



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

**TWENTIETH CONGRESS**  
*First Regular Session*



**HOUSE BILL NO. 7717**

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**Introduced by Representative Howard A. Guintu**

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**EXPLANATORY NOTE**

The 1987 Philippine Constitution mandates the State to ensure access to essential health services, with priority given to the underprivileged, sick, children, and persons with disabilities (PWDs).

The Medical Assistance to Indigent and Financially Incapacitated Patients (MAIFIP) program of the Department of Health serves as a critical safety net for indigent Filipinos who cannot afford necessary medical treatment. While existing guidelines recognize rehabilitation and aftercare services, PWDs and children requiring Special Education–related therapies are not explicitly identified as priority beneficiaries, resulting in inconsistent access to medically necessary therapy services.

According to the National Council for Disability, at least 2.5 million Filipinos are officially registered as persons with disabilities<sup>1</sup>. More recent studies using broader disability measures estimate that up to 8–9 percent of the population may be living with some form of disability, indicating significant underreporting. Among children, the Second Congressional Commission on Education (EDCOM II) estimates that over five million Filipino children live with disabilities, yet less than ten percent are currently enrolled in public schools with access to Special Education services<sup>2</sup>.

Therapies such as physical therapy, occupational therapy, speech and language therapy, and behavioral therapy are medically prescribed interventions, not merely educational services. When families cannot afford these therapies, treatable conditions often worsen, leading to lifelong disability, dependence, and higher long-term costs to the State.

This measure seeks to strengthen MAIFIP by explicitly including PWDs and medically necessary Special Education–related therapies within its coverage, while maintaining existing safeguards such as medical necessity, non-cash assistance, the principle of order of charging, and DOH oversight.

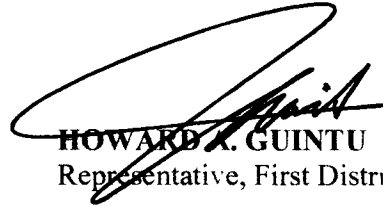
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<sup>1</sup> Cabalza, D. (2025, June). Registered PWDs in PH now at 2.5M. INQUIRER.net.

<sup>2</sup> Communications, E. 2. (2025, November 20). 5 million Filipino children with disabilities remain underserved - EDCOM 2 study. EDCOM 2.

The proposed measure does not create a new program or bureaucracy. It clarifies and institutionalizes coverage under MAIFIP to ensure equitable, inclusive, and sustainable access to essential health services.

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

A handwritten signature in black ink, appearing to read 'Howard A. Guintu', is written over the printed name and title.

**HOWARD A. GUINTU**

Representative, First District of Capiz



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**AN ACT STRENGTHENING THE MEDICAL ASSISTANCE TO INDIGENT AND FINANCIALLY INCAPACITATED PATIENTS (MAIFIP) PROGRAM OF THE DEPARTMENT OF HEALTH BY EXPANDING ITS COVERAGE TO INCLUDE PERSONS WITH DISABILITIES (PWDs) AND MEDICALLY NECESSARY SPECIAL EDUCATION-RELATED THERAPIES, 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 “Inclusive MAIFIP Strengthening Act.”

**SEC. 2. *Declaration of Policy.*** - It is hereby declared the policy of the State to:

- a) Ensure equitable access to essential health services for indigent and financially incapacitated Filipinos;
- b) Recognize Persons with Disabilities (PWDs) and children with developmental and learning needs as priority beneficiaries of public medical assistance;
- c) Institutionalize rehabilitation, therapy, and aftercare services as integral components of medical care;
- d) Promote early intervention to reduce long-term disability, dependence, and poverty; and
- e) Strengthen existing medical assistance mechanisms to ensure inclusive, efficient, and fiscally responsible delivery of health services.

**SEC. 3. *Strengthening and Expansion of MAIFIP Coverage.*** – The Medical Assistance to Indigent and Financially Incapacitated Patients (MAIFIP) program of the Department of Health is

hereby strengthened and expanded to explicitly include Persons with Disabilities (PWDs) and medically necessary Special Education–related therapies as part of its covered medical assistance.

This Act shall clarify, institutionalize, and standardize coverage already allowed under existing medical assistance guidelines, without diminishing current benefits.

