

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

TWENTIETH CONGRESS
First Regular Session



HOUSE BILL NO. 8885

**Introduced by AKBAYAN Representatives PERCIVAL V. CENDAÑA,
JOSE MANUEL TADEO "CHEL" I. DIOKNO, and DADAH KIRAM ISMULA and
Dinagat Islands Representative KAKA BAG-AO**

**AN ACT CREATING A FIRST CONGRESSIONAL COMMISSION ON HEALTH
(HEALTHCOM) TO REVIEW, ASSESS, AND EVALUATE THE STATE OF THE
PHILIPPINE HEALTH SYSTEM AND RECOMMEND TRANSFORMATIVE,
TARGETED, AND SUSTAINABLE POLICY REFORMS, APPROPRIATING
FUNDS THEREFOR, AND FOR OTHER PURPOSES**

EXPLANATORY NOTE

Section 15, Article II of the 1987 Constitution affirms that "the State shall protect and promote the right to health of the people and instill health consciousness among them." Complementing this, Section 11, Article XIII mandates the State to "adopt an integrated and comprehensive approach to health development" and to make essential goods, health services, and other social services accessible to all at affordable cost.

Taken together, these provisions establish two fundamental principles. First, health is a human right that the State is duty-bound to respect, protect, and fulfill. Second, health and well-being are indispensable to national development. A nation's health cannot be separated from its economic trajectory. When preventable illness persists, productivity declines, inequalities widen, and economic opportunities contract. Conversely, investing in health is not merely a social commitment—it is a strategic economic imperative that strengthens human capital, drives inclusive growth, and enables communities to participate fully in the country's development.

With significant laws passed in the recent years such as the Cheaper Medicines Act (Republic Act No. 9502), the Philippine Mental Health Act (Republic Act No. 11036), the Sin Tax Reform Act (Republic Act 10351), the Responsible Parenthood and Reproductive Health Law (Republic Act No. 10354), the *Kalusugan at Nutrisyon*

ng *Mag-Nanay* Act (Republic Act 11148) the Universal Health Care Act (Republic Act No. 11223), the Philippines still falls behind in terms of achieving a genuine universal and equitable health care for Filipinos.

Despite PhilHealth coverage reportedly exceeding 90% of the population, financial protection remains alarmingly weak. World Bank data indicate that out-of-pocket health spending in the Philippines stood at 44.36% in 2023, a level starkly inconsistent with the UHC Law's promise to substantially reduce the financial burden on Filipino households.¹ This means that nearly half of total health expenditures are still paid directly by families at the point of care. Major cost drivers for out-of-pocket expenses in the Philippines include purchase of outpatient drugs, hospitalization and preventive care².

Regionally, the Philippines ranks fourth highest in out-of-pocket spending in ASEAN. Only Myanmar (71.13%), Cambodia (60.60%), and Lao PDR (44.84%) report higher shares in 2023. The Philippines (44.36%) fares worse than Viet Nam (39.20%), Malaysia (37.09%), Indonesia (31.08%), Singapore (25.42%), and dramatically lags behind Thailand (9.93%), Brunei Darussalam (7.41%), and Timor-Leste (6.99%).

Beyond persistent weaknesses in financial risk protection, the Philippines continues to face significant challenges in morbidity and mortality across multiple disease domains. Non-communicable diseases linked to tobacco, alcohol, and unhealthy diets already account for a growing share of deaths and healthcare costs in the Philippines. One study estimated that these risk factors cost our economy an estimate of at least Php 1.055 trillion annually.³

Simultaneously, the country is confronting a rapidly expanding HIV epidemic. Following a 500 percent increase in incidence among individuals aged 15–25 years, the Philippines declared a public health emergency for HIV and AIDS. In 2025, surveillance data indicate an average of 57 newly reported HIV cases per day, compared to 37 daily cases in the preceding year, suggesting accelerating transmission dynamics, particularly among younger populations.⁴ Tuberculosis (TB) remains a persistent public health concern. The Philippines ranks third globally in total TB burden, contributing approximately 6.8 percent of global TB cases.⁵

¹ World Bank (2025) Out-of-pocket expenditure (% of current health expenditure). Global Health Expenditure Database. Retrieved from https://data.worldbank.org/indicator/SH.XPD.OOPC.CH.ZS?locations=PH&most_recent_year_desc=true

