

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

Twentieth Congress
First Regular Session



House Bill No. **6835**

**Introduced by AKBAYAN Representatives PERCIVAL V. CENDAÑA,
JOSE MANUEL TADEO "CHEL" I. DIOKNO, and DADAH KIRAM
ISMULA and Dinagat Islands Representative KAKA J. BAG-AO**

**AN ACT
ESTABLISHING A NATIONAL HEALTH SERVICE OUTREACH
PROGRAM FOR SENIOR CITIZENS AND INDIGENT PERSONS WITH
FUNCTIONAL DISABILITIES, PROVIDING FOR INTERAGENCY AND
LOCAL GOVERNMENT COORDINATION, AND PROVIDING FUNDS
THEREFOR**

EXPLANATORY NOTE

The elderly have been an integral part of the community and family building in our country. They have been an important member in every Filipino family's decision-making process, homemaking, and have been a voice of wisdom in the household. However, as our grandparents cannot take care of themselves and their families, the need for quality and compassionate care for them is much needed and necessary.

The 1987 Philippine Constitution explicitly states that the rights and welfare of senior citizens should be protected and promoted. Article XIII, Section 11, states that "there shall be priority for the needs of the underprivileged, sick, elderly, disabled, women, and children." Article XV, Section 4 states that "the family has the duty to care for its elderly members, but the State may design programs of social security for them." These provisions under the Constitution, explicitly conveyed through its framers, aim to promote the rights and welfare of both sectors and ensure they are catered as part of our nation.

However, amidst these provisions in our Constitution, they are still underserved and often ignored when it comes to prioritizations, especially in matters related to their health conditions. The most prevalent illness among the elderly population was visual impairment, which was followed by osteoarthritis and

hypertension. Additionally, older Filipinos suffer from mental health conditions like depression, dementia, and anxiety disorders, as well as sensory impairments like hearing loss, cataracts, vertigo, and sleep disorders (De la Vega et al., 2020). Hence, they are in need of medical attention and regular medication (Reyes et al., 2019).

There are government interventions to help senior citizens cope with their expenses, such as social pensions from the Social Security System (SSS) and the Government Service Insurance System (GSIS), as well as mandatory health insurance benefits through the Philippine Health Insurance Corporation (PhilHealth). However, due to the rising cost of living and inflation, over half (59.0%) of healthcare expenses are still covered mainly by the out-of-pocket expenses of elderly Filipinos and their families, with social insurance covering 19.8% and the national health department covering 6.5%, respectively (PSA, 2020). Hence, the burden of providing the other costs not covered by the government is shouldered by their family members. This phenomenon is evident in the fact that more than two-thirds (77%) of financial support for Filipino older persons came from their children, spouses, and relatives (De la Vega et al., 2020).

These problems faced by our elderly are being addressed through the “Health Outreach for Seniors and Indigents Program.” This bill aims to identify and register seniors with functional disabilities and indigent persons with similar needs, distribute assistive devices based on validated medical and functional needs, and train barangay health workers and community volunteers to deliver inclusive services under this act. With the help of this policy, we can address the medical needs and welfare of the vulnerable sector of our society through elevating their health status.

Thus, approval of this bill is earnestly sought.



PERCIVAL V. CENDAÑA
Akbayan Representative



JOSE MANUEL TADEO
“CHEL” I. DIOKNO
Akbayan Representative



DADAH KIRAM ISMULA
Akbayan Representative



KAKA J. BAG-AO
Dinagat Islands Representative

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

1 **SECTION 1. *Short Title.*** – This Act shall be known as the “Health
2 Outreach for Seniors and Indigents Program.”

3
4 **SEC. 2. *Declaration of Policy.*** – It is the policy of the State to uphold the
5 dignity, independence, and well-being of senior citizens and indigent persons,
6 particularly those with functional disabilities. Recognizing the economic,
7 physical, and social challenges they face, the State shall establish a national
8 service program to ensure equitable access to assistive devices, community-based
9 care, and basic hygiene resources.

