

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Constitution Hills, Quezon City

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 5079



Introduced by: **REPRESENTATIVE ERIC L. OLIVAREZ**

EXPLANATORY NOTE

The 1987 Philippine Constitution provides that the State shall protect and promote the right to health of the people and instill health consciousness among them (*Article II, Section 15; Article XIII, Section 11*). It further mandates that the State shall provide adequate social services to all citizens, particularly the poor and marginalized.

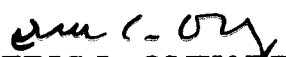
This bill seeks to institutionalize the **Medical Assistance to Indigent and Financially Incapacitated Patients (MAIFIP) Program**, which aims to provide timely financial assistance to individuals who are unable to fully pay for medical services. The program ensures that all indigent and financially incapacitated patients have access to essential health services, including medicines, diagnostics, procedures, and professional fees, particularly when such costs exceed available PhilHealth packages or other funding sources.

By strengthening the MAIFIP Program, the State ensures that financial barriers do not prevent access to medical care, thereby promoting equitable health outcomes. The program will be implemented in DOH hospitals, public hospitals with Malasakit Centers, LGU hospitals, and other health facilities such as private hospitals, dental clinics, and dialysis centers.

The Department of Health, through the Malasakit Program Office (MPO), will oversee the program's implementation, monitoring, and fund disbursement. The bill also prescribes reporting mechanisms, an order of charging to avoid double use of funds, and timely reimbursement for services rendered under the program.

Institutionalizing MAIFIP strengthens the State's commitment to universal health coverage and fulfills its constitutional mandate to provide social services to the most vulnerable populations. This bill is filed as a counterpart to Senate Bill 409 authored by Senator Christopher Lawrence "Bong" Go to facilitate coordinated legislative action for prompt enactment into law.

In view whereof, passage of this bill is earnestly sought.


ERIC L. OLIVAREZ

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Introduced by **REPRESENTATIVE ERIC L. OLIVAREZ**

AN ACT INSTITUTIONALIZING THE MEDICAL ASSISTANCE TO INDIGENT AND FINANCIALLY INCAPACITATED PATIENTS PROGRAM UNDER THE DEPARTMENT OF HEALTH, PROVIDING FUNDS THEREFOR, AND FOR OTHER PURPOSES

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

SECTION 1. Short Title. - This Act shall be known as the "Medical Assistance to Indigent and Financially Incapacitated Patients Act of 2025."

SEC. 2. Declaration of Policy. - It is the declared policy of the State to improve the delivery of health care services to the people, and to ensure financial assistance for hospital and medical expenses are available and accessible to the people.

SEC. 3. Definition of Terms.- For purposes of this Act:

- a) **Indigent Patient** – A Filipino patient who has no visible means of income or whose income is insufficient for the subsistence of their family, as assessed by the Medical Social Worker (MSW) of the health facility.
- a) **Financially Incapacitated Patient** – A Filipino patient not classified as indigent but who demonstrates a clear inability to pay for necessary medical treatment, including catastrophic illnesses, life-threatening or limb-threatening conditions, prolonged hospitalization, or other essential care that would deplete financial resources, as assessed and certified by the MSW.

- b) **MAIFIP Program** – The Medical Assistance to Indigent and Financially Incapacitated Patients Program, which provides financial support for clinically-indicated medical services exceeding PhilHealth packages or other available funding sources.
- c) **Malasakit Centers** – Service units established under Republic Act No. 11463 that facilitate medical assistance, including MAIFIP, in DOH hospitals and other public hospitals.
- d) **Medical Social Worker (MSW)** – A registered professional tasked with assessing the eligibility of patients for MAIFIP benefits and ensuring proper documentation and evaluation of medical and financial status.
- e) **Health Facilities** – Refers to DOH hospitals, LGU hospitals, other public hospitals, private hospitals, dental clinics, dialysis centers, clinical laboratories, and primary care facilities where MAIFIP assistance is available.
- f) **PhilHealth Benefit Packages** – Coverage and case rates provided by the Philippine Health Insurance Corporation (PhilHealth) for eligible medical services.
- g) **Letter of Guarantee (LOG)** – An official document issued by DOH to health facilities certifying payment of medical expenses for MAIFIP beneficiaries, with payment to the facility remitted within fifteen (15) days from receipt of the LOG.

SEC. 4. Medical Assistance Program. - The Department of Health shall establish a Medical Assistance to Indigent and Financially Incapacitated Patients (MAIFIP) Program that shall provide medical assistance to support clinically indicated needs prescribed by a physician or health professional for indigent and financially incapacitated in-patients and out-patients.

This assistance applies to expenses exceeding the applicable PhilHealth benefit packages, case rates, or other available funding sources. The MAIFIP program shall continue to be available and accessible in Malasakit Centers as

provided under Republic Act No. 11463 otherwise known as the "Malasakit Centers Act. Malasakit Centers shall continue to facilitate the provision of medical assistance under the MAIFIP program in all DOH hospitals and other public hospitals with established Malasakit Centers.

The MAIFIP program shall also be made available in LGU hospitals, and other health facilities, both private and public, such as, but not limited to, other hospitals not operated by the DOH, clinical laboratories and primary care facilities, dental clinics, and free-standing dialysis clinics.

