

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

TWENTIETH CONGRESS  
First Regular Session

HOUSE BILL NO. 4613



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Introduced by Representative AGATHA PAULA "AGAY" A. CRUZ

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### EXPLANATORY NOTE

The Universal Health Care Act, pursuant to the constitutional directive to protect and promote the right to health, has significantly broadened access to quality, affordable, and comprehensive health services. Our healthcare system, however, remains predominantly curative in orientation, with preventive health services still fragmented, underfunded, and out of reach for many Filipinos.

Preventive health services, such as regular health check-ups, age-appropriate screenings, and timely diagnostic assessments, are the front line of health promotion. These services detect disease early, guide timely intervention, lower the risk of complications, reduce overall treatment costs, improve long-term health outcomes, and cultivate a culture of health-seeking behavior. Despite these benefits, utilization remains low and uneven across regions due to financial barriers and distance.

According to the World Health Organization (WHO), non-communicable diseases (NCDs) such as cardiovascular disease, diabetes, chronic respiratory diseases, and cancers account for about 68% of all deaths in the country.<sup>1</sup> WHO further estimates that NCDs cost the economy roughly PhP 756.5 billion annually (4.8% of GDP), including both direct medical costs and indirect productivity losses.<sup>2</sup> The burden of NCDs contributes to impoverishment, exacerbates gender disparities, and perpetuates social inequities.<sup>3</sup>

The prevalence of late-stage diagnosis of common cancers underscores persistent gaps in early detection and screening. Many Filipino women with breast or cervical cancer are first diagnosed at advanced stages, which sharply reduces survival rates.<sup>4</sup> In a cervical cancer screening initiative in Luzon, about 11% of women screened had abnormal results,

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<sup>1</sup> WHO and UNDP, *Prevention and control of noncommunicable diseases in the Philippines. The Case for Investment, Philippines*. Geneva: WORLD HEALTH ORGANIZATION (WHO), 2019, available at <https://www.who.int/docs/default-source/wpro---documents/countries/philippines/reports/prevention-and-control-of-noncommunicable-diseases-in-the-philippines---the-case-for-investment.pdf>

<sup>2</sup> *Id.*

<sup>3</sup> *Id.*

<sup>4</sup> Frances Dominique Ho, et. al., *Breast and cervical cancer screening in the Philippines: Challenges and steps forward*, PREVENTIVE MEDICINE REPORTS, 2022, available at <https://pmc.ncbi.nlm.nih.gov/articles/PMC9361315/>

and most had never been screened before.<sup>5</sup> At the same time, 40.6% of Filipino cancer patients experienced catastrophic financial difficulties within a year of diagnosis, with average out-of-pocket costs of PhP 181,789.00 per patient.<sup>6</sup>

These figures demonstrate that investing in preventive health care yields far greater social and economic benefits than focusing solely on treatment. Ensuring that all Filipinos receive free annual check-ups and risk-based screenings allows for earlier detection of diseases, averts costly hospitalizations, and improves quality of life and productivity.

The proposed “*Libreng Check-Up Act*” addresses these gaps by providing a basic menu of preventive and diagnostic services, supplemented by additional age-, sex- and risk-appropriate screenings. This approach reflects WHO’s best practices, maximizes limited resources, and strengthens the Universal Health Care framework.

By institutionalizing free and accessible annual preventive check-ups as core health-promotion measures, this measure seeks to transform our health system from one centered on cure to one anchored on prevention.

In view of the foregoing, the swift passage of this bill is earnestly sought to make preventive health care truly universal, equitable, and accessible for every Filipino.

  
**AGATHA PAULA “AGAY” AGUILAR CRUZ**  
Representative, Fifth Legislative District of Bulacan

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<sup>5</sup> Samantha Carr, et. al., *Cervical cancer screening in low-income countries: a report on the implementation of cervical screening in Luzon, Philippines*, JOURNAL OF GLOBAL HEALTH REPORTS, 2020, available at <https://www.joghr.org/api/v1/articles/14149-cervical-cancer-screening-in-low-income-countries-a-report-on-the-implementation-of-cervical-screening-in-luzon-philippines.pdf>

<sup>6</sup> Corazon Ngelangel, et.al., *Philippine Costs in Oncology (PESO): Describing the Economic Impact of Cancer on Filipino Cancer Patients Using the ASEAN Costs in Oncology Study Dataset*, ACTA MEDICA PHILIPPINA, 2018, available at <https://www.researchgate.net/publication/368062207>

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**AN ACT PROVIDING FOR A FREE ANNUAL MEDICAL CHECK-UP FOR ALL  
FILIPINOS AND APPROPRIATING FUNDS THEREFOR**

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

1           **Section 1. Short Title.** – This Act shall be known as the “*Libreng Check-Up Act.*”  
2

3           **Section 2. Declaration of Policy.** – The State recognizes its duty to protect and  
4 promote the right to health of the people. In pursuit of this policy, the State shall ensure  
5 the availability, accessibility and affordability of essential health services to all Filipinos,  
6 with particular emphasis on preventive care.  
7

8           The State acknowledges that early detection of disease, regular medical check-ups,  
9 and age-, sex- and risk-based health screenings are vital to reducing morbidity and  
10 mortality, improving quality of life, and achieving Universal Health Care. Pursuant  
11 thereto, Filipinos shall be entitled to an annual medical check-up, through the programs  
12 of the Philippine Health Insurance Corporation (PhilHealth), that is free of charge in any  
13 government hospital, medical facility, or healthcare institution.  
14

15           **Section 3. Population Coverage.** – All Filipino citizens, whether direct or indirect  
16 PhilHealth contributors, shall be covered by the free annual medical check-up under this  
17 Act, pursuant to Section 5 of Republic Act (R.A.) No. 11223 or the “Universal Health Care  
18 Act.”  
19

20           **Section 4. Medical Check-Up Coverage.** – PhilHealth, in consultation with the  
21 Department of Health (DOH), shall establish and implement a program to provide  
22 Filipinos with a free annual medical check-up consisting of:  
23

24           (a) *Basic Package* – Every Filipino shall be entitled, once every calendar year, to a  
25 free medical check-up which shall at minimum include:

26           (1) Physical Examination (vital signs, BMI, visual inspection, among others);

- 1 (2) Blood Pressure Check;
- 2 (3) Complete Blood Count (CBC);
- 3 (4) Lipid Profile; and
- 4 (5) Urinalysis and fecalysis.

