

HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session

House Bill No. **1619**



Introduced by Representative KAREN HOPE F. GARCIA

EXPLANATORY NOTE

The 1987 Philippine Constitution, under Article II, Section 15, provides that "The State shall protect and promote the right to health of the people and instill health consciousness among them." In line with this constitutional mandate, the State must ensure that health services are not only curative in nature but also preventive, accessible, and equitable — particularly for vulnerable and underserved sectors.

The enactment of Republic Act No. 11223, or the Universal Health Care (UHC) Act, was a landmark achievement in advancing the country's health system. It laid the groundwork for a more inclusive, sustainable, and people-centered approach to health care. As a key component of UHC implementation, the Philippine Health Insurance Corporation (PhilHealth) launched the Konsultasyong Sulit at Tama (Konsulta) Package, which provides a range of preventive and primary care services, including health risk profiling, select diagnostic exams, and maintenance medicines.

While the Konsulta Package represents a major step forward in the delivery of preventive and primary care services under the Universal Health Care framework, its full potential has yet to be realized. To date, challenges remain in ensuring consistent implementation across all regions—particularly in improving enrollment, boosting service utilization, and addressing disparities between rural and urban areas. Some Konsulta-accredited providers continue to face limitations in diagnostic capacity, particularly for services such as ECG, chest X-rays, or basic laboratory tests. In addition, public awareness and understanding of the program remain limited, and the current voluntary enrollment model has contributed to low participation rates in certain communities. This proposed measure aims to reinforce the intent of the Konsulta Package by introducing reforms that will expand access, strengthen provider capability, and ensure every Filipino can fully benefit from the program's preventive health services.

Data from the Philippine Statistics Authority (PSA) for January-November 2023 confirms that non-communicable diseases (NCDs) remain the leading causes of death in the Philippines: ischemic heart diseases caused 100,848 deaths (19.0%), neoplasms resulted in 56,736 deaths (10.7%), cerebrovascular diseases caused 53,577 deaths (10.1%), and diabetes mellitus accounted for 33,699 deaths (6.3%).¹ The World Health Organization

similarly reports that NCDs like cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes account for nearly 70% of all deaths in the country.²

Early detection of health conditions through preventive screening significantly reduces long-term medical costs, prevents disease progression, and improves quality of life. Yet despite the Konsulta framework, preventive services such as Annual Physical Examinations (APEs) and routine diagnostic screenings are not consistently delivered or mandated across all regions.

This bill therefore seeks to strengthen and expand the PhilHealth Konsulta Package by (1) enforcing the mandatory provision of APEs and preventive screenings as a core benefit; (2) requiring PhilHealth to proactively assign members to Konsulta health care providers; (3) increasing the per capita funding beyond the current ₱1,700 to support full delivery; and (4) requiring PhilHealth to submit an annual Konsulta performance report to Congress and the public to ensure compliance, monitor outcomes, and improve accountability.

By institutionalizing preventive health care as part of PhilHealth's benefit package, this measure hopes to promote a culture of health consciousness, reduce the national disease burden, and contribute to the long-term sustainability of our healthcare system. The ultimate goal is not only to treat illness but to prevent it—particularly among our workers, senior citizens, women, and those most at risk. A healthy population is the foundation of a productive, resilient, and inclusive society.

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



Rep. KAREN HOPE F. GARCIA
3rd District, Province of Cebu

¹ Philippine Statistics Authority. "Causes of Death in the Philippines: January–May 2024 (Preliminary as of 30 September 2024)." MARINDUQUE Provincial Statistical Office, 17 Jan. 2025, PSA RSSO MIMAROPA, rssomimaropa.psa.gov.ph/content/causes-death-philippines-january-may-2024-preliminary-30-september-2024.

² World Health Organization. "Philippines – Noncommunicable Diseases Country Profile." NCD Global Monitoring Framework, ncdportal.org/CountryProfile/GHE110/Philippines#mor3. Accessed 18 June 2025.

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AN ACT

**STRENGTHENING AND EXPANDING THE PHILHEALTH KONSULTA PACKAGE TO
ENFORCE ANNUAL PHYSICAL EXAMINATIONS, DIAGNOSTIC SCREENINGS, AND
IMPROVED ACCESS TO PREVENTIVE HEALTH CARE, AND FOR OTHER PURPOSES**

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

Section 1. *Short Title* - This Act shall be known as the “Enhanced PhilHealth Konsulta Package and Preventive Health Access Act.”