SEC. 5. Qualified beneficiaries. - The following shall be qualified as beneficiaries of the MAIFIP Program:

(a) Indigent patient — refers to a Filipino patient who has no visible means of income or whose income is insufficient for the subsistence of their family as assessed by the medical social worker of the health facility; and

(b) Financially incapacitated patient — refers to a Filipino patient who is not classified as indigent but who demonstrates a clear inability to pay or spend for necessary expenditures for their respective medical treatment such as, but not limited to, a patient with catastrophic illness or illnesses which are life or limb-threatening and require prolonged hospitalization, illnesses that require extremely expensive treatments, or other special but essential care that would deplete one's financial resources, as assessed and certified by the Medical Social Worker (MSW) of the health facility.

Patients availing of medical assistance or their authorized representative/s through the MAIFIP Program in DOH hospitals, other government hospitals and private hospitals shall present documents and undergo proper assessment and evaluation by the MSW or their designated officer. Referrals may also be issued by the DOH Central Office and/or DOH Centers for Health Development (CHDs), subject to the standard screening and evaluation process conducted by the health facility's MSW.

The registered MSW of the health facility shall assess the eligibility of patients applying for medical assistance based on their existing assessment standards. Health facilities shall judiciously enforce a thorough screening of beneficiaries to ensure the efficient and rational use of funds, diligent documentation, and data encoding through the information system designated by the DOH.

SEC. 6. Service Coverage. - The MAIFIP Program funds shall cover medicines, services, and other medical products as prescribed by a licensed physician or health professional, such as, but not limited to, the following:

- (a) Drugs and medicines as approved by the Food and Drug Administration (FDA);
- (b) Laboratory, imaging, radiological, and other diagnostic procedures, including assessment/readers' fees;
- (c) Blood and other related blood screening/products;
- (d) Clinically indicated medical-surgical cases, obstetrics-gynecological cases considered as high-risk: cases requiring implants, medical devices, and supplies, and other relevant procedures;
- (e) Clinically indicated dental cases, including routine preventive oral care, subject to the guidelines issued by the DOH;
- (f) Dialysis sessions exceeding the coverage and package rates provided by PhilHealth;
- (g) Prescribed post-hospitalization, rehabilitation services, aftercare program, and appropriate mental and psychosocial support;
- (h) All hospital bills/charges after all applicable and available deductions; and
- (i) Professional fees (PF), subject to the guidelines issued by the DOH.

SEC. 7. Program Management. - The Malasakit Program Office (MPO) created under R.A. 11463 shall be responsible for the overall management and administration of the MAIFIP Program. The MPO shall establish linkages and networks with health facilities through the Malasakit Program Unit (MPU) in CHDs and Ministry of Health (MOH)-BARMM to provide efficient coordination necessary for MAIFIP Program implementation.

SEC. 8. Order of Charging. - The DOH shall establish an order of charging for available government and private assistance. Hospitals and other partner health facilities shall ensure that double charging of medical assistance funds is strictly avoided.

SEC. 9. Downloading of Funds. - The DOH shall ensure that the MAIFIP Program funds appropriated under the annual General Appropriations Act shall be available in all DOH hospitals and specialty hospitals at the beginning of every fiscal year and replenish such funds as necessary to ensure continuous and uninterrupted assistance to patients through the MAIFIP program. Funds shall also be made available in all public hospitals with established Malasakit Centers.

The DOH, through its CHDs, shall enter into a Memorandum of Agreement (MOA) with LGU hospitals, and other health facilities, both private and public, such as, but not limited to, other hospitals not operated by the DOH, clinical laboratories and primary care facilities, dental clinics, and free-standing dialysis clinics for the availability of the MAIFIP program in the health facility.

The DOH, through its CHDs, shall transfer funds to LGU hospitals, and other aforementioned health facilities, both private and public, through a memorandum of agreement between the health facility and the DOH.

SEC. 10. Payment Mechanism. - All health facilities under the MAIFIP program shall receive and accept letters of guarantee from the DOH as payment for the medical expenses of the beneficiaries: Provided, that, the DOH shall remit payment to the health facility to cover the amount of the issued letter of guarantee not later than fifteen (15) days from the receipt of such letter of guarantee.

SEC. 11. Monitoring and Reporting. - All health facilities under the MAIFIP program shall submit their respective monthly Fund Utilization Reports (FURs) to the DOH. The DOH shall submit to the Senate Committee on Health and Demography, and the House of Representatives Committee on Health on or before the end of December of every year, or upon the request of any of the aforesaid offices, a report giving a detailed account of the status of the

implementation of this Act.

SEC 12. Appropriations. - The amount necessary to implement the provisions of this Act shall be included in the budget of the Department of Health under the annual General Appropriations Act.

SEC. 13. Separability Clause. - Any portion or provision of this Act that is declared unconstitutional shall not have the effect of nullifying other portions or provisions hereof as long as such remaining portions can still subsist and be given effect in their entirety.

SEC. 14. Repealing Clause. - All laws, ordinances, rules, regulations, other issuances or parts thereof, which are inconsistent with this Act, are hereby repealed or modified accordingly.

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

Approved,