**SEC. 4. *Covered Beneficiaries.*** – The expanded MAIFIP coverage shall apply to:

- a) Indigent and financially incapacitated Persons with Disabilities (PWDs), as defined under Republic Act No. 7277, as amended;
- b) Children diagnosed with developmental delays, autism spectrum disorder, intellectual disability, learning disabilities, speech and language disorders, sensory impairments, and other neurodevelopmental conditions requiring therapeutic intervention;
- c) Patients endorsed by DOH-retained hospitals, LGU hospitals, public schools with Special Education (SPED) programs, or accredited medical professionals; and
- d) Other individuals with medically certified disability- or development-related conditions, subject to eligibility assessment by a licensed medical social worker.

**SEC. 5. *Covered Services.*** – In addition to existing MAIFIP-covered services, the Program shall include medically necessary and physician-prescribed rehabilitation and therapy services, including but not limited to:

- a) Physical Therapy
- b) Occupational Therapy
- c) Speech and Language Therapy
- d) Behavioral and Developmental Therapy, including Applied Behavior Analysis (ABA), when clinically indicated
- e) Developmental Pediatrics and Rehabilitation Medicine consultations
- f) Psychological assessment and intervention directly related to a disability or developmental condition
- g) Assistive devices, mobility aids, and adaptive equipment when medically prescribed
- h) Diagnostic tests and evaluations necessary for treatment planning and monitoring.

Provided, that all services shall form part of a documented treatment or rehabilitation plan issued by a licensed physician or specialist.

**SEC. 6. *Medical Necessity and Prescription Requirement.*** – All rehabilitation and therapy services covered under this Act shall:

- a) Be medically necessary and not solely educational or custodial in nature;

- b) Be supported by a written medical prescription or treatment plan; and
- c) Be subject to periodic review in accordance with Department of Health guidelines.

**SEC. 7. *Mode of Assistance and Order of Charging.*** – Consistent with existing Department of Health rules:

- a) Assistance under MAIFIP shall be provided strictly on a non-cash basis;
- b) Payments shall be made directly to DOH-retained hospitals, LGU hospitals, or DOH-accredited rehabilitation and therapy providers;
- c) MAIFIP assistance shall cover residual costs only, after PhilHealth and other applicable benefits have been applied, in accordance with the principle of order of charging; and
- d) Assistance ceilings, rates, and service packages shall be determined by the Department of Health.

**SEC. 8. *Accreditation and Standards.*** – The Department of Health shall establish and maintain standards for:

- a) Accreditation of public and private rehabilitation and therapy providers;
- b) Reasonable rates and utilization limits for covered services;
- c) Monitoring, reporting, and audit mechanisms; and
- d) Safeguards against duplication, overutilization, and abuse.

**SEC. 9. *Role of Medical Social Workers.*** – Eligibility determination under MAIFIP shall continue to be anchored on:

- a) A Medical Social Worker (MSW) assessment of indigency or financial incapacity; and
- b) Validation of medical necessity in coordination with attending physicians and specialists.

**SEC. 10. *Inter-Agency Coordination.*** – In implementing this Act, the Department of Health shall coordinate with:

- a. The Department of Social Welfare and Development (DSWD);
- b. The Department of Education (DepEd), particularly for SPED-related referrals;
- c. The National Council on Disability Affairs (NCDA); and
- d. Local Government Units (LGUs).

**SEC. 11. *Funding.*** – The amounts necessary for the implementation of this Act shall be charged against the current appropriations of the Department of Health for MAIFIP. Thereafter, such sums as may be necessary shall be included in the annual General Appropriations Act.

**SEC. 12. *Monitoring and Reporting.*** – The Department of Health shall submit an annual report to Congress detailing:

- a) Number of beneficiaries assisted, disaggregated by age, sex, and disability status;
- b) Types and volume of rehabilitation and therapy services provided;
- c) Regional distribution of assistance;
- d) Fund utilization and balances; and
- e) Policy recommendations to further strengthen MAIFIP.

**SEC. 13. *Separability Clause.*** – If case any provision of this Act is declared invalid or unconstitutional, the remainder provisions not affected thereby shall continue to be in full force and effect.

**SEC. 14. *Effectivity.*** – This Act shall take effect fifteen (15) days after its publication in the *Official Gazette* or in a newspaper of general circulation.

*Approved,*