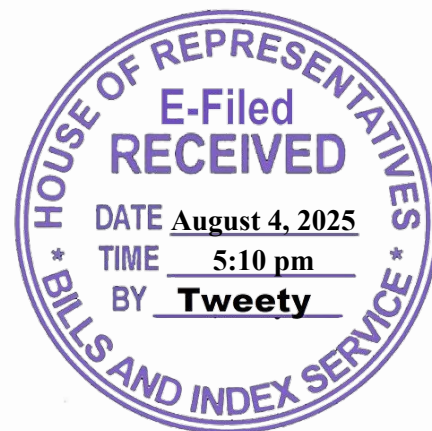


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 2989



Introduced by Representative ANTOLIN "LENLEN" A. ORETA III

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"

EXPLANATORY NOTE

Article II, Section 15 of the 1987 Constitution declares that "The State shall protect and promote the right to health of the people and instill health consciousness among them." Article XIII, Section 2 further 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.

This constitutional mandate laid the foundation for the enactment of Republic Act No. 11223, or the Universal Health Care (UHC) Act, which ensures that every Filipino has equitable access to comprehensive health care services.

However, the COVID-19 pandemic, a public health emergency, exposed serious institutional, fiscal, and operational gaps that hinder the full implementation of the law. These include inefficiencies in the delivery of benefits, limitations in coordination between national agencies and local governments, outdated contribution schemes, and the need for clearer financial protection for vulnerable sectors such as migrant workers and overseas Filipinos in distress.

This bill proposes amendments to the Universal Health Care Act to address these challenges and further strengthen the country's healthcare system by improving efficiency and equity, and by building resilience moving forward through the lessons learned during the pandemic. Among others, this bill adjusts the premium contribution scheme for direct and indirect contributors to be based on actuarially adjusted rates, subject to the approval of Congress. It protects migrant workers from unfair financial burdens and strengthens the role of local governments in managing health resources. It also provides a mechanism for lowering premium contribution rates and ensures that no portion of PhilHealth's reserve fund shall accrue to the general fund of the national government or its instrumentalities.

This bill was approved by the House of Representatives in the 19th Congress and was duly transmitted to the Senate. This is refiled in the 20th Congress under the same considerations for

which it was previously approved. The present proponent seeks to continue this important reform and acknowledges the efforts of his predecessors.

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



ANTOLIN "LENLEN" A. ORETA III
Lone District, Malabon City

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HOUSE OF REPRESENTATIVES
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AN ACT
STRENGTHENING THE PHILIPPINE HEALTHCARE SYSTEM TO ACHIEVE
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ACT NO. 11223, OTHERWISE KNOWN AS THE "UNIVERSAL HEALTH CARE
ACT"

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

1 **SECTION 1.** Section 4 of Republic Act No. 11223, otherwise known as the "Universal
2 Health Care Act" is hereby amended to read as follows:
3

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

5
6 (a) *Abuse of authority* - xxx;

7
8 (b) *Amenities* - xxx;

9
10 (c) *Basic or ward accommodation* - xxx;

11
12 (d) *Co-insurance* - xxx;

13
14 (e) *Co-payment* - xxx;

15
16 **(F) DEPENDENTS OF A MEMBER REFER TO:**

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

18 2) THE TWENTY-THREE (23) YEARS OF AGE AND BELOW WHO ARE
19 UNMARRIED AND UNEMPLOYED, LEGITIMATE, LEGITIMATED,
20 ILLEGITIMATE, ACKNOWLEDGED CHILDREN AS APPEARING IN
21 THE BIRTH CERTIFICATE, LEGALLY ADOPTED, OR STEPCHILDREN,
22 OR CHILDREN OF SOLO AND FOSTER PARENTS.
23
24
25

1 [(f)] (G) *Direct contributors* - xxx;

2
3 [(g)] (H) *Emergency* - xxx;

4
5 [(h)] (I) *Entitlement* - xxx;

