

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session

House Bill No. **6811**



Introduced by **REP. JAVIER MIGUEL L. BENITEZ**

EXPLANATORY NOTE

In moments of medical incapacity, the law should not stand in the way of compassion. Current Philippine law recognizes only legally married spouses and blood relatives as default decision-makers in health care settings.¹ This leaves many adult Filipinos, particularly those in same-sex or non-marital partnerships, without any legal authority to act on behalf of their partners, even in emergencies. When hospitals apply next-of-kin hierarchies, longstanding partners are often excluded, despite shared lives and mutual caregiving responsibilities. This bill addresses that legal gap by formally recognizing health care proxies designated through a Right to Care Card system.

It is declared as the policy of the State to recognize the right of every competent adult to designate a trusted individual to make medical decisions on their behalf in the event of incapacity.² This right shall be afforded equally, regardless of civil status, sexual orientation, gender identity or expression, or other personal circumstance.

The bill requires the Department of Health ("DOH") to establish a secure, centralized system for registering health care proxies and issuing a "Right to Care Card" that verifies their authority. Health care providers, both public and private, shall be required to honor these designations and ensure proper coordination with the named health care agent.

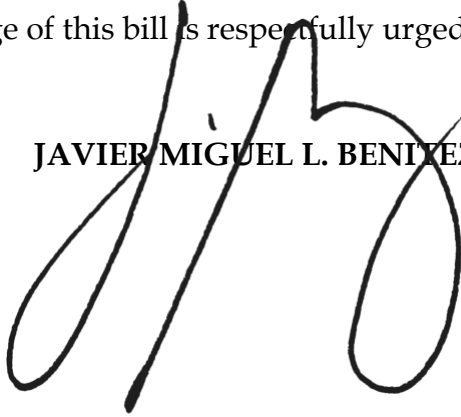
¹ Family Code of the Philippines (Executive Order No. 209, s. 1987), Article 199.

² 1987 Constitution, Article XIII, Section 11.

The bill draws from Quezon City Ordinance No. SP-3221 (s. 2023)³, mandates the recognition of health care proxies in all health facilities within the city. The Commission on Human Rights has commended this as a model for inclusive and compassionate health care governance.

By institutionalizing this policy at the national level, the State fulfills its duty to protect every individual's right to access care and be cared for by the person of their choice, without discrimination or legal uncertainty.

In view of the foregoing, the immediate passage of this bill is respectfully urged.


JAVIER MIGUEL L. BENITEZ

³ Quezon City Ordinance No. SP-3221 (s. 2023).

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**AN ACT INSTITUTIONALIZING THE RECOGNITION OF HEALTH CARE
PROXIES FOR NON-SPOUSAL PARTNERS THROUGH A
NATIONWIDE “RIGHT TO CARE” SYSTEM, AND
APPROPRIATING FUNDS THEREFOR**

*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 “*Partners in Care
Act.*”

SEC. 2. *Declaration of Policy.* – It is declared as the policy of the State to recognize and protect the right of every competent adult to designate another individual to act as their health care proxy and make medical decisions on their behalf in the event of incapacity. This right shall be afforded to all persons equally, including those in same-sex and non-marital relationships, without discrimination based on civil status, sexual orientation, gender identity or expression, or other personal circumstances. In line with this policy, the State shall establish a nationally uniform, locally accessible “Right to Care Card” system that formalizes this delegation of authority and ensures its recognition across all healthcare settings.

SEC. 3. *Definition of Terms.* – For the purposes of this Act, the following terms are defined as follows:

- (a) *Adult* – refers to a natural person who is eighteen (18) years of age or older.

