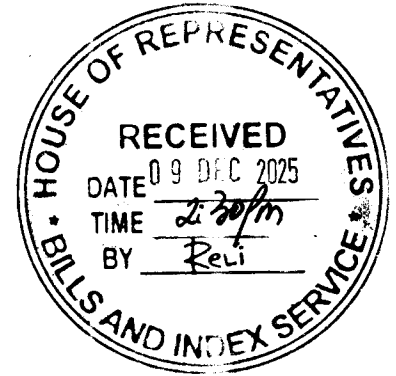


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

TWENTIETH CONGRESS
1st Regular Session

House Bill No. **6715**



Introduced by Representative HON. ADRIAN JAY C. ADVINCULA

EXPLANATORY NOTE

Access to affordable, fair, and transparent healthcare services remains one of the most pressing concerns of Filipino families. One of the major contributors to the high cost of medical care is the absence of a standardized and regulated schedule of professional fees for medical doctors. At present, patients often face uneven, unpredictable, and sometimes excessive charges for medical consultations, procedures, and services. This lack of uniformity creates confusion, financial strain, and distrust in the healthcare system.

On the other hand, many Filipino doctors, particularly those practicing in rural, geographically isolated, disadvantaged, or low-income areas, suffer from inconsistent and inadequate income resulting from low consultation volumes, depressed local economies, and the absence of guaranteed minimum fees. These physicians carry the heaviest burden of serving underserved communities while receiving the least compensation and support. If this trend continues, the gap in access to healthcare between urban centers and far-flung regions will further widen.

This bill addresses both problems by prescribing a Standard Schedule of Professional Fees for Medical Doctors, establishing a national baseline range of reasonable, transparent, and regulated fees. It ensures that patients are protected from arbitrary or excessive charges while guaranteeing that doctors, especially low-income physicians, receive fair and sustainable compensation.

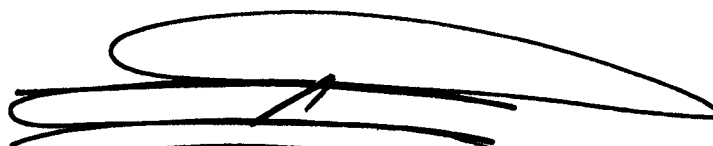
The bill mandates the Department of Health (DOH), in coordination with the Professional Regulation Commission (PRC), PhilHealth, and accredited physician organizations, to develop a tiered and regionally calibrated fee

schedule. It includes a Low-Income Physician Protection Clause, which ensures that minimum fee levels do not disadvantage physicians in underserved or low-income practice areas. Furthermore, the bill strengthens PhilHealth reimbursements for low-income physicians, thereby enhancing their capacity to continue serving communities that need them most.

By requiring medical facilities to publicly post standardized fee ranges, the bill promotes full transparency and empowers patients to make informed healthcare decisions. Meanwhile, the establishment of clear minimum and maximum fee thresholds enhances predictability, equity, and professional integrity within the medical sector.

This proposed measure seeks to strike a balance between patient protection and physician welfare, ensuring that the healthcare system is both accessible and sustainable. In recognizing the vital role played by doctors—from those in major metropolitan hospitals to those tirelessly working in remote barangay health stations—this bill provides a fair and rational framework for professional compensation.

In view of the foregoing, the early passage of this measure is earnestly sought.



HON. ADRIAN JAY C. AVINCULA
3rd District - Cavite

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

TWENTIETH CONGRESS
1st Regular Session

House Bill No. 6715

Introduced by Representative HON. ADRIAN JAY C. ADVINCULA

1
2 **AN ACT PRESCRIBING A STANDARD SCHEDULE OF PROFESSIONAL**
3 **FEES FOR MEDICAL DOCTORS AND FOR OTHER PURPOSES**

4 *Be it enacted by the Senate and House of Representatives of the Philippines in Congress*
5 *assembled:*
6

7 SEC. 1. *Short Title.* This Act shall be known as the “Standard Medical
8 Professional Fees Act.”
9

10 SEC. 2. *Declaration of Policy.* It is the policy of the State to:
11

- 12 a. Ensure fair, transparent, and reasonable professional fees for
13 medical services;
14 b. Protect patients from excessive or arbitrary medical charges;
15 c. Promote equitable compensation for all physicians, including
16 those in low-income, rural, or underserved areas; and
17 d. Strengthen the integrity and accessibility of the healthcare
18 system.
19

