

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

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 8118



Introduced by:

HON. CHRISTOPHERSON "COCO" M. YAP

AN ACT
PROVIDING FOR HOSPITAL BENEFITS AND OTHER PRIVILEGES FOR TEACHERS
AND THEIR DEPENDENTS IN GOVERNMENT HEALTH FACILITIES,
STRENGTHENING THEIR ACCESS TO HEALTH SERVICES THROUGH PHILHEALTH,
AND APPROPRIATING FUNDS THEREFOR

EXPLANATORY NOTE

The Constitution calls on the State to make health care affordable and accessible to all, especially priority sectors. To fulfill this duty, the government created the National Health Insurance Program so Filipinos can get medical care without facing heavy financial burden. Teachers clearly belong to this priority group. They play a vital role in shaping the nation's future, yet many of them still struggle to get timely medical consultations, tests, and hospital care, particularly those assigned in public schools and remote or underserved areas.

Despite their service, teachers often face long queues, complicated procedures, and out-of-pocket costs when seeking treatment in public hospitals. These challenges can delay care, worsen illness, and add stress to educators who are already carrying heavy workloads. When teachers' health suffers, the quality and continuity of education also suffer.

This bill responds with a practical solution. It creates a Teachers' Health Access Program that improves how teachers access services in government health facilities, through simple measures such as help desks, referral and monitoring systems, and coordinated preventive care, without taking away services from other patients. Implemented through cooperation among the Department of Health, education

agencies, local governments, and PhilHealth, the program strengthens support for teachers while respecting existing health policies and resources. By protecting teachers' health, this measure ultimately protects the nation's investment in education and human development.

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 “*Teachers’ Hospital Benefits Act.*”

SECTION 2. Declaration of Policy. — It is the policy of the State to adopt an integrated and comprehensive approach to health development to make essential goods, health, and other social services available to all people at affordable cost, with due regard to priority sectors, including the underprivileged, the sick, the elderly, the disabled, women, and children.

Toward this end, the State shall protect the welfare of teachers, who perform essential public service, by improving their access—together with their dependents—to preventive, promotive, diagnostic, curative, and rehabilitative health services in government health facilities, and by strengthening coordination with the National Health Insurance Program.

SECTION 3. Definition of Terms. — For purposes of this Act, the following terms are defined:

(a) **“Teacher”** refers to a person employed in a public or private educational institution, whether teaching or non-teaching, who performs any of the following functions:

- i. Classroom teaching, including practical and vocational instruction, at the day-care, kindergarten, elementary, secondary, or post-secondary levels;
- ii. Guidance and counseling services;
- iii. Instructional supervision; or
- iv. School health services as school physician, dentist, or nurse.

(b) **“Dependent”** refers to:

- i. The Legitimate spouse;
- ii. Legitimate, illegitimate or legally adopted child who is: (i) below eighteen (18) years old, unmarried and not gainfully employed; or (ii) eighteen (18) years old or above but incapacitated and incapable of self-support due to a physical or mental disability; and
- iii. Parents who are chiefly dependent upon the Teacher for support, as may be defined and verified under the IRR.

(c) **“PhilHealth”** refers to the Philippine Health Insurance Corporation created under the National Health Insurance Act of 1995.

SECTION 4. Teachers’ Health Access Program in Government Health Facilities.

— There is hereby established a **Teachers’ Health Access Program** to be implemented by the Department of Health (DOH), in coordination with the Department of Education (DepEd), the Commission on Higher Education (CHED), the Technical Education and Skills Development Authority (TESDA), and PhilHealth, for the purpose of improving access of Teachers and their Dependents to medical services in Government Health Facilities.

SECTION 5. Minimum Benefits and Privileges. — Subject to the availability of funds, staffing, and facilities, and without prejudice to existing PhilHealth benefits and other applicable laws, Government Health Facilities shall provide Teachers and their Dependents the following:

- a.) **Priority assistance / fast-lane system.** Establish a priority lane or dedicated help desk for Teachers and their Dependents for registration, billing, and claims facilitation;
- b.) **Medical services.** Access to preventive, promotive, diagnostic, curative, and rehabilitative services consistent with DOH service capability standards;
- c.) **Preferential scheduling.** For non-emergency consultations and diagnostic procedures, preferential scheduling may be provided as determined by the head of facility, consistent with patient safety and clinical triage protocols;
- d.) **Health monitoring and referral.** A referral and monitoring system for Teachers and their Dependents, including periodic medical examination protocols to be defined in coordination with DepEd, CHED, and TESDA.

For avoidance of doubt, nothing in this Act shall be construed as a basis to deny emergency care or medically necessary services to non-beneficiaries.

SECTION 6. Bed Allocation and Discounts; Standards to be Set by DOH. —

- (A) **Bed Allocation.** Instead of a fixed statutory number of beds, the DOH shall, through the IRR, prescribe **minimum service access standards** (which may include indicative bed allotments or ward access arrangements) that Government Health Facilities shall implement **based on level of hospital, bed capacity, and catchment population**, to avoid impairing general patient access and hospital licensing standards.
- (B) **Discounts.** Any discount on consultations, diagnostics, medicines, or other hospital charges in Government Health Facilities shall be **implemented only upon:**
 - 1. An explicit DOH policy and pricing guideline; and
 - 2. A corresponding appropriation or identified funding source to prevent unfunded mandates and protect hospital operations.

SECTION 7. PhilHealth Coordination and Benefit Strengthening. — PhilHealth, in coordination with the DOH, DepEd, CHED, and TESDA, shall **study and implement**, as far as practicable and subject to actuarial viability and existing legal frameworks, measures to improve benefit availment of Teachers and their Dependents, which may include:

- (a) expanded provider accreditation for facilities commonly accessed by Teachers;
- (b) simplified claims assistance through hospital help desks; and
- (c) enhanced benefit designs for high-burden conditions affecting Teachers, consistent with PhilHealth’s fund stewardship and viability obligations.

This section shall be implemented consistent with PhilHealth’s legal limitations on use of funds and benefit structuring and subject to pertinent rules and approvals.

SECTION 8. Implementing Rules and Regulations. — Within **ninety (90) days** from the effectivity of this Act, the DOH, in consultation with DepEd, CHED, TESDA, PhilHealth, and other concerned stakeholders, shall promulgate the IRR for its effective implementation.

SECTION 9. Appropriations. — The amount necessary to carry out the provisions of this Act shall be charged against the current appropriations of the DOH and other concerned agencies under the General Appropriations Act. Thereafter, such sums as may be necessary for the continued implementation of this Act shall be included in the annual General Appropriations Act.

SECTION 10. Annual Report. — The Secretary of Health shall submit to the Committees on Health of the Senate and the House of Representatives an **annual report** on the implementation of this Act, including utilization, service delivery indicators, and funding requirements.

SECTION 11. 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 12. 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 13. Effectivity. — This Act shall take effect fifteen (15) days after its publication in the *Official Gazette* or in at least two (2) newspapers of general circulation.

Approved,