- (b) *Capacity* – refers to the ability of an individual to understand, appreciate, and make informed decisions regarding their health care, as determined by a licensed physician.
- (c) *Health Care* – refers to any treatment, service, or procedure to assess, diagnose, treat, or manage an individual’s physical or mental health condition.
- (d) *Health Care Agent* – refers to the individual authorized under a valid Health Care Proxy to make health care decisions on behalf of the Principal.
- (e) *Health Care Provider* – refers to any individual or facility duly licensed, certified, or otherwise authorized to provide health services under Philippine law, including their agents and employees.
- (f) *Health Care Proxy* – refers to a written document executed in accordance with this Act, by which a Principal designates a Health Care Agent to make health care decisions on their behalf in the event of incapacity.
- (g) *Principal* – refers to the adult individual who voluntarily executes a Health Care Proxy in favor of a Health Care Agent.
- (h) *Right to Care Card* – refers to the physical or digital identification card issued by the Department of Health, which serves as official proof of a validly executed Health Care Proxy registered pursuant to this Act.

SEC. 4. *Legal Recognition of Health Care Proxies.* – All health care providers, public and private, shall recognize the authority of a valid Health Care Agent designated in a validly executed Health Care Proxy, consistent with the provisions of this Act and its implementing rules and regulations.

The Department of Health (“DOH”) shall create and maintain a secure, centralized Right to Care Registry System for the submission, verification, and archiving of Health Care Proxies. This system shall include:

- (a) A *digital database* accessible to authorized health facilities nationwide for real-time verification of registered Health Care Proxies;
- (b) A *physical or digital Right to Care Card* issued to the Principal, which shall indicate key identifiers and a secure mechanism (e.g., QR code, or

unique alphanumeric code) linking to the registered Health Care Proxy;

- (c) *Protocols for submission, amendment, and revocation of Health Care Proxies, including verification procedures and consent requirements to protect patient confidentiality and data privacy;*
- (d) *An assistant/help desk or point-of-contact unit within DOH to assist individuals in the processing, verification, and enforcement of their health care proxy designations.*
- (e) *Data protection safeguards to ensure the confidentiality, integrity, and lawful processing of personal and health information, in compliance with Republic Act No. 10173 or the “Data Privacy Act of 2012,” and its implementing rules and regulations. The DOH shall act as a personal information controller under the said law and shall adopt appropriate technical and organizational measures to secure the Right to Care Registry.*

A validly issued Right to Care Card shall constitute prima facie proof of the existence and enforceability of the corresponding Health Care Proxy. It shall be given full legal effect in accordance with this Act.

SEC. 5. Authority of the Health Care Agent. – A Health Care Agent designated in the Right to Care Card shall, on behalf of the Principal named therein, have the authority to:

- (a) Consent to or refuse any medical treatment, service, or procedure, including those related to diagnosis, surgery, hospitalization, medication, or life-sustaining interventions, subject to any express limitations outlined in the Health Care Proxy;
- (b) Access, obtain, and review the Principal’s medical records, laboratory results, and other health-related information, as necessary to make informed decisions regarding the Principal’s care;
- (c) Serve as the Principal’s primary representative in all health care-related communications, consultations, and decision-making, to the exclusion of any other individual unless otherwise specified in the Health Care Proxy.

SEC. 6. *Commencement and Suspension of Authority.* - The authority of the Health Care Agent to act on behalf of the Principal shall commence upon a written determination by a licensed physician that the Principal lacks physical and mental capacity to make health care decisions. Said authority shall remain in effect for the duration of such incapacity and shall automatically cease upon a subsequent determination that the Principal has regained capacity.

Notwithstanding the foregoing, in cases where the Principal objects to either the determination of incapacity or to a decision made by the Health Care Agent, the decision of the Principal shall prevail unless a court of competent jurisdiction declares the Principal legally incapacitated.

SEC. 7. *Expiration and Revocation of the Health Care Proxy.* - A Health Care Proxy may specify a period of effectivity or provide for expiration upon the occurrence of a defined event. In the absence of such provisions, the Health Care Proxy shall remain valid until expressly revoked by the Principal.

