



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

TWENTIETH CONGRESS
First Regular Session

House Bill No. 2465



Introduced by **Representative GIRLIE E. VELOSO**

EXPLANATORY NOTE

In the ever-evolving landscape of public health, the right to health signifies the right to holistic care. Across the world, health systems recognize that clinical and curative treatment is insufficient, as health is deeply influenced by psychosocial and economic conditions. Global consensus acknowledges health social work as crucial to people-centered, rights-based, and community-oriented health care. According to the International Federation of Social Workers, health social work is a specialized field that enhances the ability of individuals and communities to navigate complex health systems, cope with illnesses, and access health services. Social interventions then become inseparable from medical care, just as mental health is interlocked with physical health. International health systems and frameworks therefore position health social work as an integral component of primary health care systems.

In the Philippines, the role of social workers in health context remains auxiliary, ad hoc, and non-regular. Health social workers are critical in psychosocial assessment, case management, casework, therapeutic interventions, continuity of care, health promotion, and patient advocacy and referrals. Even so, they are undervalued, underprotected, underintegrated, and underfunded under current formal structure and general practice. They are deployed through non-standard and unstructured mechanisms, resulting in unequal access to benefits and unclear professional pathway.

This Bill seeks to institutionalize health social work as a distinct profession embedded within health systems, health facilities, and public health programs. By recognizing health social work as a permanent instrument in the public health system and health service delivery, it will cease to be a mere periphery and transform into a pillar of health care. This Bill also ensures that health social workers and health social welfare aides are structurally embedded, institutionally respected, and professionally supported. This is in line with the principles and mandates of the Universal Health Care law, the Malasakit Centers Act, and the Mental Health Act.

As a national investment, this Bill contributes in the long-term efficiency of the public health system, and proactively reduces systemic fragmentation and health inequities. By standardizing deployment across the full spectrum of health services, undeserved communities are set to gain improved access. From a fiscal standpoint, health social work interventions are preventive and cost-effective. It safeguards against misuse, fraud, and redundancy in the allocation of aid, while screening, guiding, and advocating for patients in need. In terms of emergency preparedness, personnel of health social work serve as readily-available emergency workforce. In health facilities, they improve patient outcomes and productivity of doctors and nurses who often absorb social work burden with their absence. As health social work is fully integrated in health planning, service, and performance system, the State strengthens its public service architecture.

By institutionalizing health social work, the State affirms its commitment to place the people at the center of governance. Integrating it within health systems and programs is essential to an efficient, equitable, compassionate, and resilient health system. As a multi-dimensional investment in human capital, institutional reform, and social justice, this Bill provides the State with an expanded public health workforce, effective service delivery, cost savings, emergency preparedness, and deeper public trust.

In view of the foregoing, support for the enactment of this measure is earnestly sought.


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**AN ACT INSTITUTIONALIZING HEALTH SOCIAL WORK IN THE PUBLIC
HEALTH SYSTEM AND PROVIDING FOR THE WELFARE, STANDARDIZED
ROLES, AND PROFESSIONAL DEVELOPMENT OF HEALTH SOCIAL WORKERS
AND SUPPORT PERSONNEL**

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

1 **SECTION 1. Short Title.** — This Act shall be known as the “Health Social Workers
2 Welfare and Integration Act”.

3 **SECTION 2. Declaration of Policy.** — It is hereby declared the policy of the State to
4 promote and protect the welfare of social workers and aides serving in the health sector. The State
5 further affirms the essential role of health social workers and aides as integral members of the
6 healthcare workforce, especially in the evolving landscape of public health, primary care, and
7 multidisciplinary patient and community care.

8 **SECTION 3. Definition of Terms.** — As used in this Act:

- 9 (a) Health Social Work refers to the professional practice of applying social work principles
10 in the context of individual, family, and community-based health care, both within
11 clinical and public health environments.
- 12 (b) Health Social Workers refer to licensed social workers deployed in government health
13 facilities or public health programs to provide psychosocial assessment, case
14 management, casework, therapeutic interventions, health promotion, and patient
15 advocacy and referrals.

