



Republic of the Philippines
House of Representatives
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL No. 4282



Introduced by: **HON. CARL NICOLAS C. CARI**

EXPLANATORY NOTE

The Filipino elderly, our beloved lolo and lola, face a painful reality every month: they must often choose between buying medicine to stay alive or paying for food, water, electricity, or rent. For many, maintenance medicines for hypertension, diabetes, heart disease, and other age-related conditions are not luxuries but lifelines. Yet thousands of senior citizens forego or ration their prescriptions simply because they cannot afford them. This neglect not only endangers their health, but also leads to costly hospitalizations and premature loss of life that could have been prevented.

While the Expanded Senior Citizens Act grants a 20% discount and VAT exemption on medicines, these are still insufficient. A 20% discount does little when a pensioner receives only ₱500 to ₱1,000 a month and must pay ₱2,000 to ₱5,000 for maintenance drugs. The Universal Health Care Act (RA 11223) and PhilHealth's Konsulta Package are important steps forward, but implementation gaps remain, particularly at the community level. Seniors continue to face both financial and geographic barriers to consistent access to healthcare.

The Gamot at Ginhawa para sa Nakatatandang Pilipino Act seeks to decisively address this gap by establishing a nationwide program that provides free maintenance medicines and immune-support "Resistensya Packs" to all qualified senior citizens, accessible through barangay health centers, public hospitals, and accredited partner pharmacies.

This measure has three compelling pillars of justification:

1. **Health Justice and Equity.** Older Filipinos who worked and contributed to society deserve not only dignity but also protection in their twilight years. No senior citizen should die or suffer complications simply because he or she cannot afford basic medication.
2. **Economic Sense.** Preventive health spending is far more cost-effective than curative hospital care. Controlling blood pressure, sugar levels, and cholesterol avoids costly complications such as strokes, heart attacks, kidney failure, and amputations. Free medicines today will save billions of pesos in hospitalization costs tomorrow.
3. **Sustainable Financing.** This bill aligns with the sin tax laws (RA 10351, RA 11346, RA 11467), which earmark revenues from tobacco, alcohol, and vape products precisely for health programs. In other words, funds for prevention and treatment are already available; what is needed is a law that directs these resources strategically and justly to where they are most needed.

Moreover, the bill establishes strict safeguards, including caps on dispensing, electronic prescription systems, random audits, penalties for fraud, and mandatory reporting of adverse drug reactions, to ensure that government resources are used wisely, transparently, and safely. It also mandates Key Performance Indicators (KPIs) and independent review by the Health Technology Assessment Council (HTAC), guaranteeing accountability and evidence-based policy refinement.



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By passing this measure, Congress will send a clear and powerful message: that the Filipino State honors its elders not with words but with concrete, life-saving action. This is a law of compassion, of justice, and of prudence—ensuring that our senior citizens can live longer, healthier, and more dignified lives, free from the daily fear of not knowing where to find money for medicine.

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

A handwritten signature in black ink, appearing to read "Cari", with a stylized flourish at the end.

CARL NICOLAS C. CARI
Representative
5th District, Leyte



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HOUSE BILL No. 4282

Introduced by: **HON. CARL NICOLAS C. CARI**

**AN ACT ESTABLISHING A NATIONWIDE PROGRAM PROVIDING FREE
MAINTENANCE MEDICINES AND VITAMIN SUPPLEMENTS TO SENIOR CITIZENS
THROUGH PUBLIC HEALTH FACILITIES AND ACCREDITED PARTNER PHARMACIES,
APPROPRIATING FUNDS THEREFOR, AND FOR OTHER PURPOSES**

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

SECTION 1. *Short Title.* – This Act shall be known as the “Gamot at Ginhawa para sa Nakatatandang Pilipino Act.”

SECTION 2. *Declaration of Policy.* – It is the policy of the State to uphold, protect, and promote the right to health of senior citizens as enshrined in the Constitution and affirmed in the Universal Health Care Act. In pursuit of this mandate, the State shall endeavor to reduce the financial hardship of out-of-pocket health spending by guaranteeing universal access to essential maintenance medicines, vitamins, and nutrition or immune-support supplements necessary for the prevention, management, and control of chronic illnesses that disproportionately affect the elderly.