20 SEC. 3. *Definition of Terms.* For purposes of this Act, the following words
21 shall be construed as follows:

- 22 a. Medical Doctor refers to any licensed physician duly registered
23 with the Professional Regulation Commission (PRC).
24 b. Standard Schedule of Fees refers to the national baseline range
25 of professional fees for medical services issued pursuant to this
26 Act.
27 c. Low-Income Physician refers to a doctor practicing in
28 underserved, geographically isolated, disadvantaged, or low-

1 income localities, and/or one whose average annual
2 professional income falls below a threshold to be determined by
3 the Department of Health (DOH) and the Department of Labor
4 and Employment (DOLE).

5 *SEC. 4. Standard Schedule of Medical Professional Fees.*

6 a) The DOH, in coordination with the PRC, the Philippine Health Insurance
7 Corporation (PhilHealth), and recognized physician organizations, shall
8 formulate and maintain a Standard Schedule of Fees, which shall:

- 9 1. Prescribe minimum and maximum baseline ranges for common
10 medical services;
- 11 2. Set tiered rates based on specialization, complexity of procedure, and
12 years of experience;
- 13 3. Consider regional economic conditions and cost-of-living indices;
14 and
- 15 4. Integrate a low-income physician protection clause, ensuring that
16 minimum professional fees are not set at levels that would
17 disadvantage physicians practicing in low-income or underserved
18 areas.

19 b.) The standard schedule shall be reviewed and updated every three (3)
20 years, or earlier when deemed necessary.

21 *SEC. 5. Low-Income Physician Protection Clause.* To ensure the fairness and
22 sustainability of medical practice:

- 23 a. The DOH shall establish special reimbursement adjustments and
24 incentive rates for low-income physicians to ensure they receive
25 adequate compensation even when serving low-income communities
- 26 b. PhilHealth shall adopt enhanced case rate reimbursements for accredited
27 low-income physicians.
- 28 c. No standard fee ceiling shall deprive low-income physicians of
29 reasonable professional earnings; thus, minimum rates may be adjusted
30 upward in low-income practice settings.

31 *SEC. 6. Mandatory Posting of Professional Fee Schedule.* All hospitals, clinics,
32 and medical facilities shall publicly post the Standard Schedule of Fees in
33 conspicuous areas, and make the information available to patients before the
34 provision of services.

1 SEC. 7. *Prohibition on Charging Beyond Authorized Ranges.* No physician
2 may impose professional fees below the minimum or beyond the maximum
3 prescribed under the Standard Schedule of Fees, except in the following cases:
4

- 5 a. Medical missions or charity cases;
- 6 b. Emergency or humanitarian situations;
- 7 c. Approved discounted rates for senior citizens and persons with
8 disabilities (PWDs) under existing laws; and
- 9 d. Any other analogous cases.

10 SEC. 8. *Penalties.*

11 a. As may be applicable, any medical facility or physician who violates this
12 Act shall be subject to:

- 13 i. Administrative fines to be determined by the DOH and PRC;
- 14 ii. Suspension or revocation of license in cases of repeated or willful
15 violations.

16 b. Facilities failing to post the schedule shall be fined ₱50,000 to ₱200,000.

17 SEC. 9. *Implementing Rules and Regulations (IRR).* Within six (6) months
18 from the effectivity of this Act, the DOH, in coordination with PRC, PhilHealth,
19 and recognized physician associations, shall promulgate the IRR.

20 SEC. 10. *Separability Clause.* If any provision of this Act is declared
21 unconstitutional, the remainder shall not be affected.

22 SEC. 11. *Repealing Clause.* All laws, presidential decrees, executive orders,
23 rules, and regulations inconsistent with this Act are hereby repealed or
24 amended accordingly.

25 SEC. 12. *Effectivity.* This Act shall take effect fifteen (15) days after its
26 publication in the Official Gazette or a newspaper of general circulation.

27
28
29 Approved,
30