

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

TWENTIETH CONGRESS
First Regular Session



HOUSE BILL NO. 2896

Introduced by Representative **JESUS R. MARQUEZ**

EXPLANATORY NOTE

This bill seeks to amend the Universal Health Care program of the country with respect to the capacity of the national health insurance. Originally approved on Third and Final Reading during the 19th Congress, its refiling reaffirms our commitment to building a more accessible, equitable, and accountable health care system for all Filipinos.

Due to the changing dynamics of national and global needs, this measure seeks to respond to these evolving challenges by introducing key reforms to strengthen the Universal Health Care (UHC) framework. Among its core proposals are the reduction of PhilHealth premium contributions, the exemption of migrant workers from direct payments, and the improvement of health benefits and service delivery. These steps aim to alleviate the financial burden on Filipino families while ensuring enhanced health services in return.

The bill also aligns with the government’s push for digitalization by mandating the modernization of PhilHealth’s health information and records management system. This will not only increase efficiency but also support data-driven planning and monitoring in health service delivery.

Furthermore, it promotes greater transparency and accountability in the use of health funds that shall help in restoring public trust and reinforcing the principle that health care is a right, not a privilege. By advancing reforms that are both people-centered and system-strengthening, this legislation brings us closer to a health care system that every Filipino can trust and afford.

Given the pressing need for a more responsive and inclusive health care system, the immediate passage of this bill is earnestly sought.


HON. JESUS “Jess” R. MARQUEZ

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AN ACT
STRENGTHENING THE PHILIPPINE HEALTHCARE SYSTEM TO ACHIEVE
EFFICIENCY AND EQUITY, AND TO IMPROVE PUBLIC HEALTH
EMERGENCY PREPAREDNESS, AMENDING FOR THE PURPOSE
REPUBLIC ACT NO. 11223, OTHERWISE KNOWN AS THE "UNIVERSAL
HEALTH CARE ACT"

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

SECTION 1. Section 4 of Republic Act No. 11223, otherwise known as the
"Universal Health Care Act", is hereby amended to read as follows:

"SEC. 4. Definition of Terms. – As used in this Act:

(a) *Abuse of authority* – xxx;

(b) *Amenities* – xxx;

(c) *Basic or ward accommodation* – xxx;

(d) ***BENEFIT-RISK ASSESSMENT OR EVALUATION* REFERS TO A
METHOD OF EVALUATING THE USEFULNESS OF A DRUG FOR A
SPECIFIC INDICATION, TAKING INTO ACCOUNT THE BENEFITS AND
RISKS ASSOCIATED WITH THAT DRUG UNDER NORMAL CONDITIONS
OF USE;**

(e) *Co-insurance* – xxx;

(f) *Co-payment* – xxx;

(G) *DEPENDENTS OF A MEMBER* REFER TO:

(1) THE LEGITIMATE SPOUSE WHO IS NOT A MEMBER;

**(2) THE TWENTY-THREE (23) YEARS OF AGE AND BELOW WHO
ARE UNMARRIED AND UNEMPLOYED, LEGITIMATE,
LEGITIMATED, ILLEGITIMATE, ACKNOWLEDGED CHILDREN AS
APPEARING IN THE BIRTH CERTIFICATE, LEGALLY ADOPTED,
OR STEPCHILDREN, OR CHILDREN OF SOLO AND FOSTER
PARENTS;**

1 ~~[(g)]~~ **(H)** *Direct contributors* – xxx;

2 ~~[(h)]~~ **(I)** *Emergency* – xxx;

3 ~~[(i)]~~ **(J)** *Entitlement* – xxx;

4 ~~[(j)]~~ **(K)** **EQUITY REFERS TO THE FAIR AND JUST OPPORTUNITY**
5 **TO BE AS HEALTHY AS POSSIBLE. IT ALSO REFERS TO**
6 **REDUCING AND ULTIMATELY ELIMINATING DISPARITIES IN**
7 **HEALTH AND IN THE DETERMINANTS OF HEALTH THAT**
8 **ADVERSELY AFFECT EXCLUDED OR MARGINALIZED GROUPS;**

9 ~~[(k)]~~ **(L)** *Essential health benefit* package refers to a set of individual-based
10 entitlements covered by the National Health Insurance Program (NHIP) which
11 includes primary care; medicines, diagnostics and laboratory; and preventive,
12 curative, ~~[and]~~ rehabilitative services; **AND DENTAL SERVICES;**

13 ~~[(l)]~~ **(M)** *Fraudulent act* – xxx;

14 ~~[(m)]~~ **(N)** *Health care provider* – xxx;

15 ~~[(n)]~~ **(O)** *Health care provider network* – xxx;

16 ~~[(o)]~~ **(P)** *Health Maintenance Organization (HMO)* – xxx;

17 ~~[(p)]~~ **(Q)** *Health Technology Assessment (HTA)* refers to the systematic
18 evaluation of properties, effects, or impact of health ~~[related]~~ technologies ~~[-~~
19 ~~devices, medicines, vaccines, procedures and all other health-related systems~~
20 ~~developed to solve a health problem and improve quality of~~
21 ~~—lives and health outcomes,]~~ utilizing a multidisciplinary process to
22 evaluate ~~[the]~~ **ITS CLINICAL**, social, economic, ~~[organizational]~~, **LEGAL**
23 ~~[and]~~ ethical, **AND COMPATIBILITY TO HEALTH SYSTEM** issues ~~[of a~~
24 ~~health intervention or health technology]~~ **TO INFORM POLICY-DECISION**
25 **MAKING, ESPECIALLY ON HOW TO BEST ALLOCATE**
26 **LIMITED FUNDS TO HEALTH INTERVENTIONS AND**
27 **TECHNOLOGIES;**