The State fully recognizes that many elderly Filipinos face the difficult choice of prioritizing food, shelter, and utilities over medicines, often resulting in untreated or poorly managed conditions such as hypertension, diabetes, and cardiovascular disease. These circumstances not only compromise their health and shorten their lifespan but also burden families and the national health system with preventable hospitalizations and complications.

Through this Act, the State shall remove the cost barrier at the point of care and ensure that every Filipino senior citizen, regardless of income or geographic location, has consistent and dignified access to the medicines and supplements required to maintain health and quality of life. By doing so, the government affirms its commitment to health justice, social equity, and the principle that those who have spent their lives contributing to society should not be left to suffer in their later years due to economic hardship.

SECTION 3. *Definitions.* –

- a) Senior Citizen – Any resident Filipino aged sixty (60) and above.
- b) Program – The Gamot at Ginhawa Program established herein.
- c) Maintenance Medicines – Physician-prescribed drugs for chronic conditions listed in the Philippine National Formulary (PNF) and covered as determined by the Health Technology Assessment Council (HTAC).
- d) Resistensya Pack – A monthly pack of DOH-approved vitamins/mineral supplements/nutrition support appropriate to a senior’s clinical profile, as specified in the IRR.
- e) Partner Pharmacy – A private pharmacy/drugstore accredited by DOH to dispense Program items under a reimbursement or capitation arrangement.
- f) Public Health Facility – Barangay health stations, RHUs, LGU hospitals, DOH hospitals, and Malasakit Centers dispensing points.



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SECTION 4. *Coverage and Entitlements.* –

- a) **Universal Eligibility.** All senior citizens are entitled to:
 - 1. Free maintenance medicines on a 30- to 90-day fill cycle, as medically indicated; and
 - 2. A monthly Resistensya Pack.
- b) Where to Avail. Public health facilities and Partner Pharmacies nationwide.
- c) No Balance Billing. No senior shall pay any amount at the point of service.
- d) Complementarity. Benefits under this Act complement and shall not diminish the entitlements under the Expanded Senior Citizens Act, the Universal Health Care (UHC) Act, and PhilHealth Konsulta.

SECTION 5. *Governance and Formulary.* –

- a) **Lead Agency.** The Department of Health (DOH) shall lead implementation, in coordination with PhilHealth, DSWD, FDA, LGUs, and the National Commission of Senior Citizens/OSCA.
- b) **Formulary Basis.** Covered medicines and supplements shall be limited to items listed in the PNF and endorsed by HTAC for public coverage.

SECTION 6. *Prescribing, Dispensing, and Digital Systems.* –

- a) **Prescription.** Issued by licensed physicians, with stable patients allowed up to 90-day refills; medication therapy review every 6–12 months.
- b) **E-Prescription and Verification.** DOH shall adopt standardized e-prescription and identity verification of OSCA ID, PhilSys, PhilHealth ID, and other means of verification.
- c) **Inventory and Price Controls.** All dispensing points shall use DOH's Electronic Drug Price Monitoring System (EDPMS) and comply with the Drug Price Reference Index (DPRI) ceilings.

SECTION 7. *Procurement and Partnering.* –

- a) **Public Procurement.** Medicines and supplements shall be procured in accordance with the New Government Procurement Act (RA 12009) and its IRR, using framework agreements, consolidated bidding, and other economies-of-scale tools.
- b) **Partner Pharmacy Contracting.** DOH/LGUs may contract Partner Pharmacies through competitive processes; reimbursement shall not exceed DPRI price caps per unit dispensed, with e-invoicing and automated reconciliation.
- c) **LGU Role.** LGUs may co-finance and operate the dispensing and establish legacy programs like the Botika ng Barangay/Bayan, which may be integrated subject to DOH standards.

SECTION 8. *Financing.* –

- a) **Appropriations.** Initial and annual funding shall be provided in the General Appropriations Act under DOH.
- b) **Sin-Tax Earmarks.** The Program shall be eligible to receive allocations from incremental excise taxes on tobacco, alcohol, and vape products as authorized under RA 10351, RA 11346, and RA 11467 and subsequent laws implementing UHC financing.