² Philippine Star (2025) PhilHealth eyes lower out-of-pocket expenses. Retrieved from <https://www.philstar.com/headlines/2025/03/07/2426467/philhealth-eyes-lower-out-pocket-expenses>

³ Daily Tribune (2025) Gov't bleeds P1.1T annually from alcohol, tobacco, vape consumption — think tank. Retrieved from: <https://tribune.net.ph/2025/02/28/govt-bleeds-p11t-annually-from-alcohol-tobacco-vape-consumption-think-tank>

⁴ Department of Health (2025) HIV & AIDS Surveillance of the Philippines Jan-Mar 2025. Retrieved from <https://www.ship.ph/wp-content/uploads/2025/11/HASP-Q1-2025.pdf>

⁵ WHO (2025) Global Tuberculosis Report 2025. Geneva

Nutritional outcomes further compound the country's health profile. In 2023, the National Nutrition Survey found that more than 2 million or one in four children were stunted, making it one of the highest rates in the country.⁶

Maternal and child health outcomes similarly remain off-target. The infant mortality rate (IMR) was 14.22 per 1,000 live births in 2022, exceeding the target of 12 per 1,000. The maternal mortality ratio (MMR) reached 83.8 per 100,000 live births in 2023, substantially above the target of 70 per 100,000.⁷

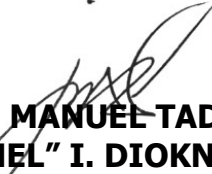
In line with this, this bill seeks to create a Congressional Commission on Health (HEALTHCOM) to conduct a comprehensive assessment and evaluation of the Philippine health care system. This bill adopts the framework of Republic Act No. 11899 or the Second Congressional Commission on Education (EDCOM II) Act. With its impactful studies, policy outputs, and inter-agency coordination, EDCOM II has been able to surface the deep-seated problems in our education system.

The HEALTHCOM will be engaging different experts, stakeholders, and leaders in the government, medical institutions, medical and allied health professions, research institutions, and civil society organizations through consultations and research in order to propose evidence-based and data-driven programs, policies, and reforms to address the gaps in the current system.

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



PERCIVAL V. CENDAÑA
Akbayan Representative



JOSE MANUEL TADEO
"CHEL" I. DIOKNO
Akbayan Representative



DADAN KIRAM ISMULA
Akbayan Representative



KAKA J. BAG-AO
Dinagat Islands Representative

⁶ Philippine Institute of Development Studies (PIDS) Raising the Bar: Understanding and Solving Chronic Malnutrition in the Philippines. Retrieved from <https://pidswebs.pids.gov.ph/CDN/document/pidsbk2025-Malnutrition.pdf>

⁷ WHO (2026) Philippines. [Country overview] Retrieved from <https://data.who.int/countries/608>

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*Be it enacted by the Senate and the House of Representatives of the Philippines in
Congress assembled:*

1 **SECTION 1. *Short Title.*** – This Act shall be known as the "First Congressional
2 Commission on Health (HEALTHCOM) Act."
3

4 **Sec. 2. *Declaration of Policy.*** – It is the declared policy of the State to
5 protect and promote the right of all citizens to quality, accessible, affordable, and
6 equitable health care. Health is essential to human development, economic
7 productivity, disaster resilience, and national progress.
8

9 The State shall adopt an integrated, efficient, and fully coordinated health
10 system, strengthen public health functions, guarantee universal access to essential
11 services, and expand the capacity of the health workforce. Consistent with Republic
12 Act No. 11223, or the Universal Health Care (UHC) Act, the State shall ensure financial
13 risk protection, improved health outcomes, and equitable access to comprehensive
14 and quality health services.

1
2 Recognizing that health outcomes are shaped by social, economic, and
3 environmental determinants beyond the health sector, the State shall strengthen inter-
4 agency and whole-of-government coordination to improve health outcomes and
5 reduce health inequities.