6
7 [(i)] (J) *Essential health benefit package* refers to a set of individual-based
8 entitlements covered by the National Health Insurance Program (NHIP) which
9 includes primary care; medicines, diagnostics and laboratory; and preventive, curative,
10 [and] rehabilitative services; **AND DENTAL SERVICES;**

11
12 [(j)] (K) *Fraudulent act* - xxx;

13
14 [(k)] (L) *Health care provider* - xxx;

15
16 [(l)] (M) *Health care provider network* - xxx;

17
18 [(m)] (N) *Health Maintenance Organization (HMO)* - xxx;

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

30
31 [(o)] (P) *Indirect contributors* - xxx;

32
33 [(p)] (Q) *Individual-based health services* - xxx;

34
35 **(R) MIGRANT WORKERS AND OVERSEAS FILIPINOS IN DISTRESS REFER**
36 **TO OVERSEAS FILIPINOS WHO HAVE MEDICAL, PSYCHO-SOCIAL, OR**
37 **LEGAL PROBLEMS REQUIRING TREATMENT, HOSPITALIZATION,**
38 **COUNSELING, LEGAL REPRESENTATION, OR ANY OTHER KIND OF**
39 **INTERVENTION BY THE AUTHORITIES IN THE COUNTRY WHERE**
40 **THEY ARE FOUND;**

41
42 [(q)] (S) *Population-based health services* - xxx;

43
44 [(r)] (T) *Primary care* - xxx;

45
46 [(s)] (U) *Primary care provider* - xxx;

47
48 [(t)] (V) *Private health insurance* refers to coverage of a defined set of health
49 services financed through private payments in the form of a premium to the
50 insurer; [and]

(W) **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

~~[(u)]~~ (X) *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

PREMIUM CONTRIBUTIONS FOR DIRECT AND INDIRECT CONTRIBUTORS SHALL BE DERIVED FROM ACTUARIALLY-ADJUSTED RATES, CONSIDERING BUT NOT LIMITED TO THE

1 PROJECTED HEALTHCARE UTILIZATION, COST TRENDS, AND
2 DEMOGRAPHIC AND ECONOMIC FACTORS. FOR THIS PURPOSE, AN
3 ANNUAL ACTUARIAL REPORT SHALL BE CONDUCTED BY
4 PHILHEALTH AND SUBMITTED TO CONGRESS: *PROVIDED*, THAT
5 AN INDEPENDENT BODY SHALL REVIEW THE ANNUAL ACTUARIAL
6 REPORT PRIOR TO ITS SUBMISSION TO CONGRESS TO ENSURE
7 TRANSPARENCY AND ACCURACY IN THE FINDINGS.
8

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

23 FOR MIGRANT WORKERS, PREMIUM CONTRIBUTIONS SHALL
24 BE BASED ON THE INCOME FLOOR: *PROVIDED*, THAT FIFTY
25 PERCENT (50%) OF THE PREMIUM CONTRIBUTION OF MIGRANT
26 WORKERS SHALL BE SHOULDERED BY THE NATIONAL
27 GOVERNMENT: *PROVIDED, FURTHER*, THAT EMPLOYERS OF
28 SEAFARERS, THROUGH THE LOCAL MANNING AGENCIES, SHALL
29 CONTINUE TO SHOULDER FIFTY PERCENT (50%) OF THE PREMIUM
30 CONTRIBUTION OF THE SEAFARERS: *PROVIDED, FURTHERMORE*,
31 THAT EMPLOYERS OF LAND-BASED MIGRANT WORKERS SHALL
32 SHOULDER FIFTY PERCENT (50%) OF THE PREMIUM
33 CONTRIBUTION OF SAID MIGRANT WORKERS: *PROVIDED*,
34 *FURTHERMORE*, THAT UNPAID PREMIUM CONTRIBUTIONS OF
35 MIGRANT WORKERS AND OVERSEAS FILIPINOS IN DISTRESS
36 UNDER REPUBLIC ACT NO. 8042, OTHERWISE KNOWN AS THE
37 'MIGRANT WORKERS AND OVERSEAS FILIPINOS ACT OF 1995', AS
38 AMENDED BY REPUBLIC ACT NO. 10022, SHALL NOT BE
39 COLLECTED UPON THEIR ARRIVAL IN THE COUNTRY: *PROVIDED*,
40 *FINALLY*, THAT FAILURE TO PAY PHILHEALTH CONTRIBUTIONS
41 SHALL NOT BE A GROUND FOR THE NON-ISSUANCE OF AN
42 OVERSEAS EMPLOYMENT CERTIFICATE OF A MIGRANT WORKER.
43

