

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

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. **8791**



Introduced by **REP. NATHANIEL “Atty. Nat” M. ODUCAO**

EXPLANATORY NOTE

Every child deserves a chance to live, grow, and reach their full potential. Yet, in the Philippines, thousands of children are diagnosed each year with life-threatening illnesses such as cancer, congenital heart disease, and chronic kidney disease. These conditions require long, intensive, and costly treatment, which many families, especially those who are poor or low-income, cannot afford. Without government support, these children face the risk of premature death, while families suffer financial hardship and emotional distress. Statistics highlight the urgency of this measure: childhood cancer affects 4,000 to 5,000 children under 19 annually, yet survival rates remain at only 30–40%, compared to over 80% in high-income countries. Congenital heart disease affects 6,000 to 7,000 newborns every year, while approximately 1,300 children with chronic kidney disease require dialysis, costing more than Php 50,000 per month without assistance. Out-of-pocket medical expenses burden 70% of low-income families, pushing over one million Filipinos into poverty annually.

The Children’s Critical Illness Support Act seeks to provide comprehensive medical, financial, and psychosocial support to children with critical illnesses, ensuring that no child is denied the care they need due to lack of resources. Under this bill, qualified beneficiaries—children aged 0–18 with medically certified critical illnesses whose families demonstrate financial need—will receive free treatment in government hospitals in accordance with clinical guidelines, full PhilHealth coverage including zero-balance billing, and financial assistance for care in private facilities when public services are unavailable. They will also have access to essential medicines and treatments approved by the Department of Health (DOH), as well as transportation and accommodation support for treatment outside their locality. In addition, counseling and social services will be provided to support both the child and the family, addressing the emotional and social challenges that often accompany critical illness.

Implementation of this Act will be carried out in a phased and prioritized manner. The DOH, in coordination with the Department of Social Welfare and Development (DSWD), PhilHealth, the Philippine Charity Sweepstakes Office (PCSO), and Local Government Units (LGUs), will initially pilot the program in selected hospitals and regions with the highest incidence of critical childhood illnesses. Beneficiaries will be enrolled through a transparent assessment system based on medical urgency and financial need, while a National Registry for Children with Critical Illnesses will track verified diagnoses, treatment, and outcomes to ensure proper targeting and prevent duplication of assistance. LGUs will assist in identifying and referring qualified beneficiaries and, where feasible, provide logistical and financial support. Funding for the initial implementation will be drawn from current appropriations, with future allocations included in the General Appropriations Act to ensure sustainability and accountability.

¹Philippine Institute For Development Studies. (2025). What’s in the new law requiring child development centers in every barangay? Available at <https://pids.gov.ph/details/news/in-the-news/what-s-in-the-new-law-requiring-child-development-centers-in-every-barangay>

This Act also integrates with existing programs, including PhilHealth, Malasakit Centers, DSWD, and PCSO initiatives, to ensure continuity of care and avoid duplication. Early and adequate intervention improves survival rates, reduces long-term healthcare costs, and allows children to live healthy, productive lives. At the same time, it alleviates the financial and emotional burden on families. By enacting this measure, the State fulfills its constitutional duty to protect life, promote social justice, and uphold the rights of children as recognized under the United Nations Convention on the Rights of the Child.

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

A handwritten signature in black ink, appearing to read 'N. Oducado', with a small blue circular stamp or mark near the end of the signature.

REP. NATHANIEL “ATTY. NAT” M. ODUCADO
1Tahanan Party List

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Introduced by **REP. NATHANIEL “ATTY. NAT” M. ODUCAO**

**AN ACT PROVIDING COMPREHENSIVE SUPPORT AND BENEFITS FOR
CHILDREN WITH CRITICAL ILLNESSES, AND FOR OTHER PURPOSES**

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 “*Children’s Critical Illness*
2 *Support Act.*”

3 **SEC. 2. *Declaration of Policy.*** – It is hereby declared the policy of the State to protect and
4 promote the right to life, health, and development of every child, with particular emphasis on those
5 suffering from critical illnesses.

6 The State recognizes that children with critical illnesses face the most urgent and life-
7 threatening conditions and require immediate, continuous, and often costly medical care. Without
8 adequate government support, many families are unable to sustain the treatment necessary to
9 preserve the life and well-being of these children.

10 Children with critical illnesses are among the most vulnerable members of society.
11 Prioritizing them ensures that limited public resources are directed toward those at the greatest risk,
12 in fulfillment of the State’s duty to provide social justice and equitable access to health services.

13 The State further recognizes the broader social impact of critical childhood illnesses. When
14 a child is seriously ill, the entire family is affected, often resulting in loss of income, disruption of
15 education for siblings, and increased financial and emotional strain. Government intervention is
16 therefore necessary not only to support the child but also to stabilize families and communities.

17 Moreover, investing in early and adequate treatment for critically ill children improves
18 survival rates and long-term health outcomes, reduces future healthcare costs, and enables children
19 to lead healthier and more productive lives. This policy is thus not only compassionate but also
20 practical and sustainable.