6
7 **Sec. 3. Objectives of HEALTHCOM.** – In order to place health at the center
8 of national development, HEALTHCOM shall:

- 9 a) Develop specific, targeted, measurable, and time-bound reforms
10 grounded in an evidence-informed and comprehensive assessment of
11 the health system;
12
13 b) Assess institutional capacity, governance, and performance of the
14 Department of Health (DOH), Philippine Health Insurance Corporation
15 (PhilHealth), and local health systems (provincial health offices and local
16 health boards) as the primary drivers of the UHC implementation;
17
18 c) Review and harmonize mandates, roles, and coordination mechanisms
19 among the DOH, PhilHealth, Food and Drug Administration (FDA),
20 Professional Regulation Commission (PRC), Commission on Higher
21 Education (CHED), Department of the Interior and Local Government
22 (DILG), Department of Science and Technology–Philippine Council for
23 Health Research and Development (DOST-PCHRD), Department of
24 Science and Technology–Health Technology Assessment Council (DOST-
25 HTAC), local government units (LGUs), and other health-related
26 agencies;
27
28 d) Strengthen inter-agency alignment with national government agencies
29 addressing the social and economic determinants of health, including
30 the Department of Economy, Planning, and Development (DEPDev),
31 Department of Education (DepEd), CHED, Technical Education and Skills
32 Development Authority (TESDA), Department of Social Welfare and

1 Development (DSWD), Department of Labor and Employment (DOLE),
2 Civil Service Commission (CSC), Commission on Human Rights (CHR),
3 Department of Migrant Workers (DMW), and Department of Trade and
4 Industry (DTI);

5
6 e) Formulate strategies to strengthen the health workforce, including
7 planning, education, regulation, deployment, retention, and
8 compensation, to support effective UHC implementation and respond to
9 current and future service demand;

10
11 f) Identify, prioritize, and lobby for reforms on universal healthcare and
12 other health-related laws that respond to the population needs; and

13
14 g) Utilize internationally benchmarked health-system performance
15 assessment tools and indicators to support evidence-based analysis,
16 monitoring, and continuous system improvement.

17
18 **Sec. 4. *Creation of HEALTHCOM.*** – The First Congressional Commission on
19 Health (HEALTHCOM) is hereby created to conduct a comprehensive national review
20 of the Philippine health system and propose evidence-based, transformative reforms
21 for a resilient, efficient, people-centered, and future-ready health system.

22
23 **Sec. 5. *Composition.*** – The HEALTHCOM shall be composed of ten (10)
24 members:

25 (a) Five (5) Members from the Senate

26 (b) Five (5) Members from the House of Representatives

27
28 The Chairpersons of the Senate and House Committees on Health and Local
29 Government shall serve as Co-Chairpersons.

1 The other three (3) members each from the Senate and the House of
2 Representatives shall be designated by the Senate President and the Speaker of the
3 House of Representatives, respectively.

4
5 The members of the Commission shall receive no compensation, but travelling,
6 communications, and other necessary expenses shall be allowed, subject to existing
7 laws, and rules and regulations.

8
9 **Sec. 6. *Duration.*** – The Commission shall complete its mandate within three
10 (3) years from its organization.

11
12 **Sec. 7. *Powers and Functions.*** – The HEALTHCOM shall:

- 13 (a) Review the current state of the Philippine health system based on the
14 system building blocks, health system performance indicators, and
15 health equity indicators. This covers UHC implementation, health
16 programs, health financing, PhilHealth reforms, medicines, workforce,
17 and health facilities at the national and subnational level;
- 18
19 (b) Assess the performance of the DOH, PhilHealth, and local government
20 in its efforts in implementing the UHC law;
- 21
22 (c) Evaluate coordination among various national agencies, LGUs, and the
23 private sector (development partners, businesses, civil society
24 organizations, religious organizations);
- 25
26 (d) Formulate short, medium, and long-term reform agenda on:
27 • Institutional strengthening of DOH, PhilHealth, and local health
28 systems;
29 • Health financing;
30 • Governance and regulation;
31 • Infrastructure and service delivery;
32 • Health information systems and digitalization efforts;

- Public health preparedness and emergency systems, including One Health Integration;
- Health human resources;
- Drugs, medicine, and technology; and
- Health equity

(d) Approve the workplan for the conduct of the national review, assessment and harmonization tasks and the budget for the programs of the Commission and all disbursements therefrom, including compensation of all personnel;

(e) Hire and appoint employees and personnel on temporary, contractual, or on consultancy basis;

(f) Hold hearings and receive testimonies, reports and expert advice on the status of Philippine health sector, exhaust available options to identify problems, and consolidate coherent courses of action as remedies;

(g) Summon by subpoena any public official or private person to testify before it or require by *subpoena duces tecum* the production of necessary documents, as may be necessary;

(h) Secure from any department, bureau, office or instrumentality of the government such assistance, including technical information, preparation and production of reports, and the submission of recommendations or plans, as may be required;

(i) Conduct multi-stakeholder consultations with technical experts, program implementers and non-government organizations, using proper mechanisms and guidance;