44 FILIPINOS WITH DUAL CITIZENSHIP (FDC), OR THOSE WHO
45 HAVE RETAINED AND RE-ACQUIRED FILIPINO CITIZENSHIP BY
46 VIRTUE OF REPUBLIC ACT NO. 9225, OR THE 'CITIZENSHIP
47 RETENTION AND RE-ACQUISITION ACT OF 2003', MAY ENJOY THE
48 BENEFITS PROVIDED BY THE STATE HEALTH INSURER: *PROVIDED*,
49 THAT FAILURE TO PAY PREMIUMS SHALL NOT PREVENT THE FDC

1 **AND THEIR LEGAL DEPENDENTS FROM ENJOYING ANY PROGRAM**
2 **BENEFIT.**
3

4 [~~Provided, That~~] For indirect contributors, premium subsidy shall be gradually
5 adjusted and included annually in the General Appropriations Act (GAA):
6 *Provided, [further,]* That the funds shall be released to PhilHealth: *Provided,*
7 *further[more,]* That the DOH, in coordination with PhilHealth, may request
8 Congress to appropriate supplemental funding to meet targeted milestones of this
9 Act: *Provided, [finally]* **FURTHERMORE**, That for every increase in the rate of
10 contribution of direct contributors and premium subsidy of indirect contributors,
11 PhilHealth shall provide for a corresponding increase in benefits: **PROVIDED,**
12 **FINALLY, THAT ANY UNUSED PORTION OF THE PREMIUM SUBSIDY**
13 **OF INDIRECT CONTRIBUTORS SHALL BE USED EXCLUSIVELY FOR**
14 **THE INCREASE IN BENEFITS."**
15

16 **SEC. 4.** Section 11 of Republic Act No. 11223 is hereby amended to read as follows:
17

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

32 xxx
33

34 (a) xxx
35

36 (b) xxx
37

38 (c) xxx
39

40 (d) xxx
41

42 (e) xxx
43

44 (f) In bonds, securities, promissory notes, or other evidences of indebtedness of
45 accredited and financially sound medical institutions exclusively to finance the
46 construction, improvement and maintenance of hospitals and other medical facilities,
47 **INCLUDING PURCHASE AND MAINTENANCE OF CLINICAL EQUIPMENT**
48 **AND DEVICES:** *Provided,* That such securities and instruments shall be guaranteed
49 by the Republic of the Philippines or the issuing medical institution and the issued
50 securities are both rated triple 'A' by authorized accredited domestic rating agencies:

1 *Provided, further,* That said investments shall not exceed ten percent (10%) of the total
2 reserve fund; and
3

4 (g) In debt instruments and other securities traded in the secondary markets with the
5 same intrinsic quality as those enumerated in paragraphs (a) to (e) hereof, subject to the
6 approval of the PhilHealth Board.
7

8 ~~[No portion of the reserve fund or income thereof shall accrue to the general fund of~~
9 ~~the National Government or to any of its agencies or instrumentalities, including~~
10 ~~government-owned or controlled corporations.]~~
11