- 1 (c) Health Social Welfare Aides refer to non-licensed personnel employed or temporarily
2 designated, in accordance with applicable civil service and local personnel guidelines, by a
3 government health facility, health program, or LGU to assist in the administrative and
4 logistical components of social welfare services within health context. They serve as
5 support staff under the direct supervision of a health social worker.

6 **SECTION 4. Coverage.** — This Act shall apply to all health social workers and health
7 social welfare aides, whether employed or designated, who are serving in Department of Health
8 (DOH) hospitals, LGU-run health facilities, other government hospitals, Malasakit Centers, and
9 public health programs implemented at the community level.

10 **SECTION 5. Roles and Functions of Health Social Workers.** — Health Social Workers
11 shall perform essential duties across the continuum of care, grounded in the principles of public
12 service, social justice, and health equity. Their core roles shall include, but not be limited to, the
13 following:

- 14 (a) Psychosocial Assessment and Case Management. Conduct holistic assessments of the
15 social, emotional, environmental, and economic factors affecting a patient's health.
16 Develop individualized care plans and facilitate referrals and interventions, ensuring
17 continuity of care across levels and institutions.
- 18 (b) Patient and Family Support Services. Provide counseling, crisis intervention, and
19 psychoeducation to patients and their families. Assist them in coping with illness,
20 disability, trauma, or loss, and navigating complex medical or health-related decisions.
- 21 (c) Discharge and Transition Planning. Coordinate discharge planning in hospitals and other
22 facilities by assessing post-treatment needs and mobilizing community resources, support
23 networks, or institutional linkages for a safe transition back to the community.
- 24 (d) Social Protection and Resource Mobilization. Facilitate access to public and private social
25 protection programs, including financial assistance, nutrition, transportation, and other
26 social services necessary for treatment adherence and recovery.
- 27 (e) Community Health and Public Health Engagement. Participate in the design,
28 implementation, and evaluation of public health programs, health promotion, and
29 preventive care initiatives, especially among vulnerable and high-risk populations. Assist
30 in identifying structural and community-level social determinants of health.
- 31 (f) Health Emergency and Disaster Response. Serve as part of emergency response teams by
32 providing psychosocial first aid, assisting displaced or vulnerable individuals,
33 coordinating shelter or resource access, and supporting long-term recovery and
34 rehabilitation efforts.
- 35 (g) Interdisciplinary Collaboration. Work collaboratively with physicians, nurses, allied health
36 professionals, and local health boards to ensure a team-based approach to patient care
37 and population health, advocating for the inclusion of social factors in clinical decision-
38 making.
- 39 (h) Policy, Advocacy, and Research. Engage in policy development, service delivery
40 planning, and evidence-informed advocacy to address systemic health disparities.

- 1 Participate in operational research, data collection, and monitoring and evaluation of
2 programs with social components.
- 3 (i) Capacity Building and Mentorship. Conduct training, coaching, and technical assistance
4 for social work support personnel and community health workers. Foster professional
5 development in health social work practices across LGUs and public health institutions.
- 6 (j) Perform such other functions as may be provided by law, or as may be necessary to carry
7 out the objectives of this Act.

8 **SECTION 6. Institutional Integration.** — Health social workers and health social welfare
9 aides shall be recognized as essential members of the healthcare workforce under the Universal
10 Health Care (UHC) framework. Accordingly,

- 11 (a) All public health facilities and programs shall create standardized positions for health
12 social workers and health social welfare aides.
- 13 (b) All government hospitals shall establish within their institutional organizational structure
14 a Health Social Work Office, which shall serve as the central unit responsible for health
15 social work. This office shall be headed by a health social worker and supported by
16 appropriate staff necessary for its operations.
- 17 (c) At the local level, Local Health Boards and other planning bodies shall include health
18 social workers in the preparation and review of local health investment plans, public
19 health programs, and UHC integration.