28 ~~[(q)]~~ **(R)** *Indirect contributors* – xxx;

29 **(S)** *Individual-based health services* – xxx;

30 ~~[(r)]~~ **(T)** **MIGRANT WORKERS AND OVERSEAS FILIPINOS IN**
31 **DISTRESS REFER TO OVERSEAS FILIPINOS WHO HAVE**
32 **MEDICAL, PSYCHO-SOCIAL, OR LEGAL PROBLEMS REQUIRING**
33 **TREATMENT, HOSPITALIZATION, COUNSELING, LEGAL**
34 **REPRESENTATION, OR ANY OTHER KIND OF INTERVENTION BY**
35 **THE AUTHORITIES IN THE COUNTRY WHERE THEY ARE**
36 **FOUND;**

37 ~~[(s)]~~ **(U)** *Population-based health services* – xxx;

38 ~~[(t)]~~ **(V)** *Primary care* – xxx;

39 ~~[(u)]~~ **(W)** *Primary care provider* – xxx;

40 **(X)** Private health insurance refers to coverage of a defined set of health
41 services financed through private payments in the form of a premium to the
42 insurer; ~~[and]~~

(Y) **REAL-WORLD EVIDENCE** REFERS TO CLINICAL EVIDENCE ON A MEDICAL PRODUCT’S SAFETY AND EFFICACY THAT IS GENERATED USING SEVERAL SOURCES OF DATA, INCLUDING ELECTRONIC HEALTH RECORDS, REGISTRIES, CLAIMS/BILLING DATA, AND PATIENT-GENERATED DATA INCLUDING THOSE FROM MOBILE HEALTH APPLICATIONS AND WEARABLE DEVICES; AND

~~[(v)]~~ (Z) *Unethical act. – xxx.”*

SEC. 2. Section 9 of Republic Act No. 11223 is hereby amended to read as follows:

“SEC. 9. *Entitlement to Benefits.* – Every member shall be granted immediate eligibility for health benefit package under the Program: *Provided*, That PhilHealth Identification Card shall not be required in the availment of any health service: *Provided, further*, That no co-payment shall be charged for services rendered in basic or ward accommodation: *Provided, furthermore*, That co-payments and co-insurance for amenities in public hospitals shall be regulated by the DOH and PhilHealth: *Provided, finally*, That the current PhilHealth package for members shall not be reduced.

PhilHealth shall provide additional Program benefits for direct contributors, where applicable: *Provided*, That failure to pay premiums shall not prevent the enjoyment of any Program benefits: *Provided, further*, That employers and self-employed direct contributors shall be required to pay all missed contributions with an interest, compounded monthly, of at least three percent (3%) for employers, and not exceeding one and one-half percent (1.5%) **SIMPLE INTEREST MONTHLY** for self-earning, professional practitioners, and migrant workers.”

SEC. 3. Section 10 of Republic Act No. 11223 is hereby amended to read as follows:

“SEC. 10. *Premium Contributions.* – For direct contributors, premium rates shall be in accordance with the following schedule, and monthly income floor and ceiling:

Year	Premium Rate	Income Floor	Income Ceiling
2019	2.75%	P10,000.00	P50,000.00
2020	3.00%	P10,000.00	P60,000.00
2021	3.50%	P10,000.00	P70,000.00
2022	4.00%	P10,000.00	P80,000.00
2023	4.50%	P10,000.00	P90,000.00
2024	5.00%	P10,000.00	P100,000.00
2025	5.00%	P10,000.00	P100,000.00

1 **PREMIUM CONTRIBUTIONS FOR DIRECT AND**
2 **INDIRECT CONTRIBUTORS SHALL BE DERIVED FROM**
3 **ACTUARIALLY ADJUSTED RATES, CONSIDERING BUT NOT**
4 **LIMITED TO THE PROJECTED HEALTHCARE UTILIZATION,**
5 **COST TRENDS, AND DEMOGRAPHIC AND ECONOMIC**
6 **FACTORS. FOR THIS PURPOSE, AN ANNUAL ACTUARIAL**
7 **REPORT SHALL BE CONDUCTED BY PHILHEALTH AND**
8 **SUBMITTED TO CONGRESS: *PROVIDED*, THAT A NON-**
9 **GOVERNMENT, IMPARTIAL, AND CREDIBLE INDEPENDENT**
10 **BODY TO BE DETERMINED BY THE UNIVERSAL HEALTH**
11 **CARE COORDINATING COUNCIL (UHC-CC), ESTABLISHED**
12 **UNDER SECTION 10 OF THIS ACT SHALL REVIEW THE**
13 **ANNUAL ACTUARIAL REPORT PRIOR TO ITS SUBMISSION TO**
14 **CONGRESS TO ENSURE TRANSPARENCY AND ACCURACY IN**
15 **THE FINDINGS.**

16
17 **THE ACTUARIALLY-ADJUSTED PREMIUM RATES, AS**
18 **DETERMINED BY THE ANNUAL ACTUARIAL REVIEW, SHALL**
19 **BE SUBJECT TO THE APPROVAL OF CONGRESS, AS AN**
20 **INTEGRAL PART OF THE BUDGET PROCESS: *PROVIDED*,**
21 **THAT THE PREMIUM RATE SHALL BE SET AT THREE AND**
22 **ONE-HALF PERCENT (3.5%), AND THE PREMIUM FLOOR**
23 **AND PREMIUM CEILING SHALL REMAIN THE SAME UNTIL**
24 **THE ACTUARIAL REVIEW HAS BEEN SUBMITTED AND**
25 **APPROVED BY CONGRESS, PRIMARILY FOR BENEFITS**
26 **EXPANSION AND SOCIAL SOLIDARITY CONSIDERATIONS:**
27 ***PROVIDED, FURTHER*, THAT UPON LEGISLATIVE APPROVAL,**
28 **ADJUSTMENTS TO PREMIUM RATES SHALL BE**
29 **IMPLEMENTED AT THE COMMENCEMENT OF THE**
30 **FOLLOWING FISCAL YEAR.**