- 1 (j) Review and act upon the recommendations of the Technical Secretariat
2 or Standing Committees, or both, as it may deem appropriate;
3
- 4 (k) Cost priority reforms and analyze fiscal space to ensure translation of
5 planned reforms;
6
- 7 (l) Provide inputs in the budget preparation and deliberation processes of
8 Congress;
9
- 10 (m) Provide general guidance on the budget of local government and ensure
11 alignment with the key reform proposals at the national level;
12
- 13 (n) Pilot and assess local models of legislative reforms at the provincial/city-
14 wide level;
15
- 16 (o) Develop a public dissemination plan for the findings of the assessment
17 and campaign plan for the reform agenda;
18
- 19 (p) Report to Congress its accomplishments on a periodic basis, its findings
20 and recommendations on actions to be taken by Congress, the
21 departments, and other government agencies concerned with health,
22 and provide a final report at the end of the existence of the Commission.
23 Each report shall include a prioritized set of recommended reforms and
24 an accompanying implementation roadmap, with clearly defined key
25 performance indicators and a results framework to address the identified
26 public-health challenges, guided by the following principles:
27
- 28 a. Strategic — Reforms shall directly address the leading causes of
29 morbidity and mortality, major drivers of out-of-pocket health
30 spending, critical gaps in health-service delivery, and priority
31 health outcomes identified by the Department of Health.
32

1 b. Transformative — Reforms shall go beyond incremental
2 improvements in service delivery and address the broader social,
3 economic, and structural determinants of health. This requires
4 collaborative multisectoral action among government and non-
5 government stakeholders.

6
7 c. Inclusive — Reforms shall aim to reduce persistent health
8 inequities arising from social divides related to age, culture,
9 religion, sexual orientation, and gender identity and expression.

10
11 d. Resilient — solutions are proactive, sustainable, and adaptable to
12 emerging risks, global health trends, and future system shocks.

13
14 e. Systemic — Reforms shall apply a systems-thinking approach that
15 accounts for interdependencies across governance, financing,
16 service delivery, and the health workforce, addressing complexity
17 rather than isolated gaps.

18
19 (q) Develop mechanisms for citizen feedback and participation for the
20 development and campaign for the proposed reforms;

21
22 (r) Recommend additional legislation to further the objectives of this Act;

23
24 (s) Formulate the necessary rules and guidelines for the effective
25 implementation of this Act; and

26
27 (t) Exercise all other powers necessary to achieve the purposes of this Act.

28
29 **Sec. 8. *Scope of the National Assessment.*** — The national assessment shall
30 include:

31

- (a) Review of mandates and coordination of DOH, PhilHealth, FDA, PRC, and other health agencies;
- (b) Review of institutional capacity and performance of DOH, PhilHealth, local health systems (provincial health offices and local health boards), and other health agencies with key mandates under the UHC law;
- (c) Identification of systemic barriers to health service delivery, especially those affecting access to marginalized sectors of the society;
- (d) Recommendations to improve the health systems' effectiveness, efficiency, equity, and quality to achieve improved health outcomes, financial risk protection, and citizen satisfaction
- (e) Assessment of the preparedness of the health system on all levels towards global health outcomes;
- (f) Assessment of the usage, transferability, and protection of our complementary medicine and indigenous peoples' practices;
- (g) Identification of global and local good recommendations and practices for adoption and contextualization;
- (h) Proposal of a health sector-wide performance monitoring and evaluation framework;
- (i) Assessment of the health system at the sub-national level, especially the roles of LGUs under the UHC Law and the Mandanas-Garcia ruling;
- (j) Mapping of non-government stakeholders, including civil-society organizations, the private sector, faith-based groups, professional associations, and community-based organizations that can support health-service delivery across the continuum of care;

(k) Review of workforce licensing, competencies, compensation, and distribution; and

(l) Review and, where appropriate, integrate digital health, artificial intelligence, and emerging service-delivery models to strengthen health-system performance.

Sec. 9. *Standing Committees.* – Standing committees may include:

- (a) Governance and Regulation;
- (b) Digital Health and Data Systems;
- (c) Health Financing;
- (d) Health Workforce Development;
- (e) Pharmaceuticals and Supply Chain;
- (f) Health Service Delivery and Infrastructure;
- (g) Public Health Emergency and Disaster Health Preparedness; and
- (h) Health Equity and Multi-sectoral Action.

