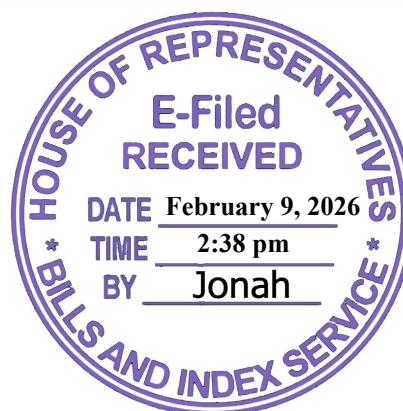


TWENTIETH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
First Regular Session)

HOUSE OF REPRESENTATIVES
HOUSE BILL No. 7673



Introduced by REPRESENTATIVE CLAUDINE DIANA D. BAUTISTA-LIM

AN ACT
ESTABLISHING HALFWAY HOUSES FOR INDIGENT PATIENTS REQUIRING
LONG-TERM MEDICAL CARE IN MAJOR CITIES, AND APPROPRIATING FUNDS
THEREFOR

EXPLANATORY NOTE

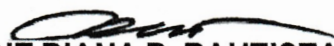
Access to quality health care should not be limited by geography or economic circumstance. Yet for many indigent Filipinos from rural and underserved areas, seeking specialized or long-term medical treatment in major cities presents an additional burden: the lack of safe and affordable temporary shelter for both patients and their caregivers.

Every year, thousands of patients are referred to tertiary hospitals in Metro Manila and other urban centers for cancer treatment, dialysis, surgery, and other prolonged medical care. While government hospitals provide medical services, many indigent patients are forced to sleep in corridors, sidewalks, or makeshift accommodations due to the high cost of lodging. This situation not only undermines their dignity but also compromises recovery and treatment outcomes.

This proposed measure seeks to address this gap by establishing Medical Halfway Houses for indigent patients requiring long-term care. These facilities will provide temporary accommodation, basic necessities, psychosocial support, and referral assistance, in coordination with the Department of Health, Department of Social Welfare and Development, and local government units.

By institutionalizing halfway houses near major medical centers, this bill aims to ease the financial and emotional burden on vulnerable patients, improve continuity of care, and promote a more humane and inclusive health system.

In view of the foregoing, the immediate passage of this bill is earnestly sought.


REP. CLAUDINE DIANA D. BAUTISTA-LIM

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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 Halfway
House Act for Indigent Patients.”

SEC. 2. Declaration of Policy. – It is hereby declared the policy of the State
to promote social justice and ensure equitable access to health care services. The
State recognizes that many indigent patients from remote and underserved areas are
compelled to seek long-term treatment in major urban centers, often without adequate
shelter or support.

Toward this end, the State shall establish halfway houses to provide temporary
accommodation, basic services, and psychosocial support to indigent patients and
their caregivers while undergoing medical treatment.

SEC. 3. Definition of Terms. – As used in this Act:

(a) **Halfway House** refers to a government-established or accredited facility
providing temporary lodging and basic support services to indigent patients and their
caregivers during medical treatment;

(b) **Indigent Patient** refers to a person certified by the Department of Social
Welfare and Development (DSWD) or a government hospital as financially incapable
of securing accommodation while undergoing medical care;

(c) **Long-Term Care** refers to continuous medical treatment requiring repeated
hospital visits or extended confinement exceeding fourteen (14) days.

SEC. 4. Establishment of Medical Halfway Houses. – The Department of
Health (DOH), in coordination with the DSWD and concerned Local Government Units

(LGUs), shall establish Medical Halfway Houses in major cities where tertiary and specialty hospitals are located.

Priority shall be given to Metro Manila, Cebu, Davao, Baguio, Iloilo, and Cagayan de Oro, without prejudice to expansion to other strategic areas.

SEC. 5. Services. – Each halfway house shall provide, at minimum:

- (a) Safe and decent temporary accommodation;
- (b) Basic meals and sanitation facilities;
- (c) Psychosocial support services;
- (d) Patient referral and coordination with hospitals;
- (e) Health education and wellness activities; and
- (f) Assistance in accessing government medical and social protection programs.

SEC. 6. Beneficiaries. – Priority beneficiaries shall be indigent patients referred by government hospitals and their accompanying caregivers, subject to capacity and guidelines to be issued by the DOH.

SEC. 7. Management and Operations. – The DOH shall oversee the operations of the halfway houses. LGUs may manage facilities within their jurisdiction through a memorandum of agreement with the DOH. The government may also partner with non-government organizations and faith-based groups, subject to accreditation standards.

SEC. 8. Appropriations. – The amount necessary for the initial implementation of this Act shall be charged against the current appropriations of the DOH. Thereafter, such sums as may be necessary shall be included in the annual General Appropriations Act.

SEC. 9. Implementing Rules and Regulations. – Within ninety (90) days from the effectivity of this Act, the DOH, in coordination with the DSWD, DBM, and concerned LGUs, shall promulgate the implementing rules and regulations.

SEC. 10. Separability Clause. – If any provision of this Act is declared unconstitutional, the remaining provisions shall remain in full force and effect.

SEC. 11. Repealing Clause. – All laws, decrees, orders, rules, and regulations inconsistent with this Act are hereby repealed or modified accordingly.

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