Revocation may be made at any time through written or oral communication, the execution of a subsequent Health Care Proxy, or the issuance of a new Right to Care Card. Upon revocation, the Health Care Provider shall record the revocation in the Principal's medical records and notify relevant personnel and the named Health Care Agent.

The issuance of a new Right to Care Card to the same Principal shall operate as an automatic revocation of any previously issued card and the proxy attached thereto, regardless of any contrary provision.

SEC. 8. *Health Care Provider Obligations.* - Health Care providers are required to observe the following:

- (a) Recognize and give full effect to any valid Right to Care Card or Health Care Proxy presented to them, and include such document in the Principal's medical records;
- (b) Make reasonable efforts to contact the designated Health Care Agent if the Principal is admitted or receives treatment unaccompanied;
- (c) Comply in good faith with medical decisions made by the duly designated Health Care Agent, to the same extent as if such decisions were made by the Principal, subject to any limitations outlined in the Health Care Proxy;

- (d) Record any revocation of the Health Care Proxy in the Principal's medical records and inform all relevant staff and the Health Care Agent accordingly.

SEC. 9. *Immunity.* - No Health Care Provider, or any of its agents or employees, shall be held civilly, criminally, or administratively liable for honoring in good faith any decision made by a Health Care Agent pursuant to a valid Health Care Proxy or Right to Care Card.

Likewise, a Health Care Agent shall not be held civilly or criminally liable for any health care decision made in good faith and within the scope of the authority granted under the Health Care Proxy.

SEC. 10. *Liability for Health Care Cost.* - All costs incurred pursuant to decisions made by the Health Care Agent under a valid Health Care Proxy shall be the responsibility of the Principal to the same extent as if such decisions were made by the Principal personally. Nothing in this Act shall be construed to authorize the Health Care Agent to assume personal financial liability for the Principal's medical expenses, unless otherwise provided by contract or law.

SEC. 11. *Non-Discrimination in Access to Health Care.* - No person shall be denied access to health care services, insurance, or related support based on having, or declining to have, a Health Care Proxy or Right to Care Card.

Likewise, no provider or insurer shall condition the provision of care, coverage, or benefits on the execution of a Health Care Proxy under this Act.

SEC. 12. *Limitations.* - Nothing in this Act shall be construed to expand, diminish, or impair any legal right of the Principal to make or refuse health care decisions.

No Health Care Agent may consent to any act or omission that the Principal could not have lawfully authorized or refused under existing laws, including those about euthanasia or assisted suicide.

SEC. 13. *Penalties.* - Any Health Care Provider, including its agents or employees, who willfully refuses to recognize or honor a valid Health Care Proxy or Right to Care Card without justifiable cause shall be subject to administrative sanctions, including suspension or revocation of professional or facility license,

as may be imposed by the Department of Health, the Professional Regulation Commission, or any appropriate regulatory body.

This is without prejudice to the filing of civil or criminal cases, where applicable.

SEC. 14. *Implementing Rules and Regulations ("IRR").* – The Department of Health shall formulate the necessary rules and regulations for the implementation of this Act within ninety (90) days upon its effectivity, in consultation with relevant stakeholders, including LGBTQIA+ health rights advocates.

SEC. 15. *Appropriations.* – Appropriations for the implementation of this Act shall be charged from the general appropriations of the Department of Health under its Gender and Development ("GAD") Fund and Public Health Services Program.

SEC. 16. *Separability Clause.* – If any section or provision of this Act is held unconstitutional or invalid, the remaining sections or provisions, not affected thereby, shall continue to be in full force and effect.

SEC. 17. *Repealing Clause.* – All laws, decrees, executive orders, rules and regulations, issuance or parts thereof inconsistent with this Act are hereby repealed or modified accordingly.

SEC. 17. *Effectivity.* – This Act shall take effect fifteen (15) days after publication in the Official Gazette or two (2) newspapers of general circulation.

Approved,