20 The DOH, in coordination with the Department of Social Welfare and Development
21 (DSWD), the Department of the Interior and Local Government (DILG), the Department of Budget
22 and Management (DBM), and the Civil Service Commission (CSC), shall issue guidelines for the
23 establishment, structure, staffing, and functions of Health Social Work Offices and for the creation,
24 standardization, and classification of plantilla, contractual, and contract-of-service positions for
25 health social workers and health social welfare aides in public health facilities and programs.

26 **SECTION 7. Plantilla Standards and Position Creation.** — In accordance with the
27 principles of equity in public health system under the Universal Health Care Act, the following
28 staffing benchmark shall be the minimum basis of the guidelines:

- 29 (a) All DOH-retained hospitals and all provincial and city hospitals shall create at least one
30 (1) plantilla position each for health social worker and health social welfare aide. For
31 government hospitals with more than one hundred (100) authorized bed capacity, a
32 minimum staffing ratio shall be one (1) health social worker for every 100 beds.
33 Additional positions for health social welfare aides may be created, subject to patient
34 volume and workload.
- 35 (b) All Malasakit Centers shall create at least one (1) plantilla position for health social
36 worker, separate from any seconded staff. Additional positions for health social welfare
37 aides shall be created in the absence of complete representation of member-agencies.

- 1 (c) Local Health Offices, including provincial, city, or municipal health offices, shall create at
2 least one (1) plantilla position for health social worker to provide technical oversight for
3 the integration of social work services across local health facilities and programs.
4 Additional positions for health social welfare aides may be created to support
5 administrative, logistical, or outreach work.
- 6 (d) Rural Health Units (RHUs) and Barangay Health Stations are hereby encouraged and
7 supported to employ health social workers, or, in the interim, designate health social
8 welfare aides who shall operate under the supervision of a licensed social worker from
9 the LGU. The DOH, in coordination with the DILG, shall provide appropriate
10 guidelines, technical assistance, and financial incentives to promote compliance among
11 LGUs, and to support the eventual employment of licensed health social workers in all
12 local health facilities.
- 13 (e) All major public health programs implemented by the DOH, LGUs, or in partnership
14 with international bodies shall create program-specific plantilla items or contract-based
15 positions for health social workers and health social welfare aides.

16 **SECTION 8. Welfare and Benefits.** — All health social workers and health social welfare
17 aides shall be entitled to a full range of welfare benefits and protections to ensure their physical
18 safety, mental well-being, economic security, and professional advancement. These shall include, but
19 are not limited to, the following:

- 20 (a) The salary grades of health social worker and health social welfare aide positions shall be
21 determined in accordance with existing compensation and classification laws and
22 guidelines issued by the DBM and the CSC. Provided, That no such position shall be
23 classified below the entry-level standard for Social Welfare Officers and Welfare Aides.
- 24 (b) Plantilla personnel shall be entitled to benefits under the Magna Carta of Public Health
25 Workers (RA 7305), including, but not limited to:
26 1. Hazard pay;
27 2. Subsistence and laundry allowance;
28 3. Longevity pay;
29 4. Remote or hardship post incentives;
30 5. Quarantine and emergency duty pay, when applicable during public health
31 emergencies;
32 6. Free training and continuing education; and
33 7. Study leave and special wellness leave, subject to guidelines.
- 34 (c) Contractual personnel shall likewise be entitled to minimum standards of compensation
35 and social protection, including:
36 1. Standardized compensation rates,
37 2. Rest days,
38 3. Annual physical and mental health assessments,
39 4. Paid leaves,
40 5. Free mandatory training,

