

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

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 8102



Introduced by:

HON. CHRISTOPHERSON “COCO” M. YAP

AN ACT

**INCREASING PHILHEALTH IN-PATIENT BENEFITS BY FIFTY PERCENT (50%) FOR
WARD ACCOMMODATION, STRENGTHENING NO BALANCE BILLING FOR WARD
PATIENTS, AND APPROPRIATING FUNDS THEREFOR**

EXPLANATORY NOTE

The high cost of hospitalization continues to push many Filipino families into debt, especially when a loved one needs to be confined in a hospital. Even patients admitted to basic or ward rooms, who are often low-income or vulnerable, still end up paying large amounts out of pocket. This happens because PhilHealth benefits are often too low, essential medicines and tests are not fully covered, and some hospitals still charge patients extra despite existing rules.

This bill seeks to make hospital care truly affordable for ward patients. It requires PhilHealth to increase in-patient ward benefits by fifty percent (50%) and to strictly enforce a “zero out-of-pocket” policy for covered services. In simple terms, this means patients in ward or basic accommodation should no longer be asked to pay for services, medicines, or tests that PhilHealth already covers. The measure strengthens existing health laws that promise no co-payments for ward patients, and makes that promise real in everyday hospital experience.

By improving PhilHealth coverage and stopping extra charges, the bill protects families from financial hardship, especially the poor, the elderly, and the sick. It ensures that PhilHealth funds are used for their true purpose: to help members when they need medical care the most. This measure promotes fairness, eases the burden on ordinary Filipinos, and moves the country closer to genuine universal health care.

In view of the foregoing, **ug sa ngalan sa SERBISYONG TINUORAY**, the undersigned respectfully requests the immediate passage of this measure.


CHRISTOPHERSON "COCO" M. YAP
Representative, Second District of Southern Leyte

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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 “*Expanded PhilHealth Ward Accommodation Act.*”

SECTION 2. Declaration of Policy. — It is the policy of the State to pursue universal and compulsory health insurance coverage and to ensure equitable access to quality and affordable health care, with priority for the underprivileged, sick, elderly, persons with disability, women, and children. The State shall strengthen financial risk protection by reducing out-of-pocket payments, particularly for patients admitted in ward accommodations in accredited health facilities.

SECTION 3. Coverage. — This Act shall cover all members of the National Health Insurance Program (NHIP) and their qualified dependents under Republic Act No. 7875, as amended.

SECTION 4. Definition of Terms. — For purposes of this Act, the following terms are defined:

- (a) **“Accredited Health Facility”** refers to a hospital, infirmary, clinic, or other health care institution accredited by the Philippine Health Insurance Corporation (PhilHealth) to provide health services covered by the NHIP;
- (b) **“Diagnostic Procedures”** refers to clinically indicated laboratory, imaging, and other diagnostic tests ordered by a licensed health professional in connection with an in-patient admission;
- (c) **“Drugs and Medicines”** refers to clinically indicated pharmaceutical products prescribed by licensed health professionals and dispensed by licensed pharmacies, whether within or outside the health facility, in connection with an in-patient admission;
- (d) **“In-patient”** refers to a person admitted to an accredited health facility for treatment and observation;
- (e) **“Ward Accommodation”** or **“Ward”** refers to an in-patient room configuration within an accredited health facility that is shared by three (3) or more in-patients per room, as certified and classified by the Department of Health (DOH) and PhilHealth pursuant to their standards;
- (f) **“Ward In-patient Benefit Package”** refers to the PhilHealth benefit package applicable to ward accommodation admissions, as defined and updated by PhilHealth, including case-based payments and/or itemized benefit components as may be applicable.

SECTION 5. Mandatory Increase in Ward In-patient Benefits. —

- (a) **Increase.** — Within six (6) months from the effectivity of this Act, PhilHealth shall increase by fifty percent (50%) the total PhilHealth coverage amounts for the Ward In-patient Benefit Package, relative to the immediately preceding coverage amounts in effect at the time of this Act’s effectivity.
- (b) **Scope of Increase.** — The fifty percent (50%) increase shall apply to PhilHealth payments for in-patient ward admissions, including professional fees and facility fees covered under the applicable ward benefit package, subject to standards on reasonableness and anti-fraud safeguards.

- (c) Regular Review. — PhilHealth, in coordination with the DOH, shall thereafter review ward benefit adequacy at least every two (2) years, considering inflation, disease burden, and utilization, and submit a report to Congress.

SECTION 6. No Balance Billing and Zero Out-of-Pocket for Ward Admissions. —

- (a) No Balance Billing Rule for Ward. — For ward admissions in accredited health facilities, PhilHealth shall implement and enforce a No Balance Billing policy such that no additional charges shall be collected from the member or qualified dependent for services, drugs and medicines, and diagnostic procedures that are:
 - (i) clinically indicated;
 - (ii) included in the ward benefit package or otherwise covered under PhilHealth rules; and
 - (iii) provided in connection with the admission.
- (b) Coverage of Essential Goods and Services. — For purposes of this Act, “zero out-of-pocket” refers to the absence of any co-payment, balance billing, or extra billing for covered items and services as determined under PhilHealth rules, subject to the limitations and exclusions that shall be expressly enumerated in the implementing rules and regulations.
- (c) Facility Accountability. — Any accredited health facility found to have collected prohibited charges in violation of this section shall be subject to administrative sanctions by PhilHealth, including suspension, downgrading, or termination of accreditation, and the imposition of restitution/refund mechanisms, consistent with due process.

SECTION 7. Funding; Actuarial Safeguards. —

- (a) Appropriations. — The amount necessary to implement this Act shall be charged against the funds of PhilHealth, subject to actuarial soundness and to such supplemental appropriations as Congress may provide.
- (b) Actuarial Study. — Within ninety (90) days from the effectivity of this Act, PhilHealth shall submit to Congress and the DOH an actuarial assessment on the fiscal impact of the mandated increase and the no balance billing expansion, together with proposed premium, payment, and anti-fraud measures to ensure sustainability.

SECTION 8. Implementing Rules and Regulations. — Within ninety (90) days from the effectivity of this Act, PhilHealth, in coordination with the DOH and after consultation with accredited health facilities, health professional organizations, and patient groups, shall promulgate the implementing rules and regulations (IRR) to carry out this Act.

SECTION 9. Separability Clause. — If any provision of this Act is declared unconstitutional or invalid, the other provisions not affected shall remain in full force and effect.

SECTION 10. Repealing Clause. — All laws, decrees, orders, issuances or portions thereof, which are inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

SECTION 11. Effectivity. — This Act shall take effect fifteen (15) days after its publication in the *Official Gazette* or in a newspaper of general circulation.

Approved,