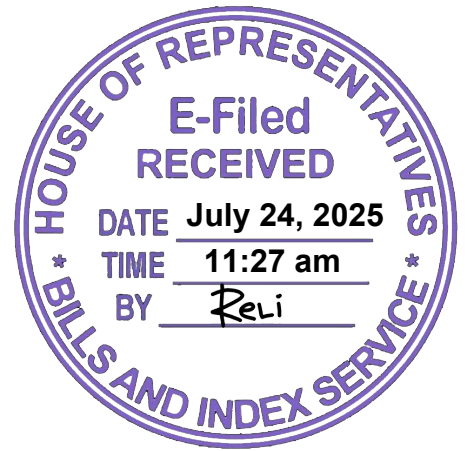


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

TWENTIETH (20th) CONGRESS
FIRST REGULAR SESSION

House Bill No. **2251**



Introduced by
Rep. ROBERT NAZAL

AN ACT
PROVIDING EXPANDED PHILHEALTH COVERAGE AND CASH ASSISTANCE FOR
FILIPINO FARMERS AND THEIR DEPENDENTS DURING PERIODS OF ILLNESS
OR RECOVERY, AND FOR OTHER PURPOSES

EXPLANATORY NOTE

The Filipino farmer is central to the nation's food supply and rural economy yet continues to suffer from some of the country's gravest structural inequities among them inadequate health coverage and near-absence of economic fallback during periods of illness. Despite their indispensable role, farmers remain among the most vulnerable sectors, frequently excluded from formal safety nets and medical subsidy programs.

Consistent with past PSA surveys, such as the 2021 APIS and earlier FIES data, farmers have historically remained among the poorest occupational groups with limited capacity to absorb the financial shocks of illness. Despite the implementation of the Universal Health Care Law, PhilHealth utilization remains limited among informal rural workers, including farmers, due to persistent barriers such as geographic inaccessibility, limited awareness, and out-of-pocket expenses. While PhilHealth offers partial coverage for critical illnesses like cancer, stroke, and kidney failure under its Z Benefits program, the assistance is often insufficient to cover the full cost of long-term treatment. These gaps in effective coverage pose serious consequences for smallholder farmers, where a single health crisis can interrupt farm operations and threaten household livelihoods.

This bill seeks to correct that imbalance by expanding PhilHealth coverage for registered farmers and their legal dependents, particularly in the treatment and management of chronic and critical illnesses. It also mandates the creation of a Farmer's Recovery Cash Assistance Program (FRCAP) that provides temporary financial relief during the recovery period, an intervention modeled after the principle that no family should slide into poverty because of sickness.

Under the proposed measure, PhilHealth shall enhance its coverage to include full or near-full subsidies for treatment and care of major diseases affecting farmers, with zero co-payment for public hospital confinement. Annual health check-ups and preventive screenings tailored to agricultural workers' risks will likewise be instituted.

In parallel, the Department of Agriculture, DSWD, and DOLE will implement a cash assistance program offering up to six months of recovery support to qualified sick farmers an amount not lower than the minimum regional wage. This is intended to ensure that recovery from illness does not mean permanent livelihood loss or deeper debt.

By institutionalizing a pro-health, pro-farmer framework, this bill affirms the State's duty under Article XIII, Section 11 of the Constitution to "adopt an integrated and comprehensive approach to health development" with priority for underprivileged sectors. It likewise reinforces the constitutional policy to value labor and promote social justice in all phases of national development.

In view of the urgent need to protect Filipino farmers from the double burden of illness and poverty, the immediate passage of this measure is earnestly sought.



Rep. ROBERT NAZAL
Bagong Henerasyon Party-List

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

TWENTIETH (20th) CONGRESS
FIRST REGULAR SESSION

House Bill No. **2251**

Introduced by
Rep. ROBERT NAZAL

AN ACT
PROVIDING EXPANDED PHILHEALTH COVERAGE AND CASH ASSISTANCE FOR
FILIPINO FARMERS AND THEIR DEPENDENTS DURING PERIODS OF ILLNESS
OR RECOVERY, AND FOR OTHER PURPOSES

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

SECTION 1. TITLE.

This Act shall be known as the “Farmer’s Health and Recovery Assistance Act of 2025.”

SECTION 2. DECLARATION OF POLICY.

The State recognizes the indispensable role of Filipino farmers in ensuring national food security and economic sustainability. It is therefore the policy of the State to safeguard their health, productivity, and resilience by ensuring expanded health insurance coverage and targeted financial assistance during periods of illness or incapacity.

SECTION 3. STATEMENT OF OBJECTIVES.

This Act aims to strengthen the welfare and resilience of Filipino farmers by:

- A. Providing expanded PhilHealth coverage for farmers and their qualified dependents, specifically targeting chronic and critical illnesses;

- B. Ensuring equitable access to preventive healthcare, diagnostics, and outpatient support services tailored to the occupational health risks prevalent in the agricultural sector;
- C. Establishing a temporary cash assistance program for sick, injured, or recovering farmers to safeguard their income and support recovery; and
- D. Institutionalizing transparent, politically neutral mechanisms for the delivery of healthcare and financial assistance to ensure fairness and accountability.

SECTION. 4. DEFINITION OF TERMS.