6. Reasonable working hours and case load limits,
 7. Equal access to government-sponsored upskilling programs.
- (d) All health social workers and aides deployed to underserved or geographically isolated and disadvantaged areas (GIDAs) shall receive incentives and benefits consistent with the Universal Health Care Act (RA 11223), and the National Health Workforce Support System, including travel allowances, housing support, and local integration support, where applicable.
 - (e) To ensure professional growth and ethical competence:
 1. Health social workers and aides shall be provided access to continuing professional development, including free or subsidized training;
 2. Health social workers and aides shall be provided access to promotion pathways tied to merit and service milestones;
 3. Institutions covered shall ensure that supervisory and specialist roles for health social workers are recognized and developed within organizational structures.
 - (f) Mental health and psychosocial support services shall be made available to all health social workers and health social welfare aides, especially those handling trauma, crisis response, or gender-based violence cases. Debriefing protocols and wellness support systems shall be institutionalized.
 - (g) Institutions shall adopt reasonable workload and caseload management standards to ensure safe and effective practice.
 - (h) The concerned government agency or LGU shall be responsible for the timely provision, implementation, and monitoring of the benefits and protections enumerated herein.
 - (i) All health social workers and aides shall be covered by occupational risk and injury protection consistent with applicable government insurance programs.

The Implementing Rules and Regulations (IRR) shall clearly define the scope, qualifications, duration, and permissible use of plantilla, contractual, and contract-of-service positions under this Act. It shall also establish safeguards to prevent the misclassification or misuse of contract-of-service designations, and shall ensure that all categories of workers performing equivalent duties are afforded commensurate protections and benefits, in accordance with applicable labor and civil service laws.

SECTION 9. Capacity Building and Continuing Professional Development. — All health social workers and health social welfare aides covered by this Act shall undergo mandatory orientation and periodic training on health social work in the following areas:

- (a) Public health social work;
- (b) Patient navigation protocols;
- (c) Psychosocial assessment and support;
- (d) Health promotion and education;
- (e) Disease prevention and community-based interventions; and
- (f) Disaster, emergency, and public health response.

1 The DOH, in coordination with the DSWD, shall facilitate these trainings in partnership
2 with State Universities and Colleges (SUCs), accredited CPD providers, and other relevant
3 institutions. Training cost for plantilla and contractual personnel shall be covered by the concerned
4 agency or LGU. Contract-of-service personnel shall be granted access to these trainings. These
5 training costs shall be integrated into the agency's annual budget proposal and may be sourced from
6 national or local appropriations, as applicable.

7 **SECTION 10. Case Data Access and Coordination.** — To fulfil their health social work
8 responsibilities, health social workers shall, with the informed consent of the patient or authorized
9 representative, have timely and secure access to relevant case information necessary for psychosocial
10 assessment, patient support, intervention, or referral. Health social welfare aides may assist in
11 handling, organizing, or transmitting such information under the supervision of health social worker.

12 The DOH and the DSWD shall jointly issue guidelines on data access and case coordination,
13 consistent with the Data Privacy Act of 2012 and other applicable laws. These shall include
14 safeguards for confidentiality, especially in sensitive or high-risk cases.

15
16 **SECTION 11. Implementing Rules and Regulations.** — Within ninety (90) days from the
17 effectivity of this Act, the DOH shall, in consultation with the DSWD, the DILG, and other
18 concerned government agencies and stakeholders, promulgate the necessary rules and regulations for
19 the effective implementation of this Act.

20 **SECTION 12. Appropriations.** — The amount necessary for the initial implementation of
21 this Act shall be charged against the current appropriations of the DOH and other concerned
22 government agencies; and against the Special Health Fund and other applicable local sources of the
23 LGUs. Thereafter, the funds necessary for the continued implementation of this Act shall be
24 included in the annual General Appropriations Act.

25 **SECTION 13. Repealing Clause.** — All laws, decrees, executive orders, rules and
26 regulations, or parts thereof inconsistent with the provisions of this Act are hereby repealed or
27 modified accordingly.

28 **SECTION 14. Separability Clause.** — If, for any reason, any section of this Act shall be
29 deemed unconstitutional or invalid, the other sections or provisions shall not be affected and shall
30 remain in force and in effect.

31 **SECTION 15. Effectivity Clause.** — This Act shall take effect after fifteen (15) days from
32 its publication in the Official Gazette or in at least two (2) national newspapers of general
33 circulation, whichever comes earlier.

1 Approved.