10
11 **SEC. 3. *Objectives.*** – The objectives of this Act are to:

12 a) Strengthen and coordinate primary care-oriented public health
13 interventions for seniors and indigent persons with functional disabilities,
14 eliminate duplication of services, and thereby attain efficient resource allocation;

1 b) Enable local health units and community health workers to provide
2 inclusive, equitable, and preventive care for aging and disadvantaged
3 populations;

4
5 c) Institutionalize regular community health visits for the monitoring,
6 treatment, and support of functional impairments among eligible individuals;

7
8 d) Integrate the provision of assistive medical devices into national and
9 local health systems; and

10
11 e) Provide health-related hygiene and oral care kits to prevent disease and
12 promote personal health among vulnerable populations.

13
14 **SEC. 4. *Definition of Terms.*** – For purposes of this Act:

15 a) *Assistive Devices* refer to medically appropriate tools designed to aid
16 functional capacity, including, but not limited to, wheelchairs, walkers, hearing
17 aids, prescription eyeglasses, magnifiers, grab bars, dentures, and adaptive
18 utensils;

19
20 b) *Community Visits* refer to periodic home or community center visits by
21 trained service providers, healthcare workers, or volunteers, including dentists
22 and dental workers, to provide care, social support, and health monitoring;

23
24 c) *Functional Disability* refers to the difficulty of performing activities of
25 daily living due to mobility or sensory impairments as determined by a medical
26 professional;

27
28 d) *Indigent Persons* refer to individuals or households whose income falls
29 below the poverty threshold as defined by the Philippine Statistics Authority
30 (PSA), and who lack access to adequate health care, housing, or other basic needs;

31

1 e) *Oral Care and Hygiene Kits* refer to kits containing basic oral care and
2 hygiene supplies, such as, but not limited to, adult diapers, soap, shampoo, hand
3 sanitizers, incontinence pads, sanitary wipes, tooth brush, toothpaste, fluoride,
4 mouthwash, denture cup, denture brush, denture cleanser, lip balm or
5 moisturizer, and oral moisturizing gel or spray;

6
7 f) *Seniors* refer to any resident citizen of the Philippines at least sixty (60)
8 years old; and

9
10 g) *Service Provider* refers to any individual, non-government organization
11 (NGO), healthcare institutions, authorized by the DOH, DSWD, PhilHealth, and
12 LGUs, as the case may be, to implement the National Health Service Outreach
13 Program for Senior Citizens and Indigent Persons with Functional Disabilities
14 established under Section 5 of this Act.

15
16 **SEC. 5. *National Health Service Outreach Program for Senior Citizens and***
17 ***Indigent Persons with Functional Disabilities*** – There is hereby established a
18 National Health Service Outreach Program for Senior Citizens and Indigent
19 Persons with Functional Disabilities, to be known as Health Outreach for Seniors
20 and Indigents Program (HOSIP), an integrated and collaborative approach to
21 provide inclusive community-based care for aging and disadvantaged
22 populations, equitable access to assistive devices, and basic hygiene resources.

23
24 The HOSIP shall be formulated and implemented by the Department of
25 Health (DOH), in coordination with the Department of Social Welfare and
26 Development (DSWD), the National Commission of Senior Citizens (NCSC), and
27 local government units (LGUs).

28
29 The HOSIP shall:

30 a) Identify and register seniors with functional disabilities and indigent
31 persons with similar needs;

32

1 b) Conduct individual and household-based assessments through
2 community profiling;

3
4 c) Coordinate and implement community visits for registered beneficiaries,
5 to be determined on a case-to-case basis;

6
7 d) Distribute assistive devices based on validated medical and functional
8 needs;

9
10 e) Provide oral care and hygiene kits quarterly to all qualified
11 beneficiaries;

12
13 f) Maintain and share digital and physical registries of beneficiaries and
14 services rendered for efficient resource allocation and to eliminate duplication of
15 services; and

16
17 g) Train the workforce engaged in health care, such as barangay health
18 workers and community volunteers to deliver services under this Act.

