person from being productive.
- D. Catastrophic Health Expenditure – refers to out-of-pocket spending for health care that exceeds a certain allotted portion of a household's income consequently rendering the household financially incapable of addressing other domestic and related expenses.
- E. Compassionate Drug Use – refers to the use of drugs or medicine not included in the Philippine National Formulary by patients with serious or life-threatening conditions when no other treatments are available.
- F. Health facility – refers to government and private hospitals licensed by the DOH and/or accredited by the Philhealth, with the capacity to subsidize medical assistance and expenses and which can comply with the MAIP Program documentary/reportorial requirements necessary for the implementation of the MAIP Program as specified in Section 3.
- G. MAIP Program Beneficiary – refers to an indigent and financially incapacitated patient 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 or limb-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).

- H. MAIP Program Fund – refers to the fund intended for the medical assistance to indigent and financially incapacitated patients.
- I. Non-basic ward accommodation – refers to accommodation in the health facility, which is not in the category of basic ward accommodation.
- J. Total Charges – refer to the hospital bill and cost of services including, but not limited to, medical, surgical and professional fees incurred by a patient seeking care in a health facility.

#### **SECTION 5. GENERAL MECHANISMS. –**

1. The Malasakit Program Office (MPO) formerly known as the Public Assistance Unit (PAU) of the Central Office of the Department of Health, shall be responsible for the overall management and administration of the MAIP Program.
2. The MAIP Program shall provide support for drugs, medicine, medical/orthopedic devices, dental services (except those that are for aesthetic purposes and not medically indicated) or other medically related needs prescribed by the physician of a health facility for in-patients and out-patients in excess of the packages/case rates covered by PhilHealth or other financing sources subject to the availability of funds. All participating hospitals/institutions/office units shall strictly observe the implementation process under the MAIP Program.
3. All DOH Hospitals (including Specialty and Special Hospitals) and UP-PGH shall use the Enhanced Web-Based Public Assistance Information System (EWEBPAIS).
4. The DOH, through the MPO, and the CHDs in coordination with the Field Implementation and Coordination Team (FICT), shall establish connections and linkages with other health facilities for a more integrated and interconnected efficiency. For the CHDs, a Regional MAIP Program Coordinator shall be designated to ensure that these guidelines are strictly observed. For hospitals, the Director/Chief of the health facility shall assign the Head of the Medical Social Services as Hospital MAIP Program Coordinator.
5. The Coordinator shall be responsible for the overall management, registry of patients, coordination, program monitoring, and submission of reportorial requirements including monthly financial report to the CHDs, Financial Management Services (FMS), and the MPO.
6. The Administrative and Financial Management Team (AFMT) through the FMS and the MPO, shall facilitate the efficient sub-allotment and transfer of MAIP Program

funds to the CHDs and Health Facilities. Release of subsequent medical assistance by the DOH to health facilities shall be made only when at least fifty (50%) of the amount previously sub-allotted/transferred has been liquidated and submitted to the CHD concerned, and stamped received by the Commission on Audit (COA). It shall also adhere to the terms of agreement set by the DOH Central Office and CHD for the efficient, seamless, and orderly implementation of the Program.

7. Health facilities shall enforce a diligent and thorough screening of beneficiaries to ensure efficient and rational use of funds and reliable documentation and encoding of data through the system prescribed by the DOH.
8. No medical assistance provided under the MAIP Program shall be converted into cash.
9. The DOH shall post in its website the name of recipient hospitals, number of patients served and total amount or value of provided medical assistance. The DOH's web administrator or its equivalent, the Knowledge Management, and Information Technology Service, and the MPO, shall be responsible for ensuring that the said information are posted on the DOH website.

**SECTION 6. ELIGIBILITY OF BENEFICIARIES AND DOCUMENTARY REQUIREMENTS.** – All MAIP Program beneficiaries as defined shall be eligible for medical assistance under the Program subject to terms and conditions. Patients availing of coverage or benefits shall go to the Medical Social Service or the Designated Officer of the health facility for presentation of documents, assessment, and evaluation. A referral may be issued by the Central Office and CHD. Documentary requirements shall include but not be limited to for in-patient: total charges and assessment of the MSW of the Hospital or Municipal/City Social Welfare Officer for those in LGU Hospital; for out-patient: doctor's prescription/request/order and assessment of the MSW; for referred patient: inter-agency referral form with attached physician's prescription or request or protocol, and Medical Certificate or Clinical Abstract. Patients who are in need of medicine or drugs shall be examined by a doctor of the recipient or serving hospital. For non-ambulatory patients, a physician's certificate attesting to the veracity of the physical condition of the patient shall be required.