All members of the standing committees and technical working groups shall be required to submit conflict-of-interest disclosures upon appointment. Members shall inhibit themselves from deliberations, recommendations, or decisions on matters where an actual, potential, or perceived conflict of interest exists.

Sec 10. *Technical Secretariat.* – A Technical Secretariat, headed by an Executive Director, shall be organized to provide technical and administrative support.

Sec. 11. *Executive Director.* – The Executive Director shall be a recognized expert in public health, medicine, epidemiology, health systems, or health management, with the rank and privileges of Executive Director IV (SG 29).

Sec. 12. *Health Economics and Finance Program as Research Arm.* – The Philippine Institute for Development Studies (PIDS) shall serve as the primary

1 research arm of the Commission through a dedicated Health Economics and Finance
2 Program (HEFP) established for the duration of the Commission. The HEALTHCOM, in
3 coordination with HEFP, shall also form a research consortium that involves
4 government agencies, technical specialists, research organizations, and academic
5 institutions to coordinate the implementation of existing health research agendas.

6
7 Consistent with the Universal Health Care (UHC) Act (RA 11223), the
8 consortium shall conduct research and provide data-driven analyses to support public
9 health reforms. The consortium shall submit periodic reports, datasets, and policy
10 briefs to guide HEALTHCOM's recommendations for reforms ensuring sustainability,
11 equity, financial protection, and improved health outcomes.

12
13 **Sec. 13. *Health Legislation and Policy Advisory Council.*** – A Health
14 Legislation and Policy Advisory Council shall be created to provide independent,
15 multidisciplinary technical advice to the Commission. The Council shall be composed
16 of recognized experts and practitioners drawn from the following sectors:

- 17 (a) Public health;
- 18 (b) Medicine;
- 19 (c) Health-allied professions;
- 20 (d) Social work and social development;
- 21 (e) Health industries and business;
- 22 (f) Academe and research institutions;
- 23 (g) Government health agencies;
- 24 (h) Local government units; and
- 25 (i) Civil society and development partners.

26
27 Members of the Council shall serve in an advisory and non-voting capacity and
28 shall receive no compensation, subject to reimbursement of necessary expenses in
29 accordance with existing laws and regulations.

30
31 The Council shall have the following functions

- (a) Convene technical working groups on specific public health concerns identified by the Commission;
- (b) Facilitate structured consultations to inform the Commission's assessments and recommendations; and
- (c) Provide expert advice and technical guidance to the Commission on proposed reforms, policy options, and legislative priorities.

Sec. 14. *Accountability and Government Response.* — Congress, through the appropriate committees, and all concerned government agencies shall formally respond to the findings and recommendations of the HEALTHCOM.

Such response shall be submitted annually and shall include:

- (a) Actions taken or planned in response to the Commission's recommendations;
- (b) Justifications for recommendations that are not adopted or are deferred; and
- (c) Timelines, responsible agencies, and resource implications for approved actions.

All responses shall be consolidated by the Commission and submitted to Congress and made publicly available in accordance with existing transparency and access-to-information laws.

Sec. 15. *Post-Commission Monitoring and Continuity.* — Upon the expiration of the HEALTHCOM's mandate, the reform agenda, implementation roadmap, and health-sector monitoring and evaluation framework developed by the HEALTHCOM shall be adopted and monitored by the DOH, in coordination with PhilHealth, the DILG, the Department of Budget and Management, and other relevant agencies.

1 The DOH shall:

- 2 (a) Integrate the approved reform agenda into its regular planning,
3 monitoring, and reporting mechanisms;
4
5 (b) Submit an annual progress report to Congress on the implementation of
6 the reforms and performance against agreed indicators; and
7 (c) Recommend further policy, regulatory, or legislative actions as may be
8 necessary.
9

10 **Sec. 16. Appropriations.** – Initial funding shall be charged to the available
11 appropriations of the Senate and House. Subsequent funding shall be included in the
12 annual General Appropriations Act.
13

14 **Sec. 17. Separability Clause.** – If any part of this Act is declared
15 unconstitutional, the remaining provisions shall remain in full force.
16

17 **Sec. 18. Repealing Clause.** – All laws or issuances inconsistent with this Act
18 are hereby repealed or amended.
19

20 **Sec. 19. Effectivity.** – This Act shall take effect fifteen (15) days after
21 publication in the Official Gazette or in a newspaper of general circulation.

Approved,