19
20 The DOH and the DSWD shall be mainly responsible for the provision of
21 assistive devices to senior citizens and indigent persons with functional
22 disabilities, respectively. LGUs may augment the supply of such assistive devices
23 to meet the needs of their populations. PhilHealth shall provide such assistive
24 devices through its accredited healthcare institutions.

25
26 **SEC. 6. *Interagency and Local Government Coordination.*** – The DOH shall
27 coordinate with national government agencies, local government units (LGUs),
28 and civil society organizations to ensure a rights-based and community-centered
29 approach; eliminate duplication of services; harmonize resource allocation; and
30 optimize service delivery systems.

31
32 Specifically:

1 a) The DSWD shall conduct social profiling, validation of identified eligible
2 beneficiaries, and align services with local social welfare offices and
3 programs;

4
5 b) The NCSC shall guide senior citizen engagement, promote
6 empowerment, and ensure inclusivity;

7
8 c) The Philippine Health Insurance Corporation (PhilHealth) shall develop
9 and implement sustainable reimbursement mechanisms for assistive
10 technologies and geriatric care, consistent with its mandate, to ensure
11 financial risk protection and equitable access to essential health
12 services for all Filipinos;

13
14 d) LGUs, through the local social welfare and development offices, shall
15 identify the Program's beneficiaries and ensure localized
16 implementation of the Program via health offices and barangay health
17 units; and

18
19 e) DOH-authorized NGOs and Medical Societies shall provide expertise,
20 training, and personnel support to expand outreach capacity.

21
22 **SEC. 7. *Special Provision for Indigent Persons with Functional***
23 ***Disabilities.*** – To ensure the equitable inclusion of indigent persons, especially
24 those who are not yet senior citizens but are living with functional disabilities or
25 chronic vulnerabilities, the following shall be implemented:

26
27 a) **Priority Access:** Indigent persons shall be prioritized when resources are
28 constrained, based on medical, economic, and social need;

29
30 b) **Program Integration:** DSWD shall align services with local social
31 welfare programs for synergy;

32

1 c) Simplified Requirements: Implementing agencies may waive or simplify
2 documentation requirements for verifiable cases of indigence;
3

4 d) Community Referral System: Barangay officials and health workers
5 shall establish a proactive referral mechanism, such as the health care
6 provider network and other referral processes implemented by the
7 DSWD, to capture at-risk indigent individuals; and
8

9 e) Monitoring and Reporting: DOH shall submit annual disaggregated
10 data reports on services rendered to indigent persons.
11

12 **SEC. 8. *Funding.*** – The initial amount necessary to implement the
13 provisions of this Act shall be charged against the current year's appropriations
14 of the departments or agencies concerned, subject to the existing budgeting,
15 accounting, and auditing rules and regulations.
16

17 Thereafter, such amount necessary to effectively carry out the provisions
18 of this Act shall be included in the annual General Appropriations Act, subject to
19 the usual budget processes.
20

21 The LGUs concerned shall charge the amount necessary to carry out the
22 provisions of this Act against their respective local funds.
23

24 **SEC. 9. *Penalties.*** – Any official or employee found guilty of willful neglect,
25 fund misuse, or discriminatory implementation shall face penalties under
26 existing laws.
27

28 **SEC. 10. *Implementing Rules and Regulations.*** – The DOH, in consultation
29 with DSWD, NCSC, PhilHealth, LGUs, and stakeholders, shall issue the
30 implementing rules and regulations within sixty (60) days from the effectivity of
31 this Act.
32

1 **SEC. 11. *Separability Clause.*** – If any provision of this Act is declared
2 invalid or unconstitutional, the other provisions not affected shall remain in full
3 force and effect.

4
5 **SEC. 12. *Repealing Clause.*** – All laws, decrees, executive orders,
6 issuances, and rules and regulations inconsistent with this Act are hereby
7 repealed or amended accordingly.

8
9 **SEC. 13. *Effectivity.*** – This Act shall take effect fifteen (15) days after its
10 publication in the *Official Gazette* or in two (2) newspapers of general circulation.

Approved,