31 **FOR MIGRANT WORKERS, PREMIUM CONTRIBUTIONS**
32 **SHALL BE BASED ON THE INCOME FLOOR: *PROVIDED*, THAT**
33 **FIFTY PERCENT (50%) OF THE PREMIUM CONTRIBUTION OF**
34 **MIGRANT WORKERS SHALL BE SHOULDERED BY THE**
35 **NATIONAL GOVERNMENT: *PROVIDED, FURTHER*, THAT**
36 **EMPLOYERS OF SEAFARERS, THROUGH THE LOCAL**
37 **MANNING AGENCIES, SHALL CONTINUE TO SHOULDER**
38 **FIFTY PERCENT (50%) OF THE PREMIUM CONTRIBUTION OF**
39 **THE SEAFARERS: *PROVIDED*, FURTHERMORE, THAT**
40 **EMPLOYERS OF LAND-BASED MIGRANT WORKERS SHALL**
41 **SHOULDER FIFTY PERCENT (50%) OF THE PREMIUM**
42 **CONTRIBUTION OF SAID MIGRANT WORKERS: *PROVIDED*,**
43 ***FURTHERMORE*, THAT UNPAID PREMIUM CONTRIBUTIONS**
44 **OF MIGRANT WORKERS AND OVERSEAS FILIPINOS IN**
45 **DISTRESS UNDER REPUBLIC ACT NO. 8042, OTHERWISE**
46 **KNOWN AS THE ‘MIGRANT WORKERS AND OVERSEAS**
47 **FILIPINOS ACT OF 1995’, AS AMENDED BY REPUBLIC ACT NO.**
48 **10022, SHALL NOT BE COLLECTED UPON THEIR ARRIVAL IN**
49 **THE COUNTRY: *PROVIDED, FINALLY*, THAT FAILURE TO PAY**

1 **PHILHEALTH CONTRIBUTIONS SHALL NOT BE A GROUND**
2 **FOR THE NON-ISSUANCE OF AN OVERSEAS EMPLOYMENT**
3 **CERTIFICATE OF A MIGRANT WORKER.**

4
5 **FILIPINOS WITH DUAL CITIZENSHIP (FDC), OR THOSE**
6 **WHO HAVE RETAINED AND RE-ACQUIRED FILIPINO**
7 **CITIZENSHIP BY VIRTUE OF REPUBLIC ACT NO. 9225, OR THE**
8 **‘CITIZENSHIP RETENTION AND RE-ACQUISITION ACT OF**
9 **2003’, MAY ENJOY THE BENEFITS PROVIDED BY THE STATE**
10 **HEALTH INSURER: PROVIDED, THAT FAILURE TO PAY**
11 **PREMIUMS SHALL NOT PREVENT THE FDC AND THEIR**
12 **LEGAL DEPENDENTS FROM ENJOYING ANY PROGRAM**
13 **BENEFIT.**

14 ~~[Provided, That]~~ For indirect contributors, premium subsidy shall be
15 gradually adjusted and included annually in the General Appropriations Act
16 (GAA): Provided, ~~[further,]~~ That the funds shall be released to PhilHealth:
17 Provided, further~~[more:]~~, That the DOH, in coordination with PhilHealth,
18 may request Congress to appropriate supplemental funding to meet
19 targeted milestones of this Act: Provided, ~~[finally]~~ **FURTHERMORE,**
20 That for every increase in the rate of contribution of direct contributors and
21 premium subsidy of indirect contributors, PhilHealth shall provide for a
22 corresponding increase in benefits: **PROVIDED, FINALLY, THAT ANY**
23 **UNUSED PORTION OF THE PREMIUM SUBSIDY OF INDIRECT**
24 **CONTRIBUTORS SHALL BE USED EXCLUSIVELY FOR AN**
25 **INCREASE IN BENEFITS OR DECREASE IN FORTHCOMING**
26 **PREMIUM SUBSIDIES, THE PROVISIONS OF EXISTING LAWS**
27 **TO THE CONTRARY NOTWITHSTANDING.”**

28 **SEC. 4.** Section 11 of Republic Act No. 11223 is hereby amended to read as follows:

29 “SEC. 11. *Program Reserve Funds.* – PhilHealth shall set aside a portion of
30 its accumulated revenues **AS MENTIONED IN SECTION 37 OF THIS**
31 **ACT AND ANY OTHER INCOME FROM ANY SOURCE** not needed
32 to meet the cost of the current year’s expenditures as reserve funds:
33 *Provided,* That the total amount of reserves shall not exceed a ceiling
34 equivalent to the amount actuarially estimated for two (2) years’ projected
35 Program expenditures: *Provided, further,* That whenever actual reserves
36 exceed the required ceiling at the end of the fiscal year, the excess of the
37 PhilHealth reserve fund shall be used to increase the Program’s benefits and
38 to decrease the ~~[amount of members’ contributions]~~ **PREMIUM**
39 **CONTRIBUTION RATES OF MEMBERS: PROVIDED, FINALLY,**
40 **THAT THE DOH AND PHILHEALTH SHALL INCLUDE A**
41 **MECHANISM FOR LOWERING PREMIUM CONTRIBUTION IN**
42 **THE IMPLEMENTING RULES AND REGULATIONS OF THIS**
43 **ACT.**