12 As part of its investments operations, PhilHealth may hire institutions with valid trust
13 licenses as its external local fund managers to manage the reserve fund, as it may deem
14 appropriate, through public bidding. The fund manager shall submit an annual report on
15 investment performance to PhilHealth.
16

17 xxx
18

19 The PhilHealth shall manage the supplemental benefits fund to the minimum
20 required to ensure that the supplemental benefit payments are secure.
21

22 **NOTWITHSTANDING ANY LAW TO THE CONTRARY, NO PORTION OF**
23 **THE RESERVE FUND OR ANY FUND OR INCOME OF PHILHEALTH,**
24 **INCLUDING THE PROVIDENT FUND UNDER SECTION 16 (C) AND THE**
25 **SPECIAL HEALTH FUND UNDER SECTION 20 OF THIS ACT, SHALL**
26 **ACCRUE TO THE GENERAL FUND OF THE NATIONAL GOVERNMENT**
27 **OR TO ANY OF ITS AGENCIES OR INSTRUMENTALITIES, INCLUDING**
28 **GOVERNMENT-OWNED OR-CONTROLLED CORPORATIONS.”**
29

30 **SEC. 5.** Section 12 of Republic Act No. 11223 is hereby amended to read as follows:
31

32 “SEC. 12. *Administrative Expense.* – ~~[No more than seven and one-half percent~~
33 ~~(7.5%) of the actual total premium collected from direct and indirect contributory~~
34 ~~members during the immediately preceding year shall be allotted for the~~
35 ~~administrative cost of implementing the Program.]~~
36

37 **THE CORPORATION IS AUTHORIZED TO CHARGE THE COSTS OF**
38 **ADMINISTERING THE PROGRAM. SUCH COSTS MAY INCLUDE**
39 **ADMINISTRATION, MONITORING, MARKETING AND PROMOTION,**
40 **RESEARCH AND DEVELOPMENT, AUDIT AND EVALUATION,**
41 **INFORMATION SERVICES, AND OTHER NECESSARY ACTIVITIES**
42 **FOR THE EFFECTIVE MANAGEMENT OF THE PROGRAM. THE**
43 **TOTAL ANNUAL COSTS FOR THESE SHALL NOT EXCEED SEVEN**
44 **AND ONE-HALF PERCENT (7.5%) OF THE TOTAL REIMBURSEMENTS**
45 **OR TOTAL COST OF HEALTH SERVICES PAID BY THE**
46 **CORPORATION IN THE IMMEDIATELY PRECEDING YEAR.”**
47

48 **SEC. 6.** Section 13 of Republic Act No. 11223 is hereby amended to read as follows:
49

50 “SEC.13. *PhilHealth Board of Directors.* –

1
2 (a) xxx
3

4 (b) The Secretary of Health shall be an ex-officio [~~nonvoting~~] VOTING Chairperson
5 of the Board.
6

7 (c) xxx."
8

9 SEC. 7. A new section is hereby added to Republic Act No. 11223, immediately after
10 Section 16 thereof, to read as follows:
11

12 **"SEC. 16-A. - COMPETITION AND INNOVATION IN THE PHILHEALTH**
13 **BENEFIT DELIVERY SYSTEM. – THE PHILHEALTH BENEFIT DELIVERY**
14 **SYSTEM SHALL BE OPEN TO COMPETITION AND INNOVATION,**
15 **WHERE MANAGEMENT MAY ALLOW ALTERNATIVE SUPPLY**
16 **ARRANGEMENTS SUCH AS PUBLIC, PRIVATE, OR CONSORTIA OF**
17 **PUBLIC AND PRIVATE ENTITIES TO COMPETITIVELY BID FOR THE**
18 **PROVISION OF PHILHEALTH BENEFITS TO SELECT MEMBERSHIP**
19 **GROUPS: PROVIDED, THAT THE SELECTION OF MEMBERSHIP**
20 **GROUPS MUST RESULT IN COST-EFFECTIVE BENEFIT SPENDING:**
21 **PROVIDED, FURTHER, THAT THE ADMINISTRATIVE COSTS OF SUCH**
22 **THIRD-PARTY PROVIDERS ARE INCLUDED IN THE OVERALL CAP**
23 **LEGISLATED FOR THE PROGRAM: PROVIDED, FINALLY, THAT THE**
24 **FOLLOWING SHALL BE KEY CONSIDERATIONS IN THE COMPETITIVE**
25 **SELECTION OF BIDDERS:**
26

