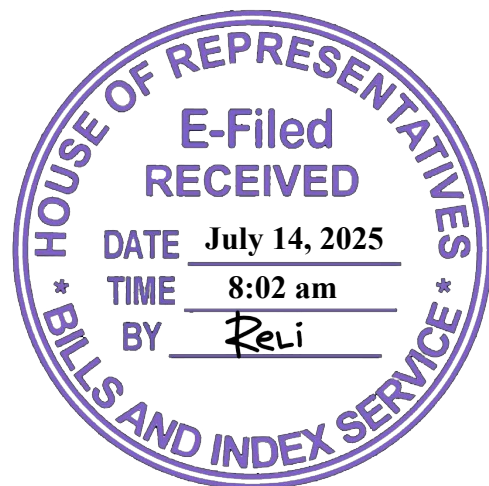




Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session



HOUSE BILL NO. 1811

Introduced by Representative Ivan Howard Guintu

EXPLANATORY NOTE

Section 11, Article XIII of the Philippine Constitution provides that “The 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.”

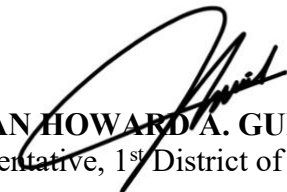
The Philippine Statistics Authority reported in 2024 that Household out-of-pocket payment had the highest contribution among the health care financing schemes in 2023, while Government schemes and compulsory contributory health care financing schemes remain second. Furthermore, Household out-of-pocket payment had an increase of 17 percent, amounting to Php 1.44 trillion, in 2023, in comparison from its preceding year.

Majority of Filipinos remain to be financially burdened with medical costs due to inaccessibility to government schemes and compulsory contributory health care financing schemes, and voluntary health care payment schemes. Unfortunately, it is possible that Filipino families who rely on out-of-pocket payment schemes in order to shoulder medical costs could eventually lead to financial bankruptcy.

While the Medical Assistance to Indigent and Financially Incapacitated Patients (MAIFIP) program allows the government to shoulder health care costs of Filipino patients in dire need of assistance, there are still problems faced by this program, such as hospitals' lack of documentary requirements as needed for compliance, and additional requirements asked from patients, on top of those provided by the Department of Health (DOH). Furthermore, while the MAIFIP is an existing program under the DOH, it has yet to be institutionalized, and thus, appropriations for the said program may be removed or placed in danger.

This proposed measure seeks to institutionalize the MAIFIP program. The passing of this measure shall guarantee the funding for the MAIFIP as it shall include the MAIFIP as a provision during the yearly general appropriations.

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


IVAN HOWARD A. GUINTU
Representative, 1st District of Capiz



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HOUSE OF REPRESENTATIVES
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TWENTIETH CONGRESS
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HOUSE BILL NO. 1811

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AN ACT
INSTITUTIONALIZING THE MEDICAL ASSISTANCE TO INDIGENT AND
FINANCIALLY INCAPACITATED PATIENTS PROGRAM OF THE
DEPARTMENT OF HEALTH AND PROVIDING FUNDS THEREFOR

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 “*Medical Assistance to Indigent and Financially Incapacitated Patients (MAIFIP) Act.*”

SEC 2. *Declaration of Policy.* It is the declared policy of the State to protect and promote the right to health of the people. It shall improve the health care services and ensure access to and efficiency in the process of availing the medical assistance program to indigent patients to defray their medical needs.

SEC 3. *Definition of Terms.* As used in this Act, the following terms are defined as follows:

- (a) *Department* refers to the Department of Health.
- (b) *Council* refers to the MAIFIP Advisory Council hereinafter created under this Act.
- (c) *Financially incapacitated patient* refers to a patient who is not classified as in indigent but 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 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).