**SECTION 7. ACCESS PROCEDURES TO BE FORMULATED.** – The Department of Health and other line agencies and concerned government offices shall formulate rules, regulations, and guidelines as to procedures that covers the following:

- A. Eligibility Assessment – The Medical Social Worker (MSW) shall assess patients applying for medical assistance.
- B. Processing of Medical Assistance – The MSW shall then process the making available of the medical assistance to the applying patient.

- C. Provision of Service – Health facilities shall provide the necessary health/medical services, and document the said provision or medical attention/service provided to the patient.

**SECTION 8. COVERAGE OF SERVICE.** – The MAIP Program fund shall cover essential and life-saving medicine, services, and other medical products as prescribed by a licensed physician or health professional such as but not limited to the following:

- A. Drugs and medicines included in the Philippine National Formulary and those which qualify for compassionate drug use in compliance with the criteria or requirements set by the Food and Drug Administration.
- B. Laboratory, imaging, radiological, and other diagnostic procedures.
- C. Blood and other related blood screening/products.
- D. All clinically indicated medical, surgical, high-risk cases of obstetrics – gynecological, ophthalmological, dental, implants, medical devices and supplies, and other relevant procedures.
- E. In case of non-availability of clinically indicated drugs and medicines, services, and procedures, and lack of available beds in the government health facility as certified by the Chief of Hospital or his/her designated official, the concerned health facility may enter into a Memorandum of Agreement with the DOH licensed and Philhealth accredited government/private health facility to provide the needs of the patient charged to MAIP Program funds, subject to the guidelines set by the DOH and COA's accounting rules and regulations.
- F. Prescribed post-hospitalization, rehabilitation services, aftercare program, mental and psychosocial support.
- G. All hospital bills including professional fees, provided that the expenses for the professional fees shall not exceed 50% of the approved amount for medical assistance.

**SECTION 9. LETTERS OF GUARANTEE FROM THE GOVERNMENT AS MECHANISM OF PAYMENT.** - Both private and public hospitals or health facilities shall receive letters of guarantee from the government as payment for the indigent or financially incapacitated patients. Hospitals or health facilities, whether private or public, shall accept the said letters of guarantee as payment by the said patient, and no such hospital or health facility shall refuse to accept the said letter of guarantee. Provided, that the government, through the responsible agency, such as the DOH, or its authorized line agency, office, unit, or instrumentality, shall actually remit payment to the hospital or

health facility that provided medical care not later than fifteen (15) days from the receipt of such letter of guarantee.

**SECTION 10. ORDER OF CHARGING.** – The MAIP Program funds shall primarily cover the essential and life-saving medicine, total charges, fees, services and other medical products, provided that coverage from other funding sources for medical assistance has already been deducted in harmony with the Joint Administrative Order No. 2018-0001 of the Department of Health (DOH), Department of Social Welfare and Development (DSWD), Philippine Health Insurance Corporation (PhilHealth), and the Philippine Charity Sweepstakes Office (PCSO), entitled “Streamlining Access to Medical Assistance Funds of the Government” and its amendments.

**SECTION 11. TERMS AND CONDITIONS FOR COVERAGE** – The following are the terms and conditions of access to and implementation of coverage under the MAIP Programs funds:

- A. MAIP Program beneficiaries shall be admitted to basic or non-private ward accommodation and may be admitted to the next available private accommodation only on the following conditions:
  - i. Lack of basic or non-private ward accommodation as certified by the hospital.
  - ii. Emergency cases.
  - iii. Cases involving communicable diseases requiring isolation including Public Health Emergencies of International Concern (PHEIC)
  - iv. Cases requiring intensive care; and
  - v. Chronic and catastrophic cases requiring prolonged admission.
- B. Patients confined in non-basic ward accommodation who requests medical assistance may be covered by MAIP Program funds upon the submission of documents, subject to the availability of funds.
- C. MAIP Program funds shall be valid from the date of issuance until December 31 of the same year of issuance except for MAIP Program funds transferred to LGU hospitals which have a validity period based on pertinent National Budget Circulars applicable to the period.
- D. Not more than 1% of the total MAIP Program funds shall be used for administrative expenses which shall be controlled and monitored by the DOH Central Office.

**SECTION 12. PARTNERSHIPS WITH GOVERNMENT/PRIVATE HEALTH FACILITY OR HOSPITAL.** – Subject to the provisions of the General Appropriations Act (GAA), the CHD may enter into a Memorandum of Agreement or partnership agreements with government or private hospitals or health facilities, to enable more access to health and medical services for more indigent or financially-challenged patients. The MOA or contractual/partnership or joint venture agreement shall be cleared by the DOH Legal Service or the Legal Section/unit under the Management Support Services Division of the CHD, as the case may be.