27 (I) MAXIMUM COVERAGE FOR A GIVEN PESO VALUE OF
28 PREMIUM;
29

30 (II) THE PROVIDER HAS A SUFFICIENT NETWORK OF OWN
31 FACILITIES AND PARTNERS THAT CAN SUPPORT PORTABILITY
32 OF BENEFITS; AND
33

34 (III) CONCESSION PERIOD TO ALLOW PROVIDERS TO RECOVER
35 INVESTMENTS."
36

37 SEC. 8. Section 20 of Republic Act No. 11223 is hereby amended to read as follows:
38

39 **"SEC. 20. *Special Health Fund.* - The province-wide or city-wide health system shall**
40 **pool and manage, through a special health fund, all resources intended for health services**
41 **to finance population-based and individual-based health services, health system operating**
42 **costs, capital investments, and remuneration of [additional] health workers and incentives**
43 **for all health workers: PROVIDED, THAT COMPONENT CITIES AND**
44 **MUNICIPALITIES MAY ESTABLISH AND/OR MAINTAIN THEIR OWN**
45 **SPECIAL HEALTH FUNDS FOR THE SAME PURPOSE AS PROVIDED FOR IN**
46 **THIS ACT: Provided, FURTHER, That the DOH, in consultation with the DBM and the**
47 **LGUs, shall develop guidelines for the use of the Special Health Fund."**
48

49 SEC. 9. Section 21 of Republic Act No. 11223 is hereby amended to read as follows:
50

1 "SEC. 21. *Income Derived from PhilHealth Payments.* - All income derived from
2 PhilHealth payments shall accrue to the Special Health Fund **OF THE PROVINCE-**
3 **WIDE OR CITY-WIDE HEALTH SYSTEMS AS ESTABLISHED OR**
4 **MAINTAINED ABOVE: PROVIDED, THAT SUCH INCOME SHALL BE**
5 **APPORTIONED BETWEEN AND AMONG THE VARIOUS SPECIAL HEALTH**
6 **FUNDS ACCORDING TO A FORMULA TO BE DETERMINED BY THE UHC**
7 **COORDINATING COUNCIL: PROVIDED, FURTHER, THAT ALL SPECIAL**
8 **HEALTH FUNDS ARE** to be allocated by the LGUs exclusively for the improvement
9 of the LGU health system: *Provided, FURTHERMORE,* That PhilHealth payments shall
10 be credited to the annual regular income (ARI) of the LGU **THAT OWNS THE**
11 **HEALTH CARE INSTITUTION FOR WHICH IT IS DUE: PROVIDED, FINALLY,**
12 **THAT HEALTH FACILITIES OPERATING AS LOCAL ECONOMIC**
13 **ENTERPRISES (LEE) SHALL BE ALLOWED TO RETAIN THEIR INCOME**
14 **DERIVED FROM PHILHEALTH AND THAT LGUS MAY CONTINUE TO**
15 **SUBSIDIZE LEE."**

16
17 **SEC. 10.** A new Section 30-A shall be inserted before Section 30 of Republic Act No.
18 11223, which shall in turn be renumbered to Section 30-B. The new Section 30-A shall
19 read as follows:

20
21 **"SEC. 30-A. THE UNIVERSAL HEALTH CARE COORDINATING COUNCIL**
22 **(UHC-CC). - THE UNIVERSAL HEALTH CARE COORDINATING**
23 **COUNCIL IS HEREBY CREATED AS A NATIONAL GOVERNANCE BODY,**
24 **WHICH SHALL INTENSIFY THE GOVERNMENT'S EFFORTS IN**
25 **PURSuing THE DEVELOPMENT OF POLICIES, AS WELL AS**
26 **UNDERTAKING PROGRAMS AND PROJECTS RELATING TO THE UHC.**
27 **AS A NATIONAL GOVERNANCE BODY, IT SHALL EXPEDITE THE**
28 **IMPLEMENTATION OF REPUBLIC ACT NO. 11223 OR THE UHC ACT AT**
29 **THE NATIONAL AND SUBNATIONAL LEVELS AND PROVIDE A VENUE**
30 **FOR POLICY DISCOURSE AND OPERATIONAL COLLABORATION**
31 **AMONG RELEVANT AGENCIES AND ORGANIZATIONS. IT SHALL BE**
32 **COMPOSED OF:**

- 33 (a) **THE SECRETARY OF HEALTH AS COUNCIL CHAIR;**
34 (b) **THE SECRETARY OF THE INTERIOR AND LOCAL GOVERNMENT AS**
35 **COUNCIL CO-CHAIR; AND**
36 (c) **COUNCIL MEMBERS COMPRISED OF HEAD OFFICIALS OR THEIR**
37 **DESIGNATED ALTERNATES FROM THE FOLLOWING AGENCIES AND**
38 **ORGANIZATIONS:**
39 (i) **COMMISSION ON HIGHER EDUCATION (CHED);**
40 (ii) **DEPARTMENT OF BUDGET AND MANAGEMENT (DBM);**
41 (iii) **DEPARTMENT OF EDUCATION (DEPED);**
42 (iv) **DEPARTMENT OF FINANCE (DOF);**
43 (v) **DEPARTMENT OF INFORMATION AND COMMUNICATIONS**
44 **TECHNOLOGY (DICT);**
45 (vi) **DEPARTMENT OF LABOR AND EMPLOYMENT (DOLE);**

- (vii) DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT (DSWD);
- (viii) NATIONAL ECONOMIC AND DEVELOPMENT AUTHORITY (NEDA);
- (ix) PHILIPPINE STATISTICS AUTHORITY (PSA);
- (x) PHILIPPINE INSTITUTE FOR DEVELOPMENT STUDIES (PIDS);
- (xi) PHILIPPINE HEALTH INSURANCE CORPORATION (PHILHEALTH);
- (xii) PROFESSIONAL REGULATION COMMISSION (PRC);
- (xiii) TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY (TESDA);
- (xiv) UNION OF LOCAL AUTHORITIES OF THE PHILIPPINES (ULAP);
- AND
- (xv) UNIVERSITY OF THE PHILIPPINES MANILA - NATIONAL INSTITUTES OF HEALTH (UPM-NIH);

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

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

“SEC. 32. *Monitoring [and], Evaluation, AND ACCOUNTABILITY.* -

(a) xxx

(b) xxx

(C) IN ADDITION TO AUDITS BY THE COMMISSION ON AUDIT (COA) AS MANDATED BY LAW AND RELEVANT REGULATIONS, PHILHEALTH SHALL BE SUBJECT TO EXTERNAL AUDIT BY AN ACCREDITED PRIVATE-SECTOR AUDITING FIRM, AT LEAST ONCE EVERY FISCAL YEAR; AND

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

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

“SEC. 34. *Health Technology Assessment (HTA).* – (a) The HTA process shall be institutionalized as a fair and transparent priority setting mechanism that shall be recommendatory to the DOH and PhilHealth for the development of policies and programs, regulation, and the determination of a range of entitlements such as drugs, medicines, pharmaceutical products, and other devices, procedures and services **USED FOR HUMAN INTERVENTIONS** as provided for under this Act: *Provided*, That investments on any health technology or development of any benefit package by the DOH and

PhilHealth shall be based on the positive recommendations of the HTA: *Provided, further,* That despite having undergone the HTA process, all health technology, intervention or benefit package shall still be subjected to periodic review: *Provided, furthermore,* That a health technology assessment may be conducted as new evidence emerges which may have substantial impact on the initial coverage decision by the DOH or PhilHealth: *Provided, finally,* That the HTA process shall adhere to the principles of ethical soundness, inclusiveness and preferential regard for the underserved, evidence-based and scientific defensibility, transparency and accountability, efficiency, enforceability and availability of remedies, and due process.