- 44 xxx
45 (a) xxx
46 (b) xxx

(c) xxx
(d) xxx
(e) xxx

(f) In bonds, securities, promissory notes, or other evidences of indebtedness of accredited and financially sound [medical] **GOVERNMENT FINANCIAL** institutions exclusively to finance the construction, improvement and maintenance of hospitals and other medical facilities, **INCLUDING PURCHASE AND MAINTENANCE OF CLINICAL EQUIPMENT AND DEVICES:** *Provided,* That such securities and instruments shall be guaranteed by the Republic of the Philippines or the issuing [medical] **GOVERNMENT FINANCIAL** institution and the issued securities are both rated triple ‘A’ by authorized accredited domestic rating agencies: *Provided, further,* That said investments shall not exceed ten percent (10%) of the total reserve fund; and

(g) In debt instruments and other securities traded in the secondary markets with the same intrinsic quality as those enumerated in paragraphs (a) to (e) hereof, subject to the approval of the PhilHealth Board.

~~[No portion of the reserve fund or income thereof shall accrue to the general fund of the National Government or to any of its agencies or instrumentalities, including government-owned or controlled corporations.]~~

As part of its investments operations, PhilHealth may hire institutions with valid trust licenses as its external local fund managers to manage the reserve fund, as it may deem appropriate, through public bidding. The fund manager shall submit an annual report on investment performance to PhilHealth.

xxx

The PhilHealth shall manage the supplemental benefits fund to the minimum required to ensure that the supplemental benefit payments are secure.

NOTWITHSTANDING ANY LAW TO THE CONTRARY, NO PORTION OF THE RESERVE FUND OR ANY FUND OR INCOME OF PHILHEALTH, INCLUDING THE PROVIDENT FUND UNDER SECTION 16 (C) AND THE SPECIAL HEALTH FUND UNDER SECTION 20 OF THIS ACT, SHALL ACCRUE TO THE GENERAL FUND OF THE NATIONAL GOVERNMENT OR TO ANY OF ITS AGENCIES OR INSTRUMENTALITIES, INCLUDING GOVERNMENT-OWNED OR-CONTROLLED CORPORATIONS.”

SEC. 5. Section 12 of Republic Act No. 11223 is hereby amended to read as follows:

“SEC. 12. *Administrative Expense.* – ~~[No more than seven and one-half percent (7.5%) of the actual total premium collected from direct and indirect~~

~~contributory members during the immediately preceding year shall be
allotted for the administrative cost of implementing the Program.]~~

**THE CORPORATION IS AUTHORIZED TO CHARGE THE COSTS
OF ADMINISTERING THE PROGRAM. SUCH COSTS MAY
INCLUDE ADMINISTRATION, MONITORING, MARKETING
AND PROMOTION, RESEARCH AND DEVELOPMENT,
AUDIT AND EVALUATION, INFORMATION SERVICES, AND
OTHER NECESSARY ACTIVITIES FOR THE EFFECTIVE
MANAGEMENT OF THE PROGRAM. THE TOTAL ANNUAL
COSTS FOR THESE SHALL NOT EXCEED SEVEN AND ONE-
HALF PERCENT (7.5%) OF THE TOTAL REIMBURSEMENTS OR
TOTAL COST OF HEALTH SERVICES PAID BY THE
CORPORATION IN THE IMMEDIATELY PRECEDING YEAR.”**

SEC. 6. Section 13 of Republic Act No. 11223 is hereby amended to read as follows:

“SEC.13. PhilHealth Board of Directors. – 21

(a) xxx

(b) The Secretary of Health shall be an ex-officio [nonvoting] VOTING
Chairperson of the Board. 26

(c) xxx.”

28

SEC. 7. A new section is hereby added to Republic Act No. 11223, immediately
after Section 16 thereof, to read as follows:

**“SEC. 16-A. – COMPETITION AND INNOVATION IN THE
PHILHEALTH BENEFIT DELIVERY SYSTEM. – THE
PHILHEALTH BENEFIT DELIVERY SYSTEM SHALL BE OPEN
TO COMPETITION AND INNOVATION, WHERE MANAGEMENT
MAY ALLOW ALTERNATIVE SUPPLY ARRANGEMENTS SUCH
AS PUBLIC, PRIVATE, OR CONSORTIA OF PUBLIC AND
PRIVATE ENTITIES TO COMPETITIVELY BID FOR THE
PROVISION OF PHILHEALTH BENEFITS TO SELECT
MEMBERSHIP GROUPS: PROVIDED, THAT THE
SELECTION OF MEMBERSHIP GROUPS MUST RESULT
IN COST-EFFECTIVE BENEFIT SPENDING: PROVIDED,
FURTHER, THAT THE ADMINISTRATIVE COSTS OF SUCH
THIRD-PARTY PROVIDERS ARE INCLUDED IN THE OVERALL
CAP LEGISLATED FOR THE PROGRAM: PROVIDED, FINALLY,
THAT THE FOLLOWING SHALL BE KEY CONSIDERATIONS IN
THE COMPETITIVE SELECTION OF BIDDERS:**

**(I) MAXIMUM COVERAGE FOR A GIVEN PESO VALUE OF
PREMIUM;**

1 **(II) THE PROVIDER HAS A SUFFICIENT NETWORK OF OWN**
2 **FACILITIES AND PARTNERS THAT CAN SUPPORT**
3 **PORTABILITY OF BENEFITS; AND**