- (d) *MAIFIP-Accredited Health Facility* refers to government and partner private hospitals, clinics, dialysis centers, and other health facilities duly licensed by the Department and/or accredited by the Philippine Health Insurance Corporation, with the capacity to subsidize medical assistance expenses and which can comply with the documentary and reportorial requirements under the rules and regulations of the Program.
- (e) *Indigent patient* refers to patient who has no visible means of income, or whose income is insufficient for the subsistence of his/her family, as assessed by the medical social worker of the health facility.
- (f) *MAIFIP Beneficiary* refers to an indigent or financially incapacitated patient who is eligible to receive medical assistance under the MAIFIP.
- (g) *Medical Assistance* refers to support for drugs, medicines, medical/orthopedic devices, dental services, except those that are for aesthetic purposes and not medically indicated, diagnostic procedures, blood screening/products, and other medically related needs as may be prescribed by the physician of a MAIFIP-Accredited Health Facility.

SEC 4. *The Medical Assistance to Indigent and Financially Incapacitated Patients Program (MAIFIP).* – The Medical Assistance to Indigent and Financially Incapacitated Patients Program (MAIFIP), as embodied in Administrative Order No. 202-0060 by the Department is hereby established and institutionalized as a regular program of the national government that shall provide Medical Assistance to all MAIFIP Beneficiaries in accordance with the criteria laid down by the Department and the Council.

SEC 5. *Conditions for Eligibility to Receive Medical Assistance.* – All MAIFIP Beneficiaries shall be eligible for Medical Assistance through any MAIFIP-Accredited Health Facility, subject to eligibility and documentary requirements; *Provided* that, the procedure of availing the benefits of this Act shall be simplified to ensure the speedy release of medical assistance.

SEC 6. *Advisory Council.* – An Advisory Council is hereby created to determine the coverage and amounts of medical assistance, documentary requirements for MAIFIP Beneficiaries, rules regarding the accreditation, establishment and organizational framework of MAIFIP-

accredited Health Facilities, and other concerns required for the effective implementation of this Act, composed of the following:

- a) Secretary of Health, as chairperson;
- b) Secretaries of Budget and Management, Interior and Local Government, and Social Welfare and Development, as co-chairpersons; and
- c) Regional Directors of Centers of Health and Development (CHD) of the Department, as members.

The Council shall meet at least once a year for its regular meetings and may call for a special meeting in case of extraordinary circumstances which require for the immediate adjustment of the amount of assistance and coverage of the Program. The concerned staff complement under the Undersecretary of Health Programs of the Department shall act as the Secretariat of the Council.

SEC 7. *Implementation of the Program.* – The Program shall be under the direct control and supervision by the Secretary of Health in coordination with officials from its CHDs.

Malasakit Centers created under Republic Act No. 11463, otherwise known as the “*Malasakit Centers Act*,” shall continue to facilitate the provision of medical assistance under the Program in all Department Hospitals and the Philippine General Hospital, without prejudice to their existing functions and the establishment of additional MAIFIP-Accredited Health Facilities in geographical areas without Malasakit Centers. *Provided*, that all Malasakit Centers and CHDs shall be adequately staffed with Program coordinators, medical social workers, and support staff.

The Department is hereby authorized to create the required plantilla and staffing pattern necessary for the implementation of this Act in coordination with the Department of Budget and Management and Civil Service Commission.

SEC 8. *Report of the Program.* – The Secretary of Health shall annually publish a full report of the Program covering its implementation. The report shall be submitted to the President, the Speaker of the House of Representatives and the President of the Senate.

SEC 9. *Transparency Program.* – The Department shall regularly and timely post an update on its website a report of financial disclosures and information about the Program’s beneficiaries based on geographical area, social, economic and cultural circumstances.

SEC 10. *Implementing Rules and Regulations.* The Secretary of Health, in coordination with the members of the Council shall issue the necessary rules and Regulations for the effective implementation of this Act within six (6) months from the effectivity of this Act.

SEC. 11. *Appropriations.* – The amount necessary to implement the provisions of this Act shall be charged to the current year's appropriation of the Department. Thereafter, such sum as may be necessary for its continuous implementation shall be included in the General Appropriations Act.

SEC. 12. *Saving Clause.* – This Act does not affect rights, duties, and privileges that vested, penalties that were incurred, and proceedings that were begun before its effective date.

SEC 13. *Repealing Clause.* All laws, orders, issuances, rules and regulations or parts thereof inconsistent with this Act are hereby repealed or modified accordingly.

SEC 14. *Effectivity.* This Act shall take effect fifteen (15) days after its complete publication in at least two (2) newspapers of general circulation.

Approved.