(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 AND VACCINES MUST HAVE UNDERGONE PHASE IV CLINICAL TRIAL, AND THERE MUST BE AN EVIDENCE SYNTHESIS: 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 PHASE IV TRIALS FOR DRUGS AND VACCINES MAY BE DISPENSED WITH, IF NOT AVAILABLE, OR MAY BE ASSESSED USING REAL WORLD EVIDENCE.

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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 INDEPENDENT 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~~

1 ~~(5) years after the establishment and effective operation of the HTAC, it shall~~
2 ~~transition into an independent entity separate from the DOH, attached to DOST].~~
3

4 (d) The HTAC shall conduct the HTA in accordance with the principles,
5 criteria, and procedures of this Act and ensure that its process is transparent,
6 conducted with reasonable promptness, and the result of its deliberations is made
7 public. The HTAC shall consist of a core committee and subcommittees.
8

9 The core committee, which shall elect from among themselves its
10 Chairperson, shall be composed of nine (9) voting members, namely: a public
11 health epidemiologist; a health economist; an ethicist; a citizen's representative;
12 a sociologist or anthropologist; a clinical trial or research methods expert; a
13 clinical epidemiologist or evidence-based medicine expert; a medico-legal
14 expert; and a public health expert.
15

16 The subcommittees to be constituted shall include, among others: Drugs,
17 Vaccines, Clinical Equipment and Devices, Medical and Surgical Procedure,
18 Preventive and Promotive Health Services, and Traditional Medicine, **AND**
19 **DIGITAL AND OTHER HEALTH TECHNOLOGIES**. Each subcommittee
20 shall have a minimum of ~~[one (1) and maximum of]~~ three (3) ~~[non-voting]~~
21 members ~~[for each subcommittee]~~.
22

23 The HTAC may call upon technical resource persons from the **DOH**,
24 PhilHealth, Food and Drug Administration (FDA), patient groups, ~~[and clinical~~
25 ~~medicine]~~ **HTA-RELATED** experts ~~[as regular resource persons]~~; and
26 representatives from the private sector and health care providers ~~[as by-~~
27 ~~invitation]~~ resource persons. **THESE RESOURCE PERSONS EXCEPT**
28 **GOVERNMENT REPRESENTATIVES SHALL RECEIVE AN**
29 **HONORARIUM IN ACCORDANCE WITH EXISTING BUDGETARY**
30 **LAWS, RULES AND REGULATIONS.**
31

32 (e) The HTAC's core committee and subcommittee members shall be
33 appointed by the Secretary of ~~[Health]~~ **SCIENCE AND TECHNOLOGY**
34 **FOLLOWING ITS TRANSITION FROM DOH INTO AN ATTACHED**
35 **AGENCY UNDER DOST** for a term of ~~[three (3)]~~ **FOUR (4)** years except for
36 the medico-legal expert, ethicist, and the sociologist or anthropologist who shall
37 serve for a term of ~~[four (4)]~~ **FIVE (5)** years: *Provided*, That no member shall
38 serve for more than three (3) consecutive terms: *Provided, further*, That the
39 members of the HTAC **AND ANY INVITED RESOURCE PERSONS**
40 **EXCEPT GOVERNMENT REPRESENTATIVES** shall receive an
41 honorarium in accordance with existing ~~[policies]~~ **BUDGETARY LAWS,**
42 **RULES AND REGULATIONS.:** *Provided, furthermore*, That the DOH shall
43 promulgate the nomination process for all HTAC members with a clear set of
44 qualifications, credentials and recommendations from the sectors
45 concerned~~[:Provided, finally, That the Secretary of the DOST shall appoint the~~
46 ~~members of the HTAC upon its transition into an attached agency under DOST].~~
47