4 **(III) CONCESSION PERIOD TO ALLOW PROVIDERS TO**
5 **RECOVER INVESTMENTS.”**

6 **SEC. 8.** Section 20 of Republic Act No. 11223 is hereby amended to read as
7 follows:

8 “SEC. 20. Special Health Fund. – The province-wide or city-wide health
9 system shall pool and manage, through a special health fund, all resources
10 intended for health services to finance population-based and individual-based
11 health services, health system operating costs, capital investments, and
12 remuneration of ~~{additional}~~ health workers and incentives for all health workers:
13 **PROVIDED, THAT COMPONENT CITIES AND MUNICIPALITIES MAY**
14 **ESTABLISH AND/OR MAINTAIN THEIR OWN SPECIAL HEALTH**
15 **FUNDS FOR THE SAME PURPOSE AS PROVIDED FOR IN THIS ACT:**
16 *Provided, FURTHER,* That the DOH, in consultation with the UHC-CC, DBM,
17 and the LGUs, shall develop guidelines for the use of the Special Health Fund.”

18 **SEC. 9.** Section 21 of Republic Act No. 11223 is hereby amended to read as follows:

19 “SEC. 21. *Income Derived from PhilHealth Payments.* – All income derived
20 from PhilHealth payments shall accrue to the Special Health Fund
21 **OF THE PROVINCE-WIDE OR CITY-WIDE HEALTH**
22 **SYSTEMS AS ESTABLISHED OR MAINTAINED ABOVE:**
23 **PROVIDED, THAT SUCH INCOME SHALL BE**
24 **APPORTIONED BETWEEN AND AMONG THE VARIOUS**
25 **SPECIAL HEALTH FUNDS ACCORDING TO A FORMULA**
26 **TO BE DETERMINED BY THE UHC COORDINATING**
27 **COUNCIL: PROVIDED, FURTHER, THAT ALL SPECIAL**
28 **HEALTH FUNDS ARE** to be allocated by the LGUs exclusively for
29 the improvement of the LGU health system: *Provided,*
30 **FURTHERMORE,** That PhilHealth payments shall be credited to
31 the annual regular income (ARI) of the LGU **THAT OWNS THE**
32 **HEALTH CARE INSTITUTION FOR WHICH IT IS DUE:**
33 **PROVIDED, FINALLY, THAT HEALTH FACILITIES**
34 **OPERATING AS LOCAL ECONOMIC ENTERPRISES (LEE)**
35 **SHALL BE ALLOWED TO RETAIN THEIR INCOME**
36 **DERIVED FROM PHILHEALTH AND THAT LGUS MAY**
37 **CONTINUE TOSUBSIDIZE LEE.”**

38 **SEC. 10.** A new Section 30-A shall be inserted before Section 30 of Republic Act
39 No. 11223, which shall in turn be renumbered to Section 30-B. The new Section 30-A shall
40 read as follows:

41 “**SEC. 30-A. THE UNIVERSAL HEALTH CARE COORDINATING**
42 **COUNCIL (UHC-CC). – THE UNIVERSAL HEALTH**
43 **CARECOORDINATING COUNCIL IS HEREBY CREATED AS A**
44 **NATIONAL GOVERNANCE BODY, WHICH SHALL INTENSIFY**
45 **THE GOVERNMENT’S EFFORTS IN PURSUING THE**
46 **DEVELOPMENT OF POLICIES, AS WELL AS UNDERTAKING**
47 **PROGRAMS AND PROJECTS RELATING TO THE UHC. AS A**

1 NATIONAL GOVERNANCE BODY, IT SHALL EXPEDITE THE
2 IMPLEMENTATION OF REPUBLIC ACT NO. 11223 OR THE UHC
3 ACT AT THE NATIONAL AND SUBNATIONAL LEVELS AND
4 PROVIDE A VENUE FOR POLICY DISCOURSE AND
5 OPERATIONAL COLLABORATION AMONG COMPOSED OF:

6 (a) THE SECRETARY OF HEALTH AS COUNCIL CHAIR;

7 (b) THE SECRETARY OF THE INTERIOR AND LOCAL GOVERNMENT
8 AS COUNCIL CO-CHAIR; AND

9 (c) COUNCIL MEMBERS COMPRISED OF HEAD OFFICIALS OR
10 THEIR DESIGNATED ALTERNATES FROM THE FOLLOWING
11 AGENCIES AND ORGANIZATIONS:

12 (i) COMMISSION ON HIGHER EDUCATION (CHED);

13 (ii) DEPARTMENT OF BUDGET AND MANAGEMENT (DBM);

14 (iii) DEPARTMENT OF EDUCATION (DEPED);

15 (iv) DEPARTMENT OF FINANCE (DOF);

16 (v) DEPARTMENT OF INFORMATION AND
17 COMMUNICATIONS TECHNOLOGY (DICT);

18 (vi) DEPARTMENT OF LABOR AND EMPLOYMENT (DOLE);

19 (vii) DEPARTMENT OF SOCIAL WELFARE AND
20 DEVELOPMENT (DSWD);

21 (viii) NATIONAL ECONOMIC AND DEVELOPMENT
22 AUTHORITY (NEDA);

23 (ix) PHILIPPINE STATISTICS AUTHORITY (PSA);

24 (x) PHILIPPINE INSTITUTE FOR DEVELOPMENT STUDIES
25 (PIDS);

26 (xi) PHILIPPINE HEALTH INSURANCE CORPORATION
27 (PHILHEALTH);

28 (xii) PROFESSIONAL REGULATION COMMISSION (PRC);

29 (xiii) TECHNICAL EDUCATION AND SKILLS
30 DEVELOPMENT AUTHORITY (TESDA);

31 (xiv) UNION OF LOCAL AUTHORITIES OF THE PHILIPPINES
32 (ULAP);

33 AND

34 (xv) UNIVERSITY OF THE PHILIPPINES MANILA -
35 NATIONAL INSTITUTES OF HEALTH (UPM-NIH);

36 THE OFFICE OF THE PRESIDENT SHALL PROVIDE
37 FURTHER DIRECTION TO ITS ESTABLISHMENT AND
38 FUNCTION BY ISSUANCE OF AN EXECUTIVE ORDER.