21 **SEC. 3. *Definition of Terms.*** - For purposes of this Act:

- a) *Child with Critical Illness* - refers to a Filipino citizen aged zero (0) to eighteen (18) years who has been diagnosed by a DOH-accredited specialist with a life-threatening or severely debilitating medical condition that requires prolonged, intensive, and high-cost medical treatment, including but not limited to cancer, congenital heart disease, chronic kidney disease, severe neurological disorders, and other similar conditions as may be determined by the Department of Health (DOH);
- b) *Qualified Beneficiary* - refers exclusively to a child with critical illness as defined herein, whose condition necessitates continuous medical care and whose family demonstrates financial need as determined by the Department of Social Welfare and Development (DSWD);
- c) *Medical Services* - refers to necessary hospital care, professional services, diagnostics, medicines, rehabilitation, and palliative care required for the treatment of a critical illness;
- d) *Guardian* - refers to the parent or legal custodian responsible for the care of the child.

SEC. 4. Coverage and Eligibility. -This Act shall cover only qualified beneficiaries as defined herein.

Priority in the grant of benefits shall be given in the following order:

- a) Indigent families or those listed under the National Household Targeting System for Poverty Reduction (NHTS-PR) or its successor;
- b) Low-income families as determined by the Department of Social Welfare and Development (DSWD);
- c) Other families demonstrating financial incapacity based on income, assets, and cost of treatment.

The DOH, in coordination with the DSWD, shall establish a transparent prioritization and case assessment system based on medical urgency, financial capacity, and treatment requirements to ensure equitable distribution of limited resources.

SEC. 5. Benefits and Privileges. - Qualified beneficiaries shall be entitled to the following:

- a) Full Subsidy in Government Facilities - Free medically necessary services in DOH hospitals, subject to clinical guidelines;
- b) Expanded Philhealth Coverage - Automatic enrollment and full coverage for all medically necessary services related to the child's critical illness, including zero-balance billing in public facilities;
- c) Medical Assistance for Non-Government Care - Financial assistance from DOH, PCSO, and similar programs when services are unavailable in public facilities;
- d) Provision of Essential Medicines and Treatment - Access to life-saving treatments, subject to DOH-approved clinical pathways;
- e) Transportation and Accommodation Assistance - Support for patients requiring treatment outside their locality, subject to availability of funds;
- f) Psychosocial and Family Support Services - Counseling and social services for the child and family.

1 *Provided*, That access to benefits shall be subject to clinical prioritization, availability of
2 funds, and guidelines issued by the DOH to ensure sustainability and equitable access.

3 **SEC. 6. *Integration with Existing Programs.*** - The benefits under this Act shall
4 complement and be integrated with existing programs of the DOH, PhilHealth, DSWD, PCSO, and
5 Malasakit Centers to avoid duplication and ensure continuity of care.

6 **SEC. 7. *Role of Local Government Units (LGUs).*** - Local Government Units shall:

- 7 a) Assist in the identification and referral of qualified beneficiaries;
8 b) Provide counterpart logistical and financial support, where feasible;
9 c) Facilitate coordination with health and social service providers..

10 **SEC. 8. *National Registry for Children with Critical Illnesses.*** - The DOH shall establish
11 a National Registry and Case Management System for Children with Critical Illnesses, which shall:

- 12 a) Record verified diagnoses and treatment status;
13 b) Track utilization of benefits and outcomes;
14 c) Ensure proper targeting and prevent duplication of assistance.

15 Data sharing shall comply with existing data privacy laws.

16 **SEC. 9. *Implementing Agencies.*** - The DOH shall be the lead implementing agency of this
17 Act, in coordination with the DSWD, PhilHealth, PCSO, and Local Government Units.

18 **SEC. 10. *Implementing Rules and Regulations.*** - Within ninety (90) days from the
19 effectivity of this Act, the DOH, in consultation with relevant government agencies and
20 stakeholders, shall promulgate the necessary rules and regulations for its effective implementation,
21 including:

- 22 a) Accreditation of specialists
23 b) List of covered critical illnesses
24 c) Prioritization criteria
25 d) Benefit packages and limits

26 **SEC. 11. *Appropriations.*** - The amount necessary for the initial implementation of this Act
27 shall be charged against the current appropriations of the DOH, PhilHealth, and other concerned
28 agencies; thereafter, such sums as may be necessary shall be included in the General Appropriations
29 Act, subject to existing budgeting laws: *Provided*, That implementation shall be carried out in a
30 phased and prioritized manner, ensuring that expenditures remain within sustainable fiscal limits
31 as determined by the DBM.

32 **SEC. 12. *Separability Clause.*** - If any provision of this Act is declared unconstitutional or
33 invalid, the remaining provisions shall remain in full force and effect.

34 **SEC. 13. *Repealing Clause.*** - All laws, decrees, executive orders, rules and regulations, or
35 parts thereof inconsistent with this Act are hereby repealed or modified accordingly.

1 **SEC. 14. *Effectivity.*** - This Act shall take effect fifteen (15) days after its publication in
2 the *Official Gazette* or in at least two (2) newspapers of general circulation.

3 *Approved,*