For the purposes of this Act, the following terms shall be defined as follows:

- A. Farmer - refers to any individual directly engaged in the cultivation of crops, livestock and poultry production, aquaculture, or other forms of agricultural livelihood, who is duly registered with the Department of Agriculture (DA) or the Local Government Unit (LGU) Agricultural Office
- B. Dependents - refer to the farmer's legal spouse, unmarried minor children, and dependent parents, as recognized under applicable PhilHealth guidelines
- C. Chronic and Critical Illnesses - refer to long-term or life-threatening medical conditions, including but not limited to cancer, cardiovascular diseases, chronic kidney disease, cerebrovascular accidents (stroke), severe respiratory illnesses, diabetes complications, and other comparable ailments as determined by the Department of Health (DOH) and PhilHealth

SECTION 5. EXPANDED PHILHEALTH COVERAGE.

The Philippine Health Insurance Corporation (PhilHealth) shall implement an expanded coverage program specifically for registered farmers and their qualified dependents. The expanded coverage shall include the following benefits:

- A. Full or enhanced subsidy for hospitalization, diagnostic procedures, prescribed medications, and outpatient care related to chronic and critical illnesses;
- B. Zero co-payment for confinement in government hospitals pursuant to the No Balance Billing Policy;
- C. Access to annual health check-up packages, preventive screenings, and other wellness services designed to address occupational health risks commonly encountered in agricultural work.

SECTION 6. FARMER'S RECOVERY CASH ASSISTANCE PROGRAM (FRCAP).

There is hereby established a Farmer's Recovery Cash Assistance Program (FRCAP) under the supervision of the Department of Agriculture (DA), in coordination with the Department of Social Welfare and Development (DSWD) and the Department of Labor and Employment (DOLE). The program shall:

- A. Provide temporary monthly cash assistance equivalent to no less than the prevailing regional minimum wage to eligible sick or recovering farmers;
- B. Be granted for a period of up to six (6) months, subject to verified medical certification and treatment or recovery documentation;
- C. Prioritize certified and registered farmers, as validated by municipal or city agriculturists and relevant agencies;
- D. Enforce strict safeguards to prevent political interference, favoritism, or patronage in the selection and approval of beneficiaries.

SECTION 7. ELIGIBLE BENEFICIARIES

To qualify for assistance under this Act, individual farmers or farming households must meet the following criteria:

- A. They must be actively engaged in primary agricultural activities, including but not limited to rice farming, crop cultivation, livestock or poultry production, aquaculture, or related livelihood activities, as their principal source of income;
- B. They must be formally registered with the Department of Agriculture (DA), the Local Government Unit (LGU) Agricultural Office, or any recognized farmer registry system maintained by the government, such as the Registry System for Basic Sectors in Agriculture (RSBSA);
- C. They must be classified as "poor" or "near-poor" based on the most recent standardized targeting system or poverty classification tool adopted by the national government. This classification shall be guided by the poverty incidence data, income thresholds, and vulnerability indicators published and updated periodically by the Philippine Statistics Authority (PSA);
- D. Special priority shall be given to the following groups, provided they meet the eligibility criteria above:

1. Smallholder farmers cultivating two hectares of land or less;
 2. Women farmers and heads of farming households;
 3. Elderly or persons with disabilities engaged in farming;
 4. Farmers from geographically isolated and disadvantaged areas (GIDAs);
 5. Indigenous farmers and members of recognized ancestral domain communities.
- E. Eligibility shall be validated and endorsed by the municipal or city agriculturist in coordination with the barangay council and other relevant local agencies. In cases of discrepancy or dispute, appeals may be submitted to the Department of Agriculture's Regional Office for final review.

SECTION 8. LEAD AGENCY.

The Department of Agriculture (DA) shall serve as the lead implementing agency for this Act, in close coordination with:

- A. PhilHealth, for healthcare coverage and service delivery;
- B. DSWD, for social welfare integration and cash assistance disbursement;
- C. DOLE, for labor support and employment protection; and
- D. Local Government Units (LGUs), for validation, beneficiary profiling, and community-based implementation.

SECTION 9. MONITORING, EVALUATION, AND REPORTING.

The Department of Agriculture, in coordination with PhilHealth, DSWD, DOLE, and LGUs, shall establish a robust monitoring and evaluation (M&E) system to assess the performance, coverage, and impact of the programs under this Act. An annual report on implementation progress, beneficiary reach, disbursements, and outcomes shall be submitted to Congress not later than March 30 of each year.

SECTION 10. APPROPRIATIONS.

The amount necessary for the initial implementation of this Act shall be charged against the current year's appropriations of the Department of Agriculture, PhilHealth, and DSWD. Thereafter, such sums as may be necessary for its continued implementation shall be included in the annual General Appropriations Act (GAA).

SECTION 11. SEPARABILITY CLAUSE.

If any provision of this Act is declared invalid or unconstitutional, the provisions not affected thereby shall remain in full force and effect.

SECTION 12. REPEALING CLAUSE.

All laws, executive orders, proclamations, rules, regulations, and other issuances or parts inconsistent with the provisions of this Act are hereby repealed or amended accordingly.

SECTION 13. EFFECTIVITY.

This Act shall take effect fifteen (15) days following its complete publication in the Official Gazette or a newspaper of general circulation.

Approved,