39 THE SECRETARIAT OF THE UHC-CC SHALL BE DESIGNATED
40 BY THE SECRETARY OF HEALTH FROM THE EXISTING

1 **PERSONNEL OF THE DOH. IT MAY BE COMPLEMENTED BY**
2 **ADDITIONAL STAFF FROM PHILHEALTH.**

3 **THE ADMINISTRATIVE EXPENSES NECESSARY FOR THE**
4 **FUNCTIONS OF THE UHC-CC SHALL BE DRAWN FROM**
5 **THE PHILHEALTH CORPORATE OPERATING BUDGET.”**

6 **SEC. 11.** Section 32 of Republic Act No. 11223 is hereby amended to read as
7 follows:

8 “SEC. 32. *Monitoring [~~and~~], Evaluation, AND ACCOUNTABILITY.* –

9 (a) xxx

10 (b) xxx

11 **(C) IN ADDITION TO AUDITS BY THE COMMISSION ON AUDIT**
12 **(COA) AS MANDATED BY LAW AND RELEVANT**
13 **REGULATIONS, PHILHEALTH SHALL BE SUBJECT TO**
14 **EXTERNAL AUDIT AT LEAST ONCE EVERY FISCAL YEAR BY**
15 **AN ACCREDITED PRIVATE-SECTOR AUDITING FIRM TO BE**
16 **IDENTIFIED BY THE UHC-CC; AND**

17 **(D) THE PHILHEALTH PRESIDENT AND CEO SHALL SUBMIT**
18 **TO THE PHILHEALTH BOARD, THE PRESIDENT OF THE**
19 **REPUBLIC OF THE PHILIPPINES, AND CONGRESS, A**
20 **REPORT ON THE MEASURES TAKEN BY THE CORPORATION**
21 **TO ADDRESS ISSUES RAISED IN AUDIT REPORTS BY THE COA**
22 **AND IN THE THIRD-PARTY AUDIT.”**

23 **SEC. 12.** Section 34 of Republic Act No. 11223 is hereby amended to read as
24 follows:

25 "SEC. 34. *Health Technology Assessment (HTA).* – (a) The HTA process
26 shall be institutionalized as a fair and transparent priority setting mechanism that
27 shall be recommendatory to the DOH and PhilHealth for [the development of
28 policies and programs, regulation, and the determination of a range of
29 entitlements such as drugs, medicines, pharmaceutical products, and other
30 devices, procedures and services] **THE FINANCING OF A SPECIFIC**
31 **HEALTH TECHNOLOGY USED AS A HUMAN INTERVENTION AS**
32 **PART OF BENEFITS OR PROGRAM IMPLEMENTATION** as provided for
33 under this Act: *Provided*, That investments on any health technology or
34 development of any benefit package by the DOH and PhilHealth shall be [based on
35 the positive] **INFORMED BY THE** recommendations of the HTA: *Provided*,
36 *further*, That despite having undergone the HTA process, all health technology,
37 intervention or benefit package shall still be subjected to periodic review:
38 *Provided, furthermore*, That a health technology assessment may be conducted as
39 new evidence emerges which may have substantial impact on the initial coverage
40 decision by the DOH or PhilHealth: *Provided, finally*, That the HTA process shall
41 adhere to the principles of ethical soundness, inclusiveness and preferential regard
42 for the underserved, evidence-based and scientific defensibility, transparency and
43 accountability, efficiency, enforceability and availability of remedies, and due
44 process.

45 (b) The following criteria must be observed in the conduct of HTA:

(1) *Responsiveness to **DISEASE** Magnitude, **AND** Severity* [, and ~~Equity~~].
– The health interventions must address the top medical conditions that place the heaviest burden on the population, including dimensions of magnitude or the number of people affected by a health problem, and severity or health loss by an individual as a result of disease, such as death, handicap, disability or pain, and conditions of the poorest and most vulnerable population;

(2) *Safety and Effectiveness.* – Each intervention must have undergone [Phase IV] **APPROPRIATE** clinical trial. [~~, and systematic review and meta-analysis must be readily available.~~] The interventions must also not pose any harm to the users and health care providers **IN CASES WHERE THE INTERVENTION MAY CAUSE HARM SUCH AS RADIATION DOSES, THE INTERVENTION MUST INCLUDE PRECAUTIONS OR MEASURES TO MINIMIZE THE RISK TO THE USER AND HEALTH CARE PROVIDERS.**

ALL DRUGS MUST HAVE UNDERGONE PHARMACOVIGILANCE STUDIES SUCH AS BUT NOT LIMITED TO PHASE IV CLINICAL TRIAL OR REAL-WORLD EVIDENCE, AND THERE MUST BE A BENEFIT-RISK ASSESSMENT: PROVIDED, THAT FOR THE FOLLOWING HEALTH TECHNOLOGIES WHERE PHASE IV CLINICAL TRIALS MAY NOT BE CONSISTENTLY AVAILABLE, REAL-WORLD EVIDENCE, INCLUDING ALL RELEVANT AND DEPENDABLE SOURCES OF EVIDENCE SHALL BE CONSIDERED:

- (i) **TRADITIONAL MEDICINE;**
- (ii) **PREVENTIVE AND PROMOTIVE HEALTH;**
- (iii) **MEDICAL AND SURGICAL PROCEDURES;**
- (iv) **CLINICAL EQUIPMENT AND DEVICES; AND**
- (v) **DIGITAL AND OTHER HEALTH TECHNOLOGIES.**

PROVIDED, THAT IN CASE OF A PANDEMIC OR UPON THE DECLARATION OF A STATE OF PUBLIC HEALTH EMERGENCY, THE REQUIREMENT FOR POST MARKETING SURVEILLANCE STUDIES FOR DRUGS AND VACCINES MAY BE DISPENSED WITH: PROVIDED, FURTHER, THAT SUCH DRUGS OR VACCINES RECEIVE EMERGENCY USE AUTHORIZATION (EUA) FROM THE FOOD AND DRUG ADMINISTRATION WHILE THE RESULTS OF RANDOMIZED TRIALS, WHETHER PRELIMINARY OR FINAL RESULTS, ARE NOT AVAILABLE.

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(6) ETHICAL, LEGAL, SOCIAL, AND HEALTH SYSTEMS IMPLICATIONS. - THE HTAC MUST BE GIVEN THE FLEXIBILITY TO MODIFY ITS EVALUATION FRAMEWORK DURING PUBLIC HEALTH EMERGENCIES WHEREIN THERE ARE LIMITATIONS IN TERMS OF TYPES OF EVIDENCE AND URGENCY IN PRODUCING RECOMMENDATIONS.

EACH INTERVENTION MAY BE ASSESSED FOR THE FOLLOWING:

- (i) ETHICAL CONSIDERATIONS – SITUATIONS WHERE THE USE OR ABSENCE OF THE TECHNOLOGY MAY RUN COUNTER TO THE PRINCIPLE OF JUSTICE, EQUITY OR FAIRNESS OF HEALTHCARE SUCH AS RISKS OF THE TECHNOLOGY WITH RESPECT TO BASIC HUMAN RIGHTS;
- (ii) LEGAL CONSIDERATIONS – LOCAL AND INTERNATIONAL LAWS CONCERNING REGULATION OF PARTICULAR HEALTH TECHNOLOGIES SUCH AS PATENT, MARKET ENTRY, OFF-LABEL USE, DATA PROTECTION, PRODUCT LIABILITY, PATIENT RIGHTS, DISEASE-SPECIFIC LAWS AND POLICIES; IMPACT OF DECISIONS TO OTHER EXISTING POLICIES;
- (iii) SOCIAL IMPLICATIONS – CONSIDERATION OF PATIENT EXPERIENCE, PREFERENCES AND VALUES SUCH AS MORAL, RELIGIOUS AND CULTURAL; ACCOUNTING OF HEALTH DISPARITIES BASED ON ETHNICITY, AGE, GENDER IDENTITY, SEXUAL ORIENTATION, SOCIOECONOMIC STATUS, OR GEOGRAPHICAL LOCATION; AND
- (iv) HEALTH SYSTEM IMPLICATIONS – EFFECTS ON THE CURRENT HEALTH SYSTEM AND SERVICE DELIVERY; CHANGE IN CLINICAL PRACTICE GUIDELINES AND IMPACT TO THE VARIATION IN PRACTICE; INFRASTRUCTURE AND HUMAN RESOURCE NEEDS; HEALTH SYSTEM ISSUES THAT MAY IMPACT ACCESS TO THE TECHNOLOGY.

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(c) The HTAC, to be composed of health experts, shall be ~~[created within the DOH]~~ **CONSTITUTED WITHIN THE DOST** and supported by a Secretariat and a Technical Unit for Policy, Planning and Evaluation with evidence generation and validation capacity **IN ITS TRANSITION INTO AN AGENCY ATTACHED TO THE DOST UPON ESTABLISHMENT AND EFFECTIVE OPERATION UNDER THE DOH**. The HTAC shall: (1) facilitate provision of financing and/or coverage recommendations on health technologies to be financed by DOH and PhilHealth; (2) oversee and coordinate the HTA process with DOH and PhilHealth; and (3) review and assess existing DOH and PhilHealth benefit packages. [Within five (5) years after the establishment and effective operation of the HTAC, it shall transition into an independent entity separate from the DOH, attached to DOST].

(d) The HTAC shall conduct the HTA in accordance with the principles, criteria, and procedures of this Act and ensure that its process is transparent, conducted with reasonable promptness, and the result of its deliberations is made public. The HTAC shall consist of a core committee and subcommittees.

The core committee, which shall elect from among themselves its Chairperson, shall be composed of nine (9) voting members, namely: a public health epidemiologist; a health economist; an ethicist; a citizen’s representative; a sociologist or anthropologist; a clinical trial or research

1 methods expert; a clinical epidemiologist or evidence-based medicine
2 expert; a medico-legal; and a public health expert.

3 The subcommittees to be constituted shall include, among others:
4 Drugs, Vaccines, Clinical Equipment and Devices, Medical and Surgical
5 Procedure, Preventive and Promotive Health Services, and Traditional
6 Medicine, **AND DIGITAL AND OTHER HEALTH TECHNOLOGIES**.
7 Each subcommittee shall have a minimum of ~~[one (1) and maximum of]~~
8 ~~three (3) [non-voting] members [for each subcommittee]~~.