5  
6 (b) *Additional Tests Based on Age, Sex, and Risk Factors* – In addition to the basic  
7 package, PhilHealth shall provide, at no cost to the patient, additional  
8 screening or diagnostic procedures that are medically necessary and evidence-  
9 based, determined through an initial assessment by a PhilHealth-accredited  
10 primary care provider. Such additional tests may include, but shall not be  
11 limited to:

- 12 (1) Chest x-ray and other imaging procedures;
- 13 (2) Electrocardiogram (ECG);
- 14 (3) Cancer screening tests, including Pap smear, breast examination/  
15 mammogram, Prostate-Specific Antigen (PSA) testing, fecal occult blood  
16 test (FOBT)/fecal immunochemical test (FIT), appropriate to age and sex;
- 17 (4) Fasting blood sugar (FBS) or HbA1c for diabetics;
- 18 (5) Kidney function tests for high-risk patients; and
- 19 (6) Other screening or diagnostic procedures for identified risk groups, or as  
20 may be necessary based on the patient’s medical evaluation.

21  
22  
23 PhilHealth, in coordination with the DOH and relevant medical societies, shall  
24 periodically issue and update clinical practice guidelines on age-, sex-, and risk-based  
25 screening tests and preventive health counseling to be delivered alongside the free annual  
26 medical check-up.

27  
28 *Provided,* That prior to the availment of any laboratory and/or diagnostic  
29 examinations, the patient must first be screened by a PhilHealth-accredited primary care  
30 provider, as stated under Section 6(d) of R.A. No. 11223, to evaluate and determine the  
31 appropriate examinations to be administered:

32  
33 *Provided, further,* That such tests shall be conducted through PhilHealth-accredited  
34 health care institutions (HCIs):

35  
36 *Provided, furthermore,* That the coverage of laboratory and/or diagnostic  
37 examinations may be expanded, subject to the availability of PhilHealth funds and based  
38 on the current and emerging health needs of Filipinos:

39  
40 *Provided, finally,* That this program may be implemented and harmonized with  
41 existing and future programs of PhilHealth, including but not limited to the *Konsultasyong*  
42 *Sulit at Tama* (Konsulta) package, without prejudice to the development or expansion of  
43 other programs aligned with this Act.



1           **Section 5. *Schedule of Free Medical Check-Up.*** – The free annual medical check-up  
2 may be availed of once every calendar year. PhilHealth, in coordination with the DOH  
3 and accredited HCIs, shall establish a registration and appointment system, including  
4 staggered or priority scheduling by region, age group, or risk category, to ensure equitable  
5 and efficient access.  
6

7           **Section 6. *Data Collection and Reporting.*** – PhilHealth, in coordination with the  
8 DOH, shall collect and analyze data on the utilization, geographic distribution,  
9 demographic profile, and health outcomes of beneficiaries under this Act. PhilHealth shall  
10 submit to Congress and the DOH an annual report on program implementation, including  
11 financial performance, within the first quarter of each calendar year.  
12

13           **Section 7. *Implementing Rules and Regulations.*** – PhilHealth shall be primarily  
14 responsible for the implementation of this Act. Within thirty (30) days from the effectivity  
15 of this Act, PhilHealth, in consultation with the DOH, local government units, accredited  
16 HCIs, professional organizations, and other relevant stakeholders, shall promulgate the  
17 necessary rules and regulations for its effective implementation.  
18

19           **Section 8. *Appropriations.*** – The amount necessary to implement this Act shall be  
20 initially charged against the total revenue of PhilHealth, composed of premium  
21 contributions from direct contributors and premium subsidies of the government for the  
22 indirect contributors. In case of insufficiency of PhilHealth funds, the difference shall be  
23 covered by appropriations under the annual General Appropriations Act or other sources  
24 as may be determined by the Department of Budget and Management.  
25

26           **Section 9. *Accountability of HCIs.*** – PhilHealth-accredited HCIs shall be  
27 prohibited from charging additional fees beyond those covered under this Act. Violations  
28 shall be subject to penalties under existing laws, PhilHealth rules and regulations, and  
29 may result in suspension or revocation of accreditation.  
30

31           **Section 10. *Separability Clause.*** – If any part or provision of this Act is held  
32 unconstitutional or invalid, the remainder thereof not otherwise affected shall remain in  
33 full force and effect.  
34

35           **Section 11. *Repealing Clause.*** – All other laws, presidential decrees, executive  
36 orders, letters of instruction, proclamations, or administrative regulations that are  
37 inconsistent with the provisions of this Act are hereby repealed, amended, or modified  
38 accordingly.  
39

40           **Section 12. *Effectivity.*** – This Act shall take effect after fifteen (15) days following  
41 the completion of its publication in the Official Gazette, or in a newspaper of general  
42 circulation.  
43

44           *Approved,*