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- c) PhilHealth Alignment. PhilHealth shall align Konsulta drug benefits and payment mechanisms to avoid duplication and ensure continuity of chronic care.

SECTION 9. *Anti-Fraud, Anti-Hoarding, and Safety Nets.* –

- a) Caps and Controls. – The Department of Health (DOH), in coordination with PhilHealth and the Food and Drug Administration (FDA), shall establish clear quantity limits per prescription fill to prevent stockpiling or abuse. All dispensing shall be integrated into an electronic prescription and verification system, which shall automatically block duplicate claims. Random and periodic compliance audits shall be conducted to ensure accountability and detect irregularities.
- b) Penalties. – Any accredited health facility, pharmacy, or authorized dispensing entity found guilty of diversion, ghost dispensing, splitting of claims, overpricing, or other fraudulent acts under this Act shall be subject to the following penalties, without prejudice to the application of existing criminal, civil, and administrative laws:
 - 1. Suspension or cancellation of accreditation with the DOH and PhilHealth;
 - 2. Restitution of the full value of the medicines and supplements misappropriated, plus interest;
 - 3. Administrative fines to be determined by the DOH and FDA, consistent with existing regulations; and
 - 4. Referral for criminal prosecution under the Revised Penal Code, the Food and Drug Administration Act, the Universal Health Care Act, and other applicable laws.
- c) Patient Safety. – All dispensing facilities and partner pharmacies shall strictly comply with pharmacovigilance protocols and mandatory adverse drug reaction (ADR) reporting as prescribed by the FDA and the DOH. Patient safety reports shall be consolidated into a national database for monitoring, evaluation, and refinement of policies.

SECTION 10. *Monitoring, Evaluation, and Reporting.* –

- a) Key Performance Indicators (KPIs). – The Department of Health (DOH), in coordination with PhilHealth and the Department of Social Welfare and Development (DSWD), shall establish and maintain a results-based monitoring and evaluation framework for the effective implementation of this Act. At a minimum, the following indicators shall be tracked and reported:
 - 1. Adherence and pick-up rates of maintenance medicines and supplements;
 - 2. Clinical control outcomes, including blood pressure and glucose level targets for covered beneficiaries;
 - 3. Reduction in out-of-pocket (OOP) health expenditures of senior citizens;
 - 4. Hospitalizations and complications attributable to non-communicable diseases (NCDs) among program beneficiaries; and
 - 5. Geographic coverage and equity of access, with emphasis on underserved and geographically isolated areas.



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- b) Annual Report to Congress. – The DOH, in collaboration with PhilHealth and the DSWD, shall submit to Congress an Annual Report detailing program utilization, health outcomes, fiscal impact, and identified implementation challenges. All data shall be disaggregated by sex, age cohort, socioeconomic class, and province, in order to inform equitable policy adjustments and future appropriations.
- c) Independent Review. – The Health Technology Assessment Council (HTAC) shall conduct periodic independent evaluations of the program, focusing on the clinical effectiveness, cost-efficiency, and overall value-for-money of covered medicines, supplements, and delivery mechanisms. Findings shall be made public and shall serve as a basis for updating the formulary, refining implementation strategies, and guiding budgetary allocations.

SECTION 11. *Integration with Existing Assistance Windows.* – Program navigation desks shall be co-located in Malasakit Centers and LGU health offices to reduce paperwork and expedite access, without prejudice to existing medical assistance offered by the DSWD, DOH, MAIP, and others.

SECTION 12. *Implementing Rules and Regulations (IRR).* – Within ninety (90) days from effectivity, DOH, in consultation with PhilHealth, DSWD, FDA, LGUs, HTAC, OSCA/NC-SC, and senior citizen organizations, shall promulgate the IRR. The IRR shall include: (a) detailed covered lists; (b) clinical eligibility and refill rules; (c) contracting/reimbursement models; (d) IT standards; and (e) audit protocols.

SECTION 13. *Separability Clause.* – If any provision of this Act is declared unconstitutional, the remainder shall remain in full force and effect.

SECTION 14. *Repealing Clause.* – All laws, executive orders, rules, and regulations inconsistent herewith are modified or repealed accordingly.

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

APPROVED,