9 The HTAC may call upon technical resource persons from the **DOH**,
10 PhilHealth, Food and Drug Administration (FDA), patient groups, ~~[and~~
11 ~~clinical medicine]~~ **HTA-RELATED** experts ~~[as regular resource persons]~~;
12 and representatives from the private sector and health care providers ~~[as~~
13 ~~by invitation]~~ resource persons. **THESE RESOURCE PERSONS**
14 **EXCEPT GOVERNMENT REPRESENTATIVES SHALL RECEIVE**
15 **AN HONORARIUM IN ACCORDANCE WITH EXISTING**
16 **BUDGETARY LAWS, RULES AND REGULATIONS.**

17 (e) The HTAC’s core committee and subcommittee members shall be
18 appointed by the Secretary of ~~[Health]~~ **SCIENCE AND TECHNOLOGY**
19 **FOLLOWING ITS TRANSITION FROM DOH INTO AN**
20 **ATTACHED AGENCY UNDER DOST** for a term of ~~[three (3)]~~ **FOUR**
21 **(4)** years except for the medico-legal expert, ethicist, and the sociologist or
22 anthropologist who shall serve for a term of ~~[four (4)]~~ **FIVE (5)** years:
23 *Provided*, That no member shall serve for more than three (3) consecutive
24 terms: *Provided, further*, That the members of the HTAC **AND ANY**
25 **INVITED RESOURCE PERSONS EXCEPT GOVERNMENT**
26 **REPRESENTATIVES** shall receive an honorarium in accordance with
27 existing ~~[policies]~~ **BUDGETARY LAWS, RULES AND**
28 **REGULATIONS.:** *Provided, furthermore*, That the DOH shall
29 promulgate the nomination process for all HTAC members with a clear set
30 of qualifications, credentials and recommendations from the sectors
31 concerned ~~[:Provided, finally, That the Secretary of the DOST shall appoint~~
32 ~~the members of the HTAC upon its transition into an attached agency under~~
33 ~~DOST].”~~

34 **SEC. 13.** Section 36 of Republic Act No. 11223 is hereby amended to read as
35 follows:

36 “SEC. 36. *Health Information System.* – All health service providers and
37 insurers shall each maintain a health information system consisting of enterprise
38 resource planning, human resource information, electronic health records, and an
39 electronic prescription log consistent with DOH standards, which shall be
40 electronically uploaded on a regular basis through interoperable systems:
41 *Provided*, That the health information system shall be developed and funded by
42 the DOH and PhilHealth: *Provided, further*, That patient privacy and
43 confidentiality shall at all times be upheld, in accordance with the Data Privacy Act
44 of 2012.

45 **PHILHEALTH SHALL MAINTAIN AN ELECTRONIC NATIONAL**
46 **HEALTH RECORDS SYSTEM WHERE PATIENT DATA, INCLUDING**
47 **ALL REQUESTED, ACTUALLY GRANTED, AND PAID CLAIMS AND**

1 **BENEFITS SHALL BE STORED, AND MAY BE OBTAINED UPON**
2 **REQUEST BY THE PATIENT. THE DICT SHALL PROVIDE SUPPORT**
3 **IN DESIGNING A SECURE DATABASE WITH MECHANISMS FOR**
4 **DETECTING PROBABLE FRAUD: PROVIDED, THAT THE DATABASE**
5 **SHALL ABIDE BY THE ‘ONE-PATIENT, ONE-RECORD’ PRINCIPLE.”**

6 **SEC. 14.** Section 38 of Republic Act No. 11223 is hereby amended to read as
7 follows:

8 “SEC. 38. Penal Provisions. –

9 xxx

10 (F) ANY LGU OFFICIAL WHO MISAPPROPRIATES, DIVERTS, OR
11 USES FUNDS ALLOCATED UNDER THIS ACT FOR NON-HEALTH
12 RELATED EXPENDITURES, OR PERMITS SUCH MISUSE KNOWINGLY,
13 SHALL BE SUBJECT TO THE FOLLOWING PENALTIES:

14 (1) A FINE OF NOT LESS THAN ONE HUNDRED THOUSAND PESOS
15 (₱100,000.00) AND NOT MORE THAN FIVE HUNDRED THOUSAND
16 PESOS (₱500,000.00) PER VIOLATION;

17 (2) IMPRISONMENT FOR A TERM OF NOT LESS THAN ONE (1) YEAR
18 AND NOT MORE THAN SIX (6) YEARS; AND

19 (3) DISQUALIFICATION FROM HOLDING ANY PUBLIC OFFICE FOR A
20 PERIOD OF NOT LESS THAN FIVE (5) YEARS.”

21 **SEC. 15.** *Non-diminution of Benefits.* – Nothing in this Act shall be
22 construed to eliminate or diminish any benefits or entitlements already granted to
23 members of PhilHealth.

24 **“SEC. 16. IMPLEMENTING RULES AND REGULATIONS. – THE**
25 **DOH AND THE PHILHEALTH, IN CONSULTATION WITH THE**
26 **UHC-CC, SHALL PROMULGATE THE NECESSARY RULES AND**
27 **REGULATIONS FOR THE EFFECTIVE IMPLEMENTATION OF THIS**
28 **ACT NO LATER THAN ONE HUNDRED EIGHTY (180) DAYS UPON**
29 **THE EFFECTIVITY OF THIS ACT.”**

30 **SEC. 17.** *Separability Clause.* – If any provision of this Act is declared
31 invalid or unconstitutional, the remainder thereof not otherwise affected shall
32 remain in full force and effect.

33 **SEC. 18.** *Repealing Clause.* – All laws, presidential decrees, executive
34 orders, letters of instruction, proclamations, and administrative regulations that
35 are inconsistent with the provisions of this Act are hereby repealed, amended, or
36 modified accordingly. 41

37 **SEC. 19.** *Effectivity.* – This Act shall take effect fifteen (15) days after its
38 publication in the Official Gazette or in a newspaper of general circulation.

Approved,