

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

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 4613



Introduced by Representative AGATHA PAULA "AGAY" A. CRUZ

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.¹ 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.² The burden of NCDs contributes to impoverishment, exacerbates gender disparities, and perpetuates social inequities.³

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.⁴ In a cervical cancer screening initiative in Luzon, about 11% of women screened had abnormal results,

¹ 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>

² *Id.*

³ *Id.*

⁴ 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/>

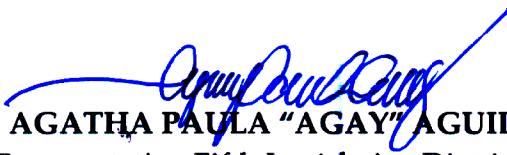
and most had never been screened before.⁵ At the same time, 40.6% of Filipino cancer patients experienced catastrophic financial difficulties within a year of diagnosis, with average out-of-pocket costs of PhP 181,789.00 per patient.⁶

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

⁵ 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>

⁶ 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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Introduced by Representative AGATHA PAULA "AGAY" A. CRUZ

**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);

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

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

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

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

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

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

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

Provided, finally, That this program may be implemented and harmonized with existing and future programs of PhilHealth, including but not limited to the *Konsultasyong Sulit at Tama* (Konsulta) package, without prejudice to the development or expansion of 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 effectiveness
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,*