Section 2. *Declaration of Policy*. — It is the policy of the State, as enshrined in Article II, Section 15 of the 1987 Philippine Constitution, to protect and promote the right to health of the people and instill health consciousness among them. The State further affirms its commitment to the full realization of the Universal Health Care Act by establishing the implementation and equitable delivery of PhilHealth's Konsulta Package, ensuring all members can regularly access essential primary care and preventive services, including annual physical examinations.

Section 3. *Strengthened Preventive Coverage under the Konsulta Package*. — The Philippine Health Insurance Corporation (PhilHealth) shall ensure the full and consistent implementation of the Konsulta Package for all registered members and dependents. The package shall include the following preventive health services, as medically necessary and guided by DOH and PhilHealth clinical standards:

- (a) Annual Physical Examinations (APEs)
- (b) Basic laboratory and screening tests such as fasting blood sugar (FBS), cholesterol/lipid profile, urinalysis, and complete blood count (CBC)
- (c) Screening tests for non-communicable diseases such as hypertension and diabetes
- (d) Health risk assessments and lifestyle counseling.
- (e) Such other preventive and diagnostic health services as may be determined by the Department of Health (DOH) in the Implementing Rules and Regulation (IRR) consistent with the declared policy and provisions of this Act.

Section 4. *Objectives*. — The Preventive Health Care Access Act shall:

- (a) Institutionalize the mandatory delivery of preventive health services under PhilHealth's Konsulta Package, particularly APEs, diagnostic screenings, and common maintenance medications;
- (b) Require PhilHealth to proactively assign members to Konsulta-accredited providers to increase enrollment and access;
- (c) Promote the early detection and prevention of diseases, particularly non-communicable diseases such as cardiovascular disease, diabetes, and cancer;
- (d) Increase access to essential health screening and diagnostic services, especially among low-income and at-risk populations;
- (e) Encourage a shift from curative to preventive and promotive approaches to healthcare delivery;

Section 5. *Mandatory Member Assignment and Service Delivery.* — PhilHealth shall ensure that all registered members and their qualified dependents are automatically enrolled or assigned to an accredited Konsulta Health Care Provider (HCP) based on geographic proximity, population density, and provider capacity. Members shall be duly notified of their assigned provider and entitled services.

All Konsulta HCP shall be equipped to deliver the core package of preventive services, and shall undergo regular audits and capability reviews by PhilHealth and DOH.

Section 6. *Administration, Annual Reporting, and Transparency.* — The Department of Health (DOH) and PhilHealth shall collaborate with local government units (LGUs), primary care providers, and other relevant stakeholders to ensure the effective rollout and public awareness of the preventive care benefits provided under this Act.

PhilHealth shall be required to submit an Annual Konsulta Program Performance Report to Congress, the DOH, and the public, which shall include, but are not limited to total number of members who received APEs, utilization rates of each preventive test per region/province, provider capability and compliance levels, and challenges and recommendations for program improvement. This report shall form the basis for program refinement and budget allocation.

Section 7. *Scope, Limitations, and Safeguards against Misuse and Abuse.* —

To ensure the sustainability, efficiency, and proper utilization of the preventive health services covered under this Act:

(a) The PhilHealth benefit for APEs and basic diagnostic tests under the Konsulta Package shall be limited to once per calendar year per qualified member or dependent, unless otherwise authorized based on reasonable medical justifications, as may be determined by the DOH and provided for in the IRR, consistent with the declared policy and provisions of this Act.

(b) The scope of covered APEs and diagnostic procedures shall be defined in the IRR and shall include eligible diagnostic procedures, which must be routine, cost-effective, and non-invasive. High-cost procedures such as MRI and CT scans shall only be included if clinically warranted and pre-authorized;

(c) PhilHealth, in coordination with the DOH, shall set an annual monetary cap on the total amount of preventive services availed by a member or dependent, subject to periodic review and adjustment.

(d) The DOH and PhilHealth shall adopt mechanisms to monitor utilization and detect patterns of overuse, misuse, or administrative inefficiency.

(e) The IRR shall provide guidelines for the referral and justification process in cases where preventive services beyond the standard scope are sought.

Section 8. Appropriations. — The amount necessary for the initial implementation of this Act shall be charged against available PhilHealth funds. Thereafter, such amounts as may be necessary to carry out the provisions of this Act shall be included in the annual General Appropriations Act (GAA).

Section 9. Implementing Rules and Regulations. — Within ninety (90) days from the effectivity of this Act, the PhilHealth Board, in coordination with the Department of Health, shall promulgate the necessary implementing rules and regulations (IRR) to operationalize the provisions of this Act.

Section 10. Repealing Clause. — All laws, decrees, orders, and issuances inconsistent with this Act are hereby repealed or modified accordingly.

Section 11. Effectivity. — This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,