**SECTION 13. FUND AUTHORIZATION** – The following are the officials authorized to approve funds, subject to corresponding amounts or limits of authority:

- A. For the Health Facilities – the Chief of Hospital of LGU hospitals or selected private health facilities or his/her duly authorized representative; Chief of Hospital, Medical Center Chief, Medical Director, or his or her duly-authorized representative.
- B. For the DOH – CHD Director, Undersecretary or Head Executive Assistant, Secretary of Health or designated Chief of Staff.

**SECTION 14. RECORDING AND REPORTING** –

- A. Government/private health facilities or hospitals shall submit a monthly fund utilization report to the CHD concerned. DOH Hospitals shall submit said report directly to the MPO. Concerns and issues encountered in the implementation of the Program shall also be included in the report.
- B. The CHD shall submit to the MPO a Monthly Summary Report on the status of the implementation of the MAIP Program, including information on the number of patients served, type of assistance provided and the actual amount utilized.
- C. The reports shall be subject to validation by the MPO.
- D. The MPO shall submit to the Administrative and Financial Management Team (AFMT), a Quarterly Summary of the Fund Utilization Reports and the status of the MAIP Program.
- E. The MPO through the AFMT shall provide the Secretary of Health a monthly report of the number of indigent and financially incapacitated patients assisted under the MAIP Program.

**SECTION 15. MONITORING AND EVALUATION** – A team from the DOH Central Office/CHDs shall conduct a quarterly monitoring and evaluation of hospitals using the MAIP Program monitoring tool. A periodic Program Implementation Review shall be

conducted by the MPO/CHDs to assess the impact of the Program. The Internal Audit Service of the DOH may conduct a random audit in the CHDs and partner health facilities and hospitals.

**SECTION 16. ROLES AND RESPONSIBILITIES.** – The Department of Health, through its Administrative and Financial Management Team (AFMT) shall be responsible for overseeing the overall implementation of the Program, reviewing and authorizing release of funds, provision of technical direction to the Program.

- 1) The Department of Health under its line offices and units shall be responsible for:
  - a. The Center for Health Development shall manage allocated funds and facilitates efficient transfer of funds to partner health facility or hospital under their jurisdiction, designate CHD Coordinator who shall primarily handle program implementation and ensure administrative support, submit periodic reports, and conduct regular monitoring and evaluation, review, request and authorize release of funds, report any suspected abuse or mishandling of funds to the MPO, and recommend the appropriate course of action.
  - b. The Malasakit Program Office shall facilitate policy development and formulate monitoring tool for the implementation and evaluation of the MAIP Program, oversee implementation of the MAIP Program and fund utilization in the Malasakit Centers, consolidate reports, report any suspected abuse or mishandling of funds.
  - c. The Field Implementation and Coordination Team shall be responsible for ensuring smooth coordination between CHDs and DOH Hospitals, establishing linkages for implementation of the program, ensuring that referral of MAIP-related assistance requests received at the DOH Central Office is forwarded to the MPO or concerned CHD.
  - d. The Financial Management Service team shall provide technical assistance on matters of financial management, facilitate timely transfer or sub-allotment of funds to CHD and health facilities in coordination with the MPO, monitoring of fund utilization reports.
- 2) The Government/Private Health Facility shall be responsible for: assessing and screening eligibility of all patients, facilitate provision of quality medical assistance and ensure the compassionate delivery of necessary services to the MAIP Program beneficiary, ensuring monthly reporting of fund utilization and program implementation reports, ensuring administrative support for the effective implementation of the program, report any suspected abuse or mishandling of funds to the MPO, facilitate issuance of internal policy to support implementation of the MAIP Program.

**SECTION 17. IMPLEMENTING RULES AND REGULATIONS.** – Within sixty (60) days from the effectivity of this Act, the DOH and other concerned line agencies, offices, or units, instrumentalities and sectors, shall promulgate the implementing rules and regulations as may be necessary to carry out the provisions of this Act.

**SECTION 18. SEPARABILITY CLAUSE.** – If any part of this Act shall be held unconstitutional or invalid, other parts not otherwise affected thereby shall remain in force and effect.

**SECTION 19. REPEALING CLAUSE.** – All laws, decrees, resolutions orders, or ordinances or parts thereof inconsistent with this Act are hereby repealed, amended, or modified accordingly.

**SECTION 20. EFFECTIVITY.** – This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in at least two (2) newspapers of general circulation.

*Approved,*