48 **SEC. 13.** Section 36 of Republic Act No. 11223 is hereby amended to read as follows:
49

1 “SEC. 36. *Health Information System.* - All health service providers and insurers
2 shall each maintain a health information system consisting of enterprise resource
3 planning, human resource information, electronic health records, and an electronic
4 prescription log consistent with DOH standards, which shall be electronically uploaded
5 on a regular basis through interoperable systems: *Provided*, That the health information
6 system shall be developed and funded by the DOH and PhilHealth: *Provided, further*,
7 That patient privacy and confidentiality shall at all times be upheld, in accordance with
8 the Data Privacy Act of 2012.
9

10 **PHILHEALTH SHALL MAINTAIN AN ELECTRONIC NATIONAL**
11 **HEALTH RECORDS SYSTEM WHERE PATIENT DATA, INCLUDING ALL**
12 **REQUESTED, ACTUALLY GRANTED, AND PAID CLAIMS AND BENEFITS**
13 **SHALL BE STORED, AND MAY BE OBTAINED UPON REQUEST BY THE**
14 **PATIENT. THE DICT SHALL PROVIDE SUPPORT IN DESIGNING A**
15 **SECURE DATABASE WITH MECHANISMS FOR DETECTING PROBABLE**
16 **FRAUD: PROVIDED, THAT THE DATABASE SHALL ABIDE BY THE 'ONE-**
17 **PATIENT, ONE-RECORD' PRINCIPLE.”**
18

19 **SEC. 14.** Section 38 of Republic Act No. 11223 is hereby amended to read as follows:
20

21 “SEC. 38. *Penal Provisions.* -
22

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24

25 **(F) ANY LGU OFFICIAL WHO MISAPPROPRIATES, DIVERTS, OR**
26 **USES FUNDS ALLOCATED UNDER THIS ACT FOR NON-HEALTH**
27 **RELATED EXPENDITURES, OR PERMITS SUCH MISUSE KNOWINGLY,**
28 **SHALL BE SUBJECT TO THE FOLLOWING PENALTIES:**
29

30 **(1) A FINE OF NOT LESS THAN ONE HUNDRED THOUSAND PESOS**
31 **(₱100,000.00) AND NOT MORE THAN FIVE HUNDRED THOUSAND PESOS**
32 **(₱500,000.00) PER VIOLATION;**
33

34 **(2) IMPRISONMENT FOR A TERM OF NOT LESS THAN ONE (1) YEAR**
35 **AND NOT MORE THAN SIX (6) YEARS; AND**
36

37 **(3) DISQUALIFICATION FROM HOLDING ANY PUBLIC OFFICE FOR**
38 **A PERIOD OF NOT LESS THAN FIVE (5) YEARS.”**
39

40 **SEC. 15. *Non-diminution of Benefits.*** - Nothing in this Act shall be construed to
41 eliminate or diminish any benefits or entitlements already granted to members of
42 PhilHealth.
43

44 **SEC. 16. *Separability Clause.*** - If any provision of this Act is declared invalid or
45 unconstitutional, the remainder thereof not otherwise affected shall remain in full force and
46 effect.
47

48 **SEC. 17. *Repealing Clause.*** - All laws, presidential decrees, executive orders, letters of
49 instruction, proclamations, and administrative regulations that are inconsistent with the
50 provisions of this Act are hereby repealed, amended, or modified accordingly.

1
2 **SEC. 18. Effectivity.** – This Act shall take effect fifteen (15) days after its publication in
3 the *Official Gazette* or in a newspaper of general